Magellan Healthcare, Inc.*

Magellan Care Guidelines for the Idaho Behavioral Health Plan

Effective July 1, 2024

*Magellan Healthcare, Inc., its affiliates and subsidiaries, is an affiliate of Magellan Health, Inc.

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Preamble – Magellan Care Guidelines for the Idaho Behavioral Health Plan (IBHP)

Magellan Care Guidelines for the Idaho Behavioral Health Plan (IBHP) supplement the most current version of the *Magellan Care Guidelines* for making medical necessity determinations for Idaho Behavioral Health Plan (IBHP) members. These guidelines have been approved by the Idaho Department of Health and Welfare (IDHW) for use with IBHP members. The guidelines include: *Magellan Healthcare Guidelines for IBHP*, MCG *Behavioral Health Care Guidelines* developed by MCG Health® and *The ASAM Criteria®*, 3rd edition. Other guidelines may be added as approved by the Idaho Department of Health and Welfare (IDHW) for the IBHP. *Magellan Care Guidelines* do not supersede state or federal law or regulations as may be applicable.

The member's specific eligibility and benefit plan coverage, as well as any federal or state regulatory requirements, must be identified before applying the guidelines. Certain services addressed individually in these care guidelines may be included in the delivery of other covered services. Duplication of such services is not permitted.

Disclaimer: *The clinical review guidelines and related policies of Magellan Healthcare and its subsidiaries ("Magellan") do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The guidelines and policies constitute only the review, coverage, and reimbursement criteria of Magellan. Coverage for services varies for individual members in accordance with the terms and conditions of applicable certificates of coverage, summary plan descriptions, and/or contractual requirements with private or public health plans or insurers. Magellan reserves the right to review and update the guidelines at its discretion with approval of the Idaho Department of Health and Welfare. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of the IBHP contract, provider agreements, and any applicable laws or regulations..*

Medical Necessity Definition: Idaho Behavioral Health Plan

Magellan reviews mental health and substance abuse service requests for Idaho Behavioral Health Plan members. A service is medically necessary if:

a. "It is reasonably calculated to prevent, diagnose, or treat conditions in the member that endanger life, cause pain, or cause functionally significant deformity or malfunction; and

b. There is no other equally effective course of treatment available or suitable for the member requesting the service that is more conservative or substantially less costly.

c. Medical services must be of a quality that meets professionally recognized standards of health care, be substantiated by records including evidence of such medical necessity and quality and be made available to the IDHW upon request."

IDAPA 16.03.09.11.17 and 16.03.10.12.15

Magellan Healthcare Guidelines for Idaho Behavioral Health Plan (IBHP)

Below is a list of Magellan Healthcare Guidelines for Idaho Behavioral Health Plan (IBHP). These guidelines can be found in this document.

Magellan Healthcare Guidelines for IBHP (2024)
Adult Safe & Sober Housing, Enhanced, Housing Essentials (Administrative Guideline)
Behavioral Modification and Consultation
ESMI Idaho Star Program
Family Peer Support
Idaho Wraparound Intensive Services - IWInS
Homes for Adult Rehabilitation Treatment-HART
Homes for Adult Rehabilitation Treatment (HART)- Specialized One to One
Intensive Home and Community Based Services-IHCBS
Neuropsychological Testing
Parenting with Love and Limits-PLL
Psychological Testing
Short Term Respite Care (Administrative Guideline)
Substance Use Disorder (SUD) Recovery Services-Child Care (Administrative Guideline)
Transcranial Magnetic Stimulation Treatment

MCG Behavioral Healthcare Guidelines

Below is a list of the MCG Behavioral Health Care Guidelines Magellan utilizes for the Idaho Behavioral Health Plan (IBHP).

MCG Behavioral Health Care Guidelines® for Idaho Behavioral Health Plan (2024)
Adult Peer Support, Peer Recovery Coaching, and Youth Peer Support Services *(Peer Support)**
Assertive Community Treatment*
Day Treatment Behavioral Health Level of Care
Eating Disorders, Inpatient Behavioral Health Level of Care, Adult
Eating Disorders, Inpatient Behavioral Health Level of Care, Child or Adolescent
Eating Disorders, Residential Behavioral Health Level of Care, Adult
Eating Disorders, Residential Behavioral Health Level of Care, Child or Adolescent
Eating Disorders, Partial Hospital Behavioral Health Level of Care, Adult
Eating Disorders, Partial Hospital Behavioral Health Level of Care, Child or Adolescent
Eating Disorders, Intensive Outpatient Program Behavioral Health Level of Care, Adult
Eating Disorders, Intensive Outpatient Program Behavioral Health Level of Care, Child or Adolescent
Electroconvulsive Therapy
Inpatient Behavioral Health Level of Care*
Intensive Outpatient Program Behavioral Health Level of Care, Adult
Intensive Outpatient Program Behavioral Health Level of Care, Child or Adolescent
Outpatient Behavioral Health Level of Care, Adult*
Outpatient Behavioral Health Level of Care, Child or Adolescent*
Partial Hospital Behavioral Health Level of Care, Adult
Partial Hospital Behavioral Health Level of Care, Child or Adolescent
Residential Behavioral Health Level of Care, Adult
Residential Behavioral Health Level of Care, Child or Adolescent*
Skill Building Community-Based Rehabilitation Services*
Targeted Case Management

**modified for IBHP*

The ASAM Criteria, Third Edition

The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions, 3rd Edition are used as guidelines for substance use disorders level of care for IBHP.

2024 Magellan Healthcare Administrative Guidelines

Idaho Behavioral Health Plan

Guideline: Adult Safe & Sober Housing, Enhanced & Basic Housing Essentials

Effective Date: 7/1/2024
Last Review Date: 3/11/2024

Background

There are two types of safe and sober housing supported by Idaho Behavioral Health Authority: staffed safe and sober housing and enhanced staffed safe and sober housing.

Staffed safe and sober housing is the traditional type of recovery residence that provides a safe, clean, and sober environment for adults with substance use disorders who are transitioning back into the community.

Enhanced staffed safe and sober housing is focused on serving those individuals with a co-occurring mental health and substance use disorder who are transitioning out of one of the state psychiatric hospitals or a community hospital. This type of housing provides additional care to individuals needing a greater level of support than what is offered in traditional safe and sober housing.

Both types of housing programs encourage recovery from alcohol and other drugs by providing a peer-to-peer recovery support system with staff to oversee the facilities and encourage the recovery process. Length of stay will vary depending on the participants, needs, progress, and willingness to abide by residence guidelines and payment arrangements.

Basic Housing Essentials is a SUD block grant funded benefit intended to assist members who are entering Enhanced Safe and Sober Housing from a state hospital. This benefit can assist with basic housing essentials the member may need to live in a more independent environment. This benefit is intended to be offered once in a lifetime to assist with the purchase of household supplies such as cooking utensils, bedding, towels etc.

I. Adult Safe and Sober Housing

To be eligible for Adult Safe and Sober Housing an individual must meet ALL of the following, A and B.

A. Individual must be looking for treatment, engaged in SUD treatment or has successfully completed treatment in the last 6 months.

B. SUD Block Grant Care Manager has approved the admission.

II. Enhanced Safe and Sober Housing

To be eligible for Enhance Safe and Sober Housing an individual must meet ALL of the following A, B, C, D, and E.

A. Individual must be engaged in SUD treatment or has successfully completed treatment in the last 6 months.

B. Individual is experiencing or are at risk for homelessness or has a co-occurring diagnosis of substance use and Serious Mental Illness (SMI) diagnosis.

C. Individual is part of one of these priority populations:

1. State hospital discharges;
2. Community hospital discharges;
3. Mental health court participants.

D. SUD Block Grant Care Manager has verified priority and approved the admission.

E. Initial authorization can be completed for up to six (6) months.

III. Basic Housing Essentials Benefit

To be eligible for Basic Housing Essentials an individual must meet ALL of the following: A, B, C, D:

A. Member has been approved for Enhanced Safe and Sober Housing.

B. Benefit will be used for housing essentials i.e., bedding supplies.

C. Member has not received this benefit in the last year.

D. SUD Block Grant Care Manager has approved the authorization of the benefit.

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1. Idaho Administrative Code IDAPA 16.07.17. "Substance Use Disorder Services." https://adminrules.idaho.gov/rules/current/16/160717.pdf Accessed January 2024.
2. Idaho Department of Health and Welfare. (2021). State of Idaho Behavioral Best Practice Standards, December 2021, Division of Behavioral Health. Substance Use Disorders (SUD) Recovery Residences. IDHW DBH Best Practice Standards Dec 2021, accessed January 2024.
3. Substance Abuse and Mental Health Services Administration. Best Practices for Recovery Housing. Publication No. PEP23-10-00-002. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration, 2023. https://store.samhsa.gov/sites/default/files/pep23-10-00-002.pdf

2024 Magellan Healthcare Guidelines

Idaho Behavioral Health Plan

Guideline: Behavioral Modification & Consultation

Effective Date: 7/1/2024
Last Review Date: 3/11/2024

Background

Behavioral/therapeutic aide services focus on social and behavioral skill development, building a youth's competencies and confidence. These services are individualized and are related to goals identified in the treatment plan. Services that a behavioral/therapeutic aide or mentor may provide include crisis intervention, implementation of a behavioral management plan, and rehabilitation services, such as teaching youth appropriate problem-solving skills, anger management, and other social skills. Behavioral/therapeutic aides or mentors may provide assistance at any time and in any setting appropriate to meet the youth's needs, including home, school, and community.

Behavior modification and consultation (BMC) is the design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior, competencies, and confidence. These interventions are based on scientific research and the use of direct observation, measurement, and functional analysis. Behavioral strategies are used to teach the youth alternative skills to manage targeted behaviors across various environments, such as problem-solving skills, anger management, and other social skills. Behavior Modification and Consultation services can be provided individually, in a group, with the family (with or without the youth present), or in a multi-family group (without the youth present). For successful outcomes, the behavioral strategies must be utilized by the youth's parent/guardian(s), family, and other natural supports. All treatment, care and support services are outcome-based and must be provided in a context that is youth centered, family-focused, strengths-based, culturally responsive, and responsive to each youth's individual psychosocial, developmental, and treatment care needs.

I. Admission Criteria

To be eligible for Behavioral Modification and Consultation the individual must meet ALL of the following A, B, C, D, E, F, G and H.

A. A completed Comprehensive Diagnostic Assessment (CDA) indicating a behavioral health diagnosis in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) which results in a serious disability, requiring sustained treatment interventions, and causes a child's functioning to be impaired in thought, perception, affect or behavior.

B. A completed Child and Adolescent Needs and Strengths Assessment (CANS) in the last 90 days indicating a composite score of 2 or more indicating limited functioning in home, community and/or school.

C. The target behaviors or skill deficits identified for treatment intervention address the functional impairments identified in the Child and Adolescent Needs and Strengths (CANS).

D. For children and youth on the Autism Spectrum additional industry standard assessment tools maybe used to define degrees of functional impairment.

E. There is a treatment plan with the following elements:

There are specific, quantifiable goals that relate to developmental deficits or behaviors that pose a significant risk of harm to the recipient or others.

1. Objective, observable, and quantifiable metrics are utilized to measure change toward the specific goal behaviors.
2. Documentation that adjunctive treatments (e.g., psychotherapy, social skills training, medication services, educational services) have been considered for inclusion in the treatment plan, with the rationale for exclusion.
3. Coordination of care with other agencies and treatment/service providers

F. The individual's caregivers commit to participate in the goals of the treatment plan and implement behavioral strategies. If limitation related to caregivers' involvement are identified, discussions and planning will be implemented to remove and/or reduce barriers.

G. Service is provided in the home, community, office or school.

H. Independently licensed clinicians or Master's-level clinicians and paraprofessionals who meet supervisory protocol may provide this service. There are four nationally recognized certifications issued by the Behavior Analysis Certification Board (BACB) for providers of services related to behavior analysis and modification:

1. Registered Behavioral Technician® (RBT®)—RBTs® must: Be 18 years old with HS diploma; be supervised by BCaBA®, BCBA®, or BCBA-D®; pass competency assessment and RBT exam.
2. Board Certified Assistant Behavior Analyst® (BCaBA®)—BCaBAs® must: Be Bachelor's level; be supervised by a BCBA® or BCBA-D®; pass BCaBA exam.
3. Board Certified Behavior Analyst® (BCBA®)—BCBAs® must: Be Master's level; pass BCBA exam; complete supervisor training.
4. Board Certified Behavioral Analyst-Doctoral® (BCBA-D®)—BCBA-Ds® must: Hold a Ph.D.; pass BCBA exam; complete supervisor training.

II. Exclusion Criteria

A. Individual cannot also be receiving Skills Building/Community Based Rehabilitation Services (CBRS).

B. Individuals receiving Behavior Intervention or Habilitative Skills Building services via Children's Habilitation Intervention Services (CHIS) can receive Behavior Modification and Consultation at the same time if the goals are unique and there is coordination between providers.

C. Services that are otherwise covered under the Individuals with Disabilities Education Act (IDEA) are not covered.

D. No duplication of other behavioral health services.

III. Continued Service Criteria

To be eligible for continued authorization All of the following must be met A, B, C, D, E, F, and G.

A. A completed Child and Adolescent Needs and Strengths (CANS) in the last 90 days indicating a composite score of 2 or more indicating limited functioning in home, community and/or school.

B. The target behaviors or skill deficits identified for treatment intervention address the functional impairments identified in the Child and Adolescent Needs and Strengths (CANS).

C. The recipient shows improvement from baseline in skill deficits and problematic behaviors

targeted in the approved treatment plan. For individuals who are continuing to receive services beyond six months continued incremental improvements must be documented.

D. Treatment plans must reflect updated strategies for lack of or slow progress.

E. The recipient's caregivers demonstrate continued commitment to participation in the recipient's treatment plan and demonstrate the ability to apply those skills in naturalized settings as documented in the clinical record.

F. The gains made toward developmental norms and behavior goals cannot be maintained if care is reduced. The team has documented efforts to reduce services and identified barriers to maintaining treatment gains. Those barriers/root causes have been identified and treatment interventions have been put in place to address barriers.

G. Behavior issues are not exacerbated by the treatment process.

H. The predicted beneficial outcome of services outweighs potential harmful effects.

I. Coordination of care with other agencies and treatment/service providers

IV. Discharge Criteria

The desired outcomes for discharge should be specified at the initiation of services and refined throughout the treatment process. Transition and discharge planning from a treatment program should include a written plan that specifies details of monitoring and follow-up as is appropriate for the individual and the family. Parents, community caregivers and other involved professionals should be consulted ongoing and prior to the planned reduction of service hours. Additional services, including behavioral therapies and other supports, should be considered for the child and family as care is faded to lower frequency.

One of the following criteria must be met:

A. The recipient shows improvement from baseline in targeted skill deficits and problematic behaviors such that goals are achieved or maximum benefit has been reached.

B. Caregivers have refused treatment recommendations.

C. Behavioral issues are exacerbated by the treatment.

D. Recipient is unlikely to continue to benefit or maintain gains from continued care.

E. The client does not demonstrate progress towards goals for two or more successive authorization periods.

F. Continued care would be provided primarily for the convenience of the child or caregivers.

References

1. Behavior Analyst Certification Board, Inc ("BACB"). Clarifications Regarding Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers. 2019. Accessed online on March 14, 2023 at https://www.bacb.com/wpcontent/uploads/2020/05/Clarifications_ASD_Practice_Guidelines_2nd_ed.pdf
2. Hanley, G. P., Iwata, B. A., & McCord, B. E. Functional analysis of problem behavior: A review. J Appl Behav Anal 2003; 36, 147-185.
3. Lotfizadeh AD, Kazemi E, Pompa-Craven P, Eldevik S. Moderate effects of low-intensity behavioral intervention. Behavior Modification 2020;44(1):92-113.DOI:

10.1177/0145445518796204

4. Idaho Behavioral Health Plan Contract CPO20231744, Appendix E – Service Matrix p. 5-6
5. YES Settlement Agreement Appendix C, C.19

2024 Magellan Healthcare Guidelines

Idaho Behavioral Health Plan

Guideline: ESMI Idaho Star Program
Effective Date: 7/1/2024
Last Review Date: 4/1/2024

Background

SAMHSA defines Early Serious Mental Illness (ESMI) as a condition that affects an individual, regardless of their age, and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic Statistical Manual (DSM). The Idaho Star Program uses the Coordinated Specialty Care (CSC) model to provide early intervention services for youth and young adults who have recently started experiencing first episode psychosis (FEP). CSC is an evidence-based model aimed at providing treatment and recovery support, empowering individuals to lead fulfilling lives without being hindered by mental illness as they transition into adult roles.

The Idaho Star Program encompasses a range of services including: assessment services, treatment plans, family psychoeducation, community-based rehabilitation services, peer support services, case coordination, crisis intervention, individual therapy, group therapy, medication management services, supported education and employment services and discharge planning. The program aims to assists youth and young adults who are experiencing psychosis and other symptoms to avoid a higher level of care such as partial hospitalization, residential care or hospitalization. Outreach and Recruitment is a major component of the program to ensure promotion of the program to the community, providers, members and their families. Promotional materials such as brochures, postcards, flyers and website materials should be written to promote recovery values and avoid stigma. Outreach activities need to be tracked, including who was outreached, when and the type of outreach completed.

I. Eligibility Criteria
Idaho Star Program services are necessary as indicated by ALL of the following:

A. Member is between ages of fifteen (15) and thirty (30);

B. Be within the first two (2) years of experiencing psychosis for the first time;

C. Must have one of the following: Schizophrenia Spectrum Disorder, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder, Bipolar I Disorder, or Unspecified Psychotic Disorder;

D. Psychosis is not due to a medical condition, substance abuse and is not a feature of a diagnosis not listed above;

E. Is able to fully participate and benefit from services (no medical or physical conditions that would prevent participation, no severe cognitive delays, not incarcerated or anticipated incarceration).

References

1. Bennett, Melanie Ph.D, On Track NY: Team Manual. Center for Practice Innovations, New York State Psychiatric Institute. 2018. NYSP OnTrack Manual Template (ontrackny.org)
2. Cohen, D.A., Klodnick, V.V., Reznik, S.J. et al. Expanding Early Psychosis Care across a Large and Diverse State: Implementation Lessons Learned from Administrative Data and Clinical Team Leads in Texas. Adm Policy Ment Health 50, 861–875 (2023). https://doi.org/10.1007/s10488-023-01285-8
3. National Institute on Mental Health. Understanding Psychosis. NIH Publication No. 20-MH-8110; 2019. Accessed April 3, 2023. https://www.nimh.nih.gov/sites/ default/files/documents/health/publications/ understanding-psychosis/understandingpsychosis.pdf
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2024 Magellan Healthcare Guidelines

Idaho Behavioral Health Plan

Guideline: Family Peer Support
Effective Date: 7/1/2024
Last Review Date: 3/11/2024

Indications for Family Peer Support Services

Family peer support services are provided by a Certified Family Support Partner. Services support the parent/caregiver who is caring for a youth/young adult member who has mental health or co-occurring conditions. Family peer support services assist the parent/caregiver in identifying their strengths, participating in decisions related to their youth/young adult member's care, advocating for their needs, developing a support system, and building hope, empowerment, and resilience. Services are necessary as indicated by ALL of the following:

A. Youth/young adult member has a mental health or co-occurring condition and experiences challenges in daily living.
B. The family's situation is appropriate for family peer support services, as indicated by ALL of the following:
    1. Current services and resources have been insufficient to meet the youth/young adults and parent/caregiver's needs, if applicable.
    2. Parent/caregiver would be negatively impacted in the absence of continued family peer support services. Rationale and evidence for this negative impact is documented.
    3. Parent/caregiver's individualized family support goals have not been met and more time is needed to address or modify the goals based on the current challenges the family is experiencing. A review of the challenges/barriers to progress has been documented and updates or changes to the goals or support approach have been documented.
    4. Parent/caregiver's individualized family support goals are chosen by the parent/ caregiver and care is coordinated with other providers and community-based resources, as appropriate.
    5. Parent/caregiver's individualized family support goals engage other family members and people who can support the parent/caregiver's goals, as appropriate.
    6. Frequency and duration of family peer support services is individualized and designed to meet the needs of the parent/caregiver and will be adjusted according to the parent/caregiver's needs for support as well as the review of barriers to progress.
    7. Parent/caregiver chooses to actively participate in and benefits from family peer support services.

References

1. Hoagwood, Kimberly E., Cavaleri S., Olin, Serene, Burns, Barbara J., Slaton, E., Gruttadaro, Darcy, & Hughes, Ruth. Family Support in Children's Mental Health: A Review and Synthesis. Clin Child Fam Psychol Rev(2010) 13:1-14
2. Wisdom, Jennifer P., Olin, Serene, Shorter, Priscilla, Burton, Geraldine & Hoagwood, Kimberly. Family Peer Advocates: A Pilot Study of the Content and Process of Service Provision. Journal of Child Fam Studies. 2011 December 1; 20(6): 833–843

3. Wisdom, Jennifer P., Lewandowski, R.E., Pollock, Michele, Acri, Mary, Shorter, Priscilla, Olin, s. Serene, Hoagwood, Kimberly E. What Family Support Specialist Do: Examining Service Deliver. Adm Policy Ment Health 2014 January 41(1)

2024 Magellan Healthcare Guidelines

Idaho Behavioral Health Plan

Guideline: Idaho Wraparound Intensive Services (IWInS)

Effective Date: 7/1/2024
Last Review Date: 3/28/2024

Background

IWInS is a collaborative, team based, principle driven, planning process. Through the wraparound process, teams create one individualized plan of care to meet the needs and improve the lives of multi-system involved youth and their families.

IWInS is a structured fidelity-based care coordination planning process which is an evidence-based modality of Intensive Care Coordination (ICC). Wraparound planning involves multiple systems and is intended to assist youth and families who may be experiencing high levels of need or are at risk of requiring more intensive services, including out-of-home placement. IWInS is strengths-based, culturally responsive, family-driven, youth-guided, has a structured framework, and is implemented through a Child and Family Team (CFT) which is facilitated by a trained Wraparound Coordinator. While building relationships of trust and understanding, the team will work together to create a system of supports that helps the child and family move forward with confidence. Participants of the CFT include the youth, the family, guardians, providers, and both formal and informal members of the youth's community. The CFT assesses for needs and strengths with the CANS, completes a Wraparound Plan of Care based on assessed needs and strengths, monitors the plan and outcomes, creates and implements a crisis and safety plan and plans for services needed upon discharge. Typically, IWInS is a 12-14 month process and includes the following four phases: Phase 1-Engagement, Phase 2- Initial plan development, Phase 3- Plan Implementation, Phase 4- Transition. While engaged in IWInS, the child and their family shall not receive duplicative services, such as Intensive Care Coordination.

Eligibility Criteria

A. To be eligible for IWInS, ALL of the following must be met:

B. Member is under age eighteen (18) years or up to age twenty-one (21) if EPSDT;

C. Comprehensive Diagnostic Assessment completed within the last ninety (90) days;

D. According to the decision support tool, the CANS assessment indicates the youth has a qualifying score for IWInS;

E. Youth is at risk for higher level of care or currently in an out-of-home placement with a plan to discharge to their home or community within next ninety (90) days, with appropriate services and supports in place;

F. Youth is involved in two or more systems (i.e. educational, juvenile justice, Child Protective Services, medical, etc.);

G. A desire, along with their family, to participate in the voluntary Wraparound care planning process.

References

1. Alexander, M. (2008). Youth engagement, empowerment, and participation in wraparound. In E. J. Bruns & J. S. Walker (Eds.), The resource guide to wraparound. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health. Alexander-4c.1-(youth-pip-intro).pdf (pdx.edu)
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2024 Magellan Healthcare Guidelines

Idaho Behavioral Health Plan

Guideline: Homes for Adult Rehabilitation Treatment (HART)

Effective Date: 7/1/2024
Last Review Date: 1/29/2024

Background

The Homes for Adult Rehabilitation Treatment (HART) Model is designed to provide support for activities of daily living integrated with behavioral health services for individuals with a Serious and Persistent Mental Illness (SPMI) who require additional assistance to remain independent in the community. To be considered as having an SPMI, a member must: meet the criteria for Serious Mental Illness (SMI)SMI; have at least one (1) additional functional impairment; and have a diagnosis under DSM-5 with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder. The only Not Otherwise Specified (NOS) diagnosis included is Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a conclusive diagnosis(2).

HARTs serve individuals transitioning from the state hospital or other psychiatric inpatient settings who are functionally and financially eligible for home and community-based services, who are no longer in need of inpatient psychiatric care, and who have a higher level of complexity than individuals served in the existing array of community settings.

HARTs are licensed as Residential and Assisted Living Facilitates (RALFs) in accordance with Idaho Licensing and Certification rules and offer an enhanced combination of behavioral health services, personal care services and nursing services which are not generally provided in other licensed residential care settings. Homes that are approved as HART providers are only for participants that are eligible for HART services. HARTs provide a homelike setting that promotes choice and stability, with access to and encouraged involvement in the community.

I. Admission Criteria

To be eligible for HART an individual must meet ALL of the following: A, B, C, D, E, F and G:

A. Be an adult eighteen (18) and older; additionally, individuals through the month of their twenty-first (21st) birthday, pursuant to EPSDT, may receive services if determined to be medically necessary.

B. Have a primary diagnosis included in the definition of a Severe and Persistent Mental Illness (SPMI) (2);

C. Be unable to maintain independent living or other community supports and services due to the acuity and/or complexity of their behavioral health needs;

D. Be transitioning into the community after step-down from a psychiatric hospitalization, have a higher level of complexity than individuals served in a community setting and would otherwise be unable to maintain a community placement.

E. Individuals who access this level of care should have symptoms and/or functional impairments that given additional time or treatment would be expected to improve to allow them to be eligible for more permanent living and treatment in a community-based service.

F. Be willing to reside in the HART and participate in the integrated treatment services.

G. Admission has been verified by the Idaho Department of Health and Welfare (IDHW) Bureau of Long-Term Care (BLTC).

H. Must meet one (1) of the following:

1. Confirmation that the individual needs assistance with self-maintenance, occupational, or social functioning, or,

2. Verification the person requires medical assistance not generally provided in other licensed residential care settings (such as personal care and nursing services) or,

3. Verification that there is an increase in the severity of symptoms such that continuation at a less intense level of care cannot offer an expectation of improvement or the prevention of deterioration, resulting in danger to himself or herself, others, or property.

II. Continued Service Criteria

Meets ALL of the following: A, B, C, D, E, F, G, and H.

A. The individual continues to meet the admission criteria and services provided at this level are the least restrictive level of care available to safely treat the individual.

B. There is an individualized plan of treatment, developed with the individual as a part of the treatment team, that specifies the goals, interventions, time frames, and anticipated outcomes appropriate to:

1. Improve or prevent deterioration of the symptoms of, or impairment in functioning resulting from, the mental disorder or condition that necessitated initiation of treatment. AND

2. Address a co-morbid substance use disorder or condition if one exists.

C. As appropriate, there is involvement of the individual's social support systems, including family and educational systems when indicated, in the individual's treatment and discharge planning.

D. Provider has completed the required comprehensive assessments such as the Adult Needs and Strengths Assessment (ANSA), Comprehensive Diagnostic Assessment and other required assessments as determined by Idaho Administrative Procedures Act (IDAPA) 16.03.10.302 and 16.03.10.323.

E. The individual shows evidence of clinical and/or functional improvement. The treatment plan has been modified to address any lack of improvement in treatment goals.

F. The treatment goals, interventions, time frames, anticipated outcomes, discharge plan, and criteria for discharge are clinically efficient and reasonable and are expected to lead to improvement to meet discharge goals.

G. Member is accessing and attending services as identified on negotiated service agreement and treatment plan such as assessment, counseling/therapy, medication management.

H. Member is receiving nursing care and assistance with medication management by HART provider.

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2. Idaho Behavioral Health Plan Contract CPO20231744, Appendix A-Definitions: “Serious Mental Illness (SMI)” and “Serious and Persistent Mental Illness (SPMI)”, p. 37.
3. Idaho Behavioral Health Plan Contract CPO20231744, Section 22 “Special Provider Network Requirements 22.2”, p. 150-151.
4. Idaho Behavioral Health Plan Contract CPO20231744, Section 41 “Homes with Adult Residential Treatment (HART)” p. 223-227.
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2024 Magellan Healthcare Guidelines

Idaho Behavioral Health Plan

Guideline: Home for Adult Rehabilitation Treatment (HART) Specialized 1:1

Effective Date: 7/1/2024
Last Review Date: 1/29/2024

Background

The Homes for Adult Rehabilitation Treatment (HART) Model is designed to provide support for activities of daily living integrated with behavioral health services for individuals with a Serious and Persistent Mental Illness (SPMI) who require additional assistance to remain independent in the community. To be considered as having an SPMI, a member must: meet the criteria for SMI; have at least one (1) additional functional impairment; and have a diagnosis under DSM-5 with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder. The only Not Otherwise Specified (NOS) diagnosis included is Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a conclusive diagnosis. (2)

HARTs serve individuals transitioning from the state hospital or other psychiatric inpatient settings who are functionally and financially eligible for home and community-based services, who are no longer in need of inpatient psychiatric care, and who have a higher level of complexity than individuals served in the existing array of community settings.

HARTs are licensed as Residential and Assisted Living Facilitates (RALFs) in accordance with Idaho Licensing and Certification rules and offer an enhanced combination of behavioral health services, personal care services and nursing services which are not generally provided in other licensed residential care settings. Homes that are approved as HART providers are only for participants that are eligible for HART services. HARTs provide a homelike setting that promotes choice and stability, with access to and encouraged involvement in the community.

Specialized 1:1 may be authorized for an individual with a higher acuity of need requiring more intensive monitoring within the HART Model. The additional support exceeds normal staffing requirements with the goal of ensuring safety of the individual and others living at the facility. The HART team should identify any antecedents to the recent change in behavior and develop interventions action steps to alleviate the stressors causing the need for additional staffing. Including changes in medication regime as needed. Specialized 1:1 support is intended to be a short-term intervention with the goal of helping the individual remain in their current living situation and avoid more restrictive levels of care.

I. Admission Criteria

To be eligible for Specialized One-to One Services in a HART an individual must meet all of the following: A, B, C, and D.

A. HART has designated staff available to provide twenty-four (24) hour supervision to ensure the safety and well-being of the participant. Designated staff are trained and understand the resident's behavioral health symptoms, needs and potential risks.

B. Member is a potential risk to self or others; the individual requires an individual plan of extended observation.

C. Although there is evidence of a potential or current mental health or substance abuse emergency based on history or initial clinical presentation, the need for ongoing confinement with intensive medical and therapeutic intervention is not clearly indicated.

D. The individual must be medically stable, or there must be appropriate medical services to monitor and treat any active medical conditions.

II. Continued Service Criteria

Meets ALL of the following:

A. The individual continues to meet the admission criteria and the services provide at this level are the least restrictive level of care available to safely treat the individual.

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Guideline: Intensive Home and Community Based Services (IHCBS)

Effective Date: 7/1/2024
Last Review Date: 1/29/2024

Background

Intensive Home and Community Based Services (IHCBS) support children, youth, and their families with mental, emotional, and behavioral needs. IHCBS offers a wide array of services that meet the needs of these individuals in their homes, schools, and communities. IHCBS consists of Evidence-based treatment (EBT) such as Multisystemic Therapy (MST), Multidimensional Family Therapy (MDFT), Functional Family Therapy (FFT), Therapeutic Behavior Services (TBS), Family Program, Trust-Based Relational Intervention (TBRI) and other modalities. IHCBS services are targeted to youth at risk of out of home placement due to externalizing behaviors impacting home, school, and community.

Each EBT modality has different targeted population and expectations of delivery. Generally, average length of stay is 3-5 months. The IHCBS should not be provided in conjunction with other outpatient services such as Intensive Outpatient (IOP), Partial Hospitalization (PHP) or Day treatment.

For more information on the EBTs:

Multisystemic Therapy (MST): https://www.mstservices.com/

Multidimensional Family Therapy (MDFT): https://www.mdft.org/

Functional Family Therapy (FFT): FFT | Evidence-Based Interventions and Family Counseling (fftllc.com)

Family Program: https://www.healthyfoundations.co/in-home-program.html

Trust-Based Relational Intervention (TBRI): Karyn Purvis Institute of Child Development (tcu.edu)

I. Admission Criteria

To be eligible for IHCBS an individual must meet ALL of the following: A, B, C, D, E, F, G and H:

A. The Child and Adolescent Needs and Strengths (CANS) screening has been completed within the last 90 calendar days. Needs indicate an overall score of '3' or if overall score is '2', youth has at least one score of '3' in three domains.

B. Externalizing behaviors symptomatology which adversely affects family functioning or functioning in other systems, resulting in a DSM diagnosis of disruptive behavior disorder (ADHD, oppositional defiant disorder, and/or conduct disorder). Other diagnoses may be accepted as long as the existing mental health and behavioral health issues manifest in outward behaviors that impact the family and multiple systems. Severity of symptoms do not indicate a higher level of care is needed.

C. At least one adult caregiver is available to provide support and is willing to be involved in treatment.

D. Age of the youth must be within the fidelity of the program being utilized. If request for this service is under EPSDT benefits, the child must be under age twenty-one (21) at the time of the request.

E. The initial comprehensive assessment provides evidence of symptoms and functional impairments that meet criteria of a primary Diagnostic and Statistical Manual (DSM-5) diagnosis that falls within the categories of disruptive behavior, mood, substance use or trauma and stressor-related disorders.

F. Within the last 30 calendar days, the youth has demonstrated **at least one** of the following that puts the youth at risk of out-of-home placement:

1. Increasing and persistent symptoms of emotional distress, putting the youth at risk for a higher level of care. Symptoms may include irritability, severe change in sleep and/or eating patterns, panic attacks, hypervigilance, dissociation, and self-harm.
2. Repeated attempts to harm others, such as aggressive behaviors toward family, school personnel or others that could or has led to legal charges.
3. Substance use that is interfering in daily functioning and relationships.
4. Youth is returning from out of home placement and IHCBS services is needed for successful integration back to community.

G. The youth, family member, or other committed caregiver is able to fully participate in the IHCBS and will not be limited by a developmental disability.

H. Youth's presenting problem is not limited to sexually harmful or dangerous behavior in absence of other externalizing behaviors.

II. Continued Stay Review Criteria

Individual must meet ALL of the following: A, B, C, and D.

A. The youth's symptoms/behavior and functional impairment continue to meet admission criteria.

B. Progress toward treatment goals is evident and documented, however not all treatment goals have been met.

C. There is substantial evidence that continued treatment will improve current symptoms/behavior and functional impairment. If the length of treatment exceeds model fidelity, there is clear documentation of measurable, specific, and attainable goals in the care plan. Youth and caregiver continue consistent involvement in the IHCBS.

D. Provider has a discharge plan for a lower level of care once treatment goals are met.

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Guideline: Neuropsychological Testing
Effective Date: 11/18/2023
Last Review Date: 7/19/2023

Criteria for Authorization

Neuropsychological tests are evaluations designed to determine the functional consequences of known or suspected brain dysfunction through testing of the neuro-cognitive domains responsible for language, perception, memory, learning, problem solving, adaptation, and constructional praxis.

These evaluations are requested for patients with a history of psychological, neurologic or medical disorders known to impact cognitive or neurobehavioral functioning. The evaluations include a history of medical or neurological disorders compromising cognitive or behavioral functioning; congenital, genetic, or metabolic disorders known to be associated with impairments in cognitive or brain development; reported impairments in cognitive functioning; and evaluations of cognitive function as a part of the standard of care for treatment selection and treatment outcome evaluations.

In addition, the evaluation includes a formal interview, a review of medical, educational, and vocational records, interviews with significant others, and a battery of standardized neuropsychological assessments. The testing quantifies a patient's higher cortical functioning and may include various aspects of attention, memory, speed of information processing, language, visual-spatial ability, sensory processing, motor ability, higher-order executive functioning, and intelligence. The goal of neuropsychological testing may be clarification of diagnosis, determination of the clinical and functional significance of a brain abnormality, or development of recommendations regarding neurological rehabilitation planning, but is always for the purpose of shaping treatment.

Neuropsychological testing should be considered for coverage through the patient's **mental health**

benefit when:

- The referring practitioner is a psychiatrist, neuropsychologist, psychologist, or other behavioral health clinician.
- The primary diagnosis is psychiatric, even though medical problems are involved; the purpose of testing is to clarify whether it is a psychiatric diagnosis (e.g., dementia versus pseudo-dementia; head injury versus anxiety/depression; organic mood versus mood disorder not otherwise specified; or organic delusion versus schizophrenia).

Neuropsychological testing should be considered for coverage through the patient's **medical benefit** when:

- The referring practitioner is a neurologist, primary care physician, surgeon, or pain specialist.
- The primary diagnosis is medical (e.g., multiple sclerosis, head injury, tumors, Alzheimer's disease or stroke).

I. Severity of Need

Criteria A *and* B, **and** *one* of C-O must be met:

A. The reason for testing must be based on a specific referral question and this specific referral question(s) cannot be answered adequately by means of clinical interview and/or behavioral observations.

B. The testing results based on the referral question(s) are reasonably expected to provide

information that will effectively guide the course of treatment.

C. When there are mild or questionable deficits on standard mental status testing or clinical interview, and a neuropsychological assessment is needed to establish the presence of abnormalities or distinguish them from changes that may occur with normal aging, or the expected progression of other disease processes; or

D. When neuropsychological data can be combined with clinical, laboratory, and neuroimaging data to assist in establishing a clinical diagnosis in neurological or systemic conditions known to affect CNS functioning; or

E. When there is a need to quantify cognitive or behavioral deficits related to CNS impairment, especially when the information will be useful in determining a prognosis or informing treatment planning by determining the rate of disease progression; or

F. When there is a need for a pre-surgical or treatment-related cognitive evaluation to determine whether one might safely proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery or stem cell transplant) or significantly alter a patient's functional status; or

G. When there is a need to assess the potential impact of adverse effects of therapeutic substances that may cause cognitive impairment (e.g., radiation, chemotherapy, antiepileptic medications), especially when this information is utilized to determine treatment planning; or

H. When there is a need to monitor progression, recovery, and response to changing treatments, in patients with CNS disorders, in order to establish the most effective plan of care; or

I. When there is a need for objective measurement of the patient's subjective complaints about memory, attention, or other cognitive dysfunction, which serves to determine treatment by differentiating psychogenic from neurogenic syndromes (e.g., dementia vs. depression); or

J. When there is a need to establish a treatment plan by determining functional abilities/impairments in individuals with known or suspected CNS disorders; or

K. When there is a need to determine whether a patient can comprehend and participate effectively in complex treatment regimens (e.g., surgeries to modify facial appearance, hearing, or tongue debulking in craniofacial or Down syndrome patients; transplant or bariatric surgeries in patients with diminished capacity), and to determine functional capacity for healthcare decision-making, work, independent living, managing financial affairs, etc.; or

L. When there is a need to design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients; or

M. When there is a need to establish treatment planning through identification and assessment of the neurocognitive sequelae of systemic disease (e.g., hepatic encephalopathy or anoxic/hypoxic injury associated with cardiac procedures); or

N. When there is a need for assessment of neurocognitive functions for the formulation of rehabilitation and/or management strategies among individuals with neuropsychiatric disorders; or

O. When there is a need to diagnose cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to new or changing cognitive, social, emotional, or physical demands.

II. Intensity and Quality of Care

Criteria A and B must be met:

A. Tests are administered directly by either an appropriate state-licensed provider or by a trained technician. The technician who administers the neuropsychological test must be directly supervised by the provider.

B. Requested tests must be standardized, valid and reliable in order to answer the specific clinical question for the specific population under consideration. The most recent version of the test must be used.

Neuropsychological tests include direct question-and-answer; object manipulation; inspection and responses to pictures or patterns; or paper-and-pencil written or multiple-choice tests that measure functional impairment and abilities in:

1. General intellect
2. Reasoning, sequencing, problem-solving, and executive function
3. Attention and concentration
4. Learning and memory
5. Language and communication
6. Visual-spatial cognition and visual-motor praxis
7. Motor and sensory function
8. Mood, conduct, personality, quality of life
9. Adaptive behavior (activities of daily living)
10. Social-emotional awareness and responsivity
11. Psychopathology (e.g., psychotic thinking or somatization)
12. Motivation and effort (e.g., symptom validity testing).

III. Exclusion Criteria

Neuropsychological testing will not be authorized under the following conditions:

A. The patient is not neurologically and cognitively able to participate in a meaningful way in the testing process.

B. The test is used solely as a screening tool given to the individual or to general populations.

C. Administered for educational or vocational purposes that do not establish medical management.

D. Performed when abnormalities of brain function are not suspected.

E. Used for self-administered or self-scored inventories, or screening tests of cognitive function (whether paper-and-pencil or computerized), e.g., AIMS or Folstein Mini-Mental Status Examination.

F. Repeated when not required for medical decision-making (i.e., making a diagnosis or deciding whether to start or continue a particular rehabilitative or pharmacologic therapy).

G. Administered when the patient has a substance abuse background and any of the following apply:

1. The patient has ongoing substance abuse such that test results would be inaccurate, or
2. The patient is currently intoxicated.

H. The patient has been diagnosed previously with brain dysfunction such as Alzheimer's disease, and there is no expectation that the testing would impact the patient's medical management.

I. Unless allowed by the individual's benefit plan, the testing is primarily for the purpose of determining if an individual is a candidate for a medical or surgical procedure.

J. The testing is primarily for diagnosing attention-deficit hyperactivity disorder (ADHD), unless the diagnostic interview, clinical observations, and results of appropriate behavioral rating scales are inconclusive.

K. The testing is primarily for legal purposes, including custody evaluations, parenting assessments, or other court or government ordered or requested testing.

L. The requested tests are experimental, antiquated, or not validated.

M. The testing request is made prior to the completion of a diagnostic interview by a behavioral health provider, unless pre-approved by Magellan.

N. More than eight hours per patient per evaluation is considered excessive and supporting documentation in the medical record must be present to justify greater than eight hours per patient per evaluation.

O. Two or more tests are requested that measure the same functional domain.

P. The number of hours requested for the administration, scoring, interpretation and reporting exceeds the generally accepted standard for the specific testing instrument(s), unless justified by particular testing circumstances.

Q. Testing to determine if an individual is a candidate for a specific medication or dosage is an excluded benefit.

IV. Standardized Cognitive Testing

A. Cognitive testing is considered a type of neuropsychological testing.

B. Cognitive testing is authorized in compliance with CMS coding rules:

1. Billing is limited to two hours on the same date of service.

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2024 Magellan Healthcare Guidelines

Idaho Behavioral Health Plan

Guideline: Parenting with Love and Limits (PLL)

Effective Date: 7/1/2024
Last Review Date: 1/29/2024

Background

Parenting with Love and Limits® (PLL) is an evidence-based practice that integrates group and family therapy into one system of care. The PLL program is curriculum-based and allows members to meet with other families with similar issues. Parent and teens learn specific skills in group therapy and then meet in individual family therapy to role-paly and practice new skills. The goal of the Parenting with Love and Limits® program is to improve behavioral problems in children by providing therapy and training to parents to restore a level of competent, effective parenting and create greater family connectedness.

The program targets specific risk and protective factors related to delinquency and other emotional behavioral problems. PLL is currently recognized as a model program by The Office of Juvenile Justice and Delinquency Prevention (OJJDP) and included in the California Evidence-Based Clearinghouse for Child Welfare (CEBC) as an evidence-based program.

I. Admission Criteria

To be eligible for PLL an individual must meet ALL of the following: A, B, C, D and E:

A. Children with a Serious Emotional Disturbance (SED) or Substance Use Disorder (SUD) diagnosis; and

B. Must meet ONE of the following:
   1. Be a child between the ten ($\geq$10) and eighteen ($\leq$18) years of age at the time of the request; or
   2. If request is under EPSDT benefits, the individual must be under age twenty-one (21) at the time of the request.

C. Have a caregiver or parent available and present with an Intelligence Quotient (IQ) of greater than 50; and

D. Individual does not have any of the following symptoms:
   1. Actively psychotic symptoms
   2. Actively homicidal symptoms
   3. Actively suicidal ideation.

E. In addition, the individual must meet ONE of following:
   1. Be an adjudicated youth who is on probation; or
   2. Be a juvenile on Conditional Release (i.e., released from residential treatment and transitioning back to the community), or
   3. Be a youth who has committed primarily non-status offenses, such as felonies, running away.

II. Continued Service Criteria

Meets ALL of the following:

A. Continues to meet eligibility and admission criteria; and

B. There is a reasonable expectation that the individual/family will benefit from the continued involvement of PLL as demonstrated by an observable positive response in ALL of the following areas:

1. Individual/Family is participating and attempting to apply interventions from group and individual therapy sessions; and

2. Reduction in the behaviors that led to initial referral to PLL.

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Guideline: Psychological Testing
Effective Date: 11/18/2023
Last Review Date: 7/19/2023

Criteria for Authorization

The purpose of psychological testing includes, but is not limited to: assisting with diagnosis and management following clinical evaluation when a mental illness or psychological abnormality is suspected; providing a differential diagnosis from a range of neurological/ psychological disorders that present with similar constellations of symptoms, e.g., differentiation between pseudodementia and depression; determining the clinical and functional significance of a brain abnormality; or delineating the specific cognitive basis of functional complaints.

Prior to psychological testing, the individual must be assessed by a qualified behavioral healthcare provider. The diagnostic interview determines the need for and extent of the psychological testing. Testing may be completed at the onset of treatment to assist with necessary differential diagnosis issues and/or to help resolve specific treatment planning questions. It also may occur later in treatment if the individual's condition has not progressed since the institution of the initial treatment plan and there is no clear explanation for the lack of improvement.

I. Severity of Need

Criteria A, B, and C must be met:

A. The reason for testing must be based on a specific referral question or questions from the treating provider and related directly to the psychiatric or psychological treatment of the individual.

B. The specific referral question(s) cannot be answered adequately by means of clinical interview and/or behavioral observations.

C. The testing results based on the referral question(s) must be reasonably anticipated to provide information that will effectively guide the course of appropriate treatment.

II. Intensity and Quality of Care

Criteria A and B must be met:

A. A licensed doctoral-level psychologist (Ph.D., Psy.D. or Ed.D.), medical psychologist (M.P.), or other qualified provider as permitted by applicable state and/or federal law, who is credentialed by and contracted with Magellan, administers the tests.

B. The requested tests must be standardized, valid and reliable in order to answer the specific clinical question for the specific population under consideration. The most recent version of the test must be used, except as outlined in *Standards for Educational and Psychological Testing.*

III. Exclusion Criteria

Psychological testing will not be authorized under any of the following conditions:

A. The patient is not neurologically and cognitively able to participate in a meaningful way in the testing process.

B. The test is used solely as a screening tool given to the individual or to general populations.

C. Administered for educational or vocational purposes that do not establish medical management.

D. Performed when abnormalities of brain function are not suspected.

E. Used for self-administered or self-scored inventories, or screening tests of cognitive function (whether paper-and-pencil or computerized), e.g., AIMS or Folstein Mini-Mental Status Examination.

F. Repeated when not required for medical decision-making (i.e., making a diagnosis or deciding whether to start or continue a particular rehabilitative or pharmacologic therapy).

G. Administered when the patient has a substance abuse background and any of the following apply:

   1. The patient has ongoing substance abuse and/or is going through withdrawal such that test results would be inaccurate, or

   2. The patient is currently intoxicated.

H. The patient has been diagnosed previously with brain dysfunction such as Alzheimer's disease, and there is no expectation that the testing would impact the patient's medical management.

I. Unless allowed by the individual's benefit plan, the testing is primarily for the purpose of determining if an individual is a candidate for a medical or surgical procedure.

J. The testing is primarily for diagnosing attention-deficit hyperactivity disorder (ADHD), unless the diagnostic interview, clinical observations, and results of appropriate behavioral rating scales are inconclusive.

K. The testing is primarily for legal purposes, including custody evaluations, parenting assessments, or other court or government ordered or requested testing.

L. The requested tests are experimental, antiquated, or not validated.

M. The testing request is made prior to the completion of a diagnostic interview by a behavioral health provider, unless pre-approved by Magellan.

N. More than eight hours per patient per evaluation is considered excessive and supporting documentation in the medical record must be present to justify greater than eight hours per patient per evaluation.

O. Two or more tests are requested that measure the same functional domain.

P. The number of hours requested for the administration, scoring, interpretation and reporting exceeds the generally accepted standard for the specific testing instrument(s), unless justified by particular testing circumstances.

Q. Testing to determine if an individual is a candidate for a specific medication or dosage is an excluded benefit.

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2024 Magellan Healthcare Administrative Guidelines

Idaho Behavioral Health Plan

Guideline: Short Term Respite Care

Effective Date: 7/1/2024
Last Review Date: 5/6/2024

I. Admission - Severity of Illness

Criteria A, B, C, D, E, and F must be met.

A. Must be under the age of (18)

B. Must qualify for the Youth Empowerment Services (YES) membership and access respite through the 1915(i) State Plan

C. Child and Adolescent Needs Assessment (CANS) indicates the Member's family or caregiver would benefit respite such as 1 or more needs in the Caregiver Domain.

D. Respite service must be included on the person-centered plan

E. Member must be actively engaged in outpatient treatment and/or community-based services

F. Respite provider must be contracted with Magellan Health

1. Individual Respite is provided by a credentialed agency in the member's home, another family's home, foster family home, a community-based setting and/or at the agency facility. Individual respite in a member's home cannot exceed 72 hours. Respite in an agency or community setting cannot exceed 10 hours.

2. Group Respite may only be provided at the credentialed agency facility, a community-based setting, or in the home for families with multiple children who have a diagnosis of SED.

II. Admission – Exclusion Criteria

A. Short-Term Respite shall not be provided simultaneously with crisis stabilization.

III. Criteria for Continued Stay

Criteria A & B must be met.

A. Continues to meet functional assessment criteria indicating an ongoing need for respite care.

B. Service continues to be recommended on Plan of Care.

C. Member has not used over 300 hours per calendar year.

References

1. *Idaho Behavioral Health Plan Contract CPO20231744: Appendix C*

Guideline: Substance Use Recovery Services: Child Care
Effective Date: 7/1/2024
Last Review Date: 3/11/2024

Background

Individuals attending substance abuse treatment or other recovery related activity may request assistance with child care for the time they are engaged in the recovery activity. Assistance for child care can be covered for the time the individual is engaged in the activity plus the travel time to/from. Child care can be provided onsite or offsite, but the child care provider must be enrolled in the Idaho Child Care Program (ICCP). The individual's provider must request the benefit and verify the time needed for child care services.

I. Admission Criteria

To be eligible for the child care benefit an individual must meet ALL of the following: A, B, and C.

A. Childcare hours being approved cover the time the individual is engaged or traveling to/from recovery-related activities (e.g.: intensive outpatient, 12 Step meetings, volunteering at recovery center, etc.).

B. Childcare must be provided onsite or to a provider enrolled in the Idaho Child Care Program (ICCP). https://idahostars.org/Families/Financial-Assistance-ICCP

C. SUD Block Grant Care Manager has approved the benefit.

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Guideline: Transcranial Magnetic Stimulation Treatment

Effective Date: 7/1/2024
Last Review Date: 7/19/2023

Background

Transcranial magnetic stimulation (TMS) may be considered for treatment of major depressive disorder for adults who, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate TMS treatment.

The treating psychiatric provider must demonstrate that the patient's symptoms are treatment- resistant to both a course of medication management and a course of psychotherapy. Resistance to treatment is defined in this guideline as a failure to achieve a fifty percent (50%) reduction in depressive symptoms after adequate trials of antidepressant therapy and evidence-based psychotherapy.

Standardized rating scales that reliably measure depressive symptoms must be used to document both severity of illness and response to treatment. Examples of these scales are listed below in Section II, E.

I. Indications for Treatment

ALL of the following must be met:

A. The patient has a confirmed DSM-5 diagnosis of major depressive disorder, severe (single or recurrent episode) documented by standardized rating scales that reliably measure depressive symptoms.

B. Is used only for adults 18 years or older who are not pregnant. Additionally, individuals through the month of their twenty-first (21st) birthday, pursuant to EPSDT, may receive services if determined to be medically necessary.

C. One or more of the following:

1. The patient has demonstrated medication treatment resistance during the current depressive episode as evidenced by lack of a clinically significant response to at least two (2) failed trials of psychopharmacologic agents from at least two (2) different agent classes. The psychopharmacological agents are administered for the treatment of depression at both an adequate dose and adequate duration consistent with the FDA label and with a duration that would elicit a favorable response;[1] *or*

2. The patient has demonstrated an inability to tolerate psychopharmacologic agents as evidenced by two (2) trials of psychopharmacologic agents from at least two (2) different agent classes, with distinct side effects;[2] *or*

[1] Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): Repetitive Transcranial Magnetic Stimulation (rTMS) for Adults with Treatment Resistant Major Depressive Disorder (L34998, R5), "Definitions."

3. The patient has a history of good response to TMS during an earlier episode of the treatment-resistant major depressive disorder as evidenced by a greater than 50% improvement in a standard rating scale for depressive symptoms; *or*

4. Is a candidate for electroconvulsive therapy (ECT); however, there is a clinical contraindication for ECT or the patient refuses ECT.

D. An evidence-based psychotherapy of an adequate frequency and duration addressing the current depressive episode was attempted without significant improvement in depressive symptoms as documented by standardized rating scales that reliably measure depressive symptoms.

E. The use of TMS in patients with any of the following is considered not reasonable and necessary (ALL of the following are absent):

1. Seizure disorder or any history of seizures (except those induced by ECT or isolated febrile seizures in infancy without subsequent treatment or recurrence or any condition or treatment that may lower the seizure threshold); or

2. Presence of acute or chronic psychotic symptoms or disorders, such as schizophrenia, schizophreniform disorder, or schizoaffective disorder, in the current depressive episode;

3. Neurologic conditions that include epilepsy, cerebrovascular disease, dementia, increased intracranial pressure, having a history of repetitive or severe head trauma, or with primary or secondary tumors in the central nervous system.

4. Presence of an implanted magnetic-sensitive medical device located less than or equal to 30 cm from the TMS magnetic coil or other implanted metal items including, but not limited to a cochlear implant, implanted cardiac defibrillator (ICD), pacemaker, vagus nerve stimulator (VNS), or metal aneurysm clips or coils, staples or stents.

5. Concomitant esketamine intranasal, ketamine infusion or other infusion therapies for major depressive disorder.

6. Used for maintenance therapy, continuous therapy, rescue therapy or extended active therapy as these are not supported by controlled clinical trials and are therefore considered not reasonable and necessary.

7. TMS is considered investigational as a treatment of all other psychiatric and neurologic disorders, including but not limited to any of the following: bipolar disorder; migraine headaches, obsessive-compulsive disorder; schizophrenia

[2] Intolerance of a psychopharmacologic agent: Intolerable side effect(s) that are not expected to diminish or resolve with continued administration of the medication. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): Repetitive Transcranial Magnetic Stimulation (rTMS) for Adults with Treatment Resistant Major Depressive Disorder (L34998, R5), "Definitions.

II. Treatment Guidelines

A. TMS is reasonable and necessary for up to thirty (30) visits over a seven (7) week period, followed by six (6) tapered treatments. The number of treatments is evaluated against patient response and the published evidence-based literature. If medically necessary and appropriate for a member, additional sessions will be authorized.

B. The order for treatment (or retreatment) is written by a psychiatrist who has examined the patient and reviewed the record. The psychiatrist will have experience in administering TMS therapy. The treatment shall be given under the direct supervision of this psychiatrist, i.e. the physician must be present in the area, but does not necessarily personally provide the treatment[3]

C. Physician and non-physician treating personnel must meet all provider qualifications, trainings, expectations and documentation requirements.

D. Treatment must be provided by use of a device approved or cleared by the FDA for the purpose of supplying TMS for these indications.

E. Standardized rating scales that reliably measure depressive symptoms must be used to document severity of illness and response to treatment. These rating scales include:[4]

1. The Personal Health Questionnaire Depression Scale (PHQ-9)
2. The Beck Depression Inventory (BDI)
3. The Montgomery-Asberg Depression Rating Scale (MADRS)
4. Geriatric Depression Scale (GDS)
5. The Quick Inventory of Depressive Symptomatology (QIDS)
6. The Hamilton Rating Scale for Depression (HAM-D)
7. The Inventory for Depressive Symptomatology Systems Review (IDS-SR).

[3] ANCC certified Psychiatric-Mental Health Nurse Practitioners (PMHNP-BC) with licensure for full authority practice/ autonomous practice who meet the "Provider Qualifications and Other Requirements" may order, administer and supervise TMS treatment under this clinical guideline where permitted by state licensure, applicable regulations and the member's benefit plan.

[4] See "Appendix: Depression Monitoring Scales"

III. Retreatment

Repeat treatment (retreatment) may be considered for patients who meet ALL of the following:

A. Patient met guidelines for initial treatment and subsequently developed relapse of depressive symptoms;

B. Patient responded to prior TMS treatments as evidenced by a greater than fifty percent (50%) improvement in standard rating scale measurements for depressive symptoms;

C. Retreatment is not requested as maintenance therapy or continuous therapy. The time between treatment episodes should allow for assessment clinically and by one of the aforementioned rating scales to clearly document that the patient responded and then relapsed, typically three (3) months since the last TMS session.

D. If the patient meets the relapse criteria, up to thirty (30) visits for treatment followed by an additional six (6) visits for tapering is considered reasonable and necessary. The number of treatments is evaluated against patient response and the published evidence-based literature. If medically necessary and appropriate for a member, additional sessions will be authorized.

IV. Provider Qualifications and Other Requirements

A. There is documentation of a clinical evaluation performed by a physician or psychiatric- mental health nurse practitioner (PMHNP-BC) who is appropriately trained to provide TMS, to include:

1. A psychiatric history, including past response to antidepressant medication(s) and/or TMS and/or ECT, mental status and current functioning; *and*
2. A medical history and examination when clinically indicated.

B. The order for treatment or retreatment is written by a physician (MD or DO) or PMHNP- BC ("provider") who has examined the patient and reviewed the medical record. The treatment shall be given under direct supervision of this provider, i.e., he or she must be in the area and immediately available. The provider will assess the patient at each treatment, and be present in the area, but not necessarily provide the treatment. The attending provider must monitor and document the patient's clinical progress during treatment. The attending physician must use evidence-based, validated depression monitoring to monitor treatment response and the achievement of remission of symptoms.

C. Provider education and training:

1. Physicians: The physician utilizing this technique must have completed a psychiatric residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or the Royal College of Physicians and Surgeons of Canada (RCPSC); Board certification in psychiatry by the American Board of Psychiatry and Neurology is preferred. The physician must have completed a university-based course in TMS, or the course approved by the device manufacturer. The training must be specific to the device in use at the authorization request.
2. Psychiatric mental health nurse practitioners: Psychiatric-mental health nurse practitioners (PMHNP-BC) who meet the following qualifications may order, administer and supervise TMS treatment under this clinical guideline when within the scope of their license and training, in accordance with applicable regulations and permitted by the member's benefit plan:
    a. current ANCC certification as a psychiatric-mental health nurse practitioner (PMHNP-BC);
    b. licensure for full authority or autonomous practice;
    c. must have completed a university-based course in TMS, or the course approved by the device manufacturer. The training must be specific to the device in use at the authorization request.

A. An attendant/individual trained in basic life support, the management of complications such as seizures, in addition to training in the application of the TMS apparatus, must be present at all times with the patient while the treatment is applied.

B. The attending provider provides personal supervision for the initial motor threshold determinations, treatment parameter definition and TMS treatment course planning and documentation supportive of the level of supervision. The patient has either the attending

provider or the attendant physically present at all times during the TMS session.

C. During subsequent delivery and management of TMS sessions, the attending provider must meet face to face with the patient when there is a change in the patient's mental status and/ or other significant change in clinical status.

D. Access to emergency equipment, including cardiac defibrillator, is readily available while the patient is receiving TMS.

E. The treatment must be provided by use of a device approved or cleared by the FDA for the purpose of supplying transcranial magnetic stimulation for this indication.

F. When clinically indicated, the patient is released in the care of a responsible adult who can monitor and provide supportive care as needed.

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APPENDIX: Depression Monitoring Scales

Standardized Rating Scale Name	Note	Acronym	Scale Range	None OR Normal	Mild	Moderate	Moderate Severe	Severe	Very Severe
Geriatric Depression Scale	Long Version 30 Questions	**GDS**	0 -30	0-9	10-19	NA	NA	20-30	NA
The Personal Health Questionnaire Depression Scale	NA	**PHQ-9**	0 - 27	0-4	5-9	10-14	15-19	20-27	NA
The Beck Depression Inventory	Original Version	**BDI**	0-63	0-9 (minimal)	10-18	19-29	NA	30-63	NA
The Hamilton Rating Scale for Depression	17 Questions	**HAM-D**	0 - 52	0-7	8-16	17-23	NA	≥24	NA
The Hamilton Rating Scale for Depression	24 Questions	**HAM-D**	0-15	0-4	5-8	8-11	NA	12-15	≥23
The Inventory for Depressive Symptomatology	Self Reported Version 30 Questions	**IDS-SR**	0-84	0-13	4-25	26-38	NA	39-48	49-84
The Montgomery-Asberg Depression Rating Scale	NA	**MADRS**	0-60	0-6	7-19	20-34	NA	NA	35-60
The Quick Inventory of Depressive Symptomatology	Clinician Administered Version- 16 Questions	**QIDS-16**	0-27	0-5	6-10	11-15	NA	16-20	21-27