



Member Handbook

Idaho Behavioral Health Plan
Revised January, 2021

Your behavioral health benefits

Welcome

Welcome to Optum Idaho, where we manage outpatient behavioral health services for Idaho Medicaid recipients in the Idaho Behavioral Health Plan (IBHP). If you are a parent or guardian, we want you to have the tools you and your minor child or dependent need to promote recovery and resiliency.

We are here to help you find and access services and providers, and to help you understand your benefits and rights as a program member.

Optum Idaho has been serving Idaho Medicaid members since 2013. We welcome your call anytime, 24 hours a day, 7 days a week.

**Optum Idaho
Member Access
& Crisis Line
1-855-202-0973
TDD/TTY, dial 711
www.optumidaho.com**

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Guide to Your Idaho Behavioral Health Plan Benefits

This guide has useful information about behavioral health services available to you. It can help you understand and use your benefits, which include mental health and substance use disorder services. We encourage you to read this handbook to learn about the services that are available to you.

Optum Idaho wants to deliver the best services and we value member feedback. Current editions of the handbook are available on the Optum Idaho website at www.optumidaho.com. Check there often to be sure you have the most up to date information.

You have a right to stay active in your care. All your rights and responsibilities as a Medicaid member are listed in this Member Handbook. When it comes to staying active in your treatment, remember that you have the right to have any treatment explained to you: this is called informed consent. We want to be sure that all parts of your treatment plan are clear to you, including how different services can work together.

We want to make it easy for you to use your benefits. Let us know if you need information in other languages or an interpreter service. You have a right to services in the language you choose. If you have questions, call or visit the Optum Idaho website.

This handbook explains Medicaid behavioral health benefits under the Idaho Behavioral Health Plan (IBHP), managed by Optum Idaho. You can get this handbook and other written information in Spanish or other formats, such as large font or additional languages. It also comes in English or Spanish on compact discs. For help, contact Optum Idaho.

Este Manual para Miembros explica los servicios que cubre Optum Idaho. Usted puede obtener esta guía y otra información en español.

Si necesita ayuda para leer este Manual para Miembros, o si desea recibir una copia en español o tiene alguna pregunta, llámenos al 1-855-202-0973. Cuando contesten su llamada, espere en línea un momento mientras lo comunican con un interpret.

You can get this handbook and other written information in other formats, such as large font or on compact discs.

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Member Rights

Members have rights for their care.

As an Optum Idaho member, you have the following rights:

1. To be treated fairly, with dignity and with respect for your right to privacy.
2. To receive all health care services in a caring, non-judgmental way.
3. To receive information in a manner that meets your needs. This includes accommodating any communication barriers or disabilities.
4. To get health care services in a way that respects your culture. This includes getting you an interpreter if you do not speak English.
5. To take part in all health care decisions, including treatment and recovery planning. You also have the right to refuse treatment.
6. To understand any treatment you agree to receive. This is called informed consent.
7. To choose someone to help you with care choices.
8. To get a second opinion from a provider at no cost to you. You can get a second opinion when you:
 - Need more information about a treatment.
 - Think the provider is not providing the right care.
9. To make a complaint about the care you are receiving. Complaints can be made about Optum, a provider contracted with the Optum network, or anything else about your treatment experience.
10. To choose your providers from the Optum network. This includes not being required to use the same provider for multiple services or being denied treatment if multiple services are not obtained from the same provider or agency.
11. To have a psychiatric advance directive (PAD). A PAD is a legal document you can use to manage your mental health treatment and wellness if you cannot make or communicate decisions about your treatment. A PAD can specify which people you do or do not want to make choices for you. (See the frequently asked questions section for more information).
12. To see your own behavioral health treatment records. This is based on federal and Idaho laws and rules. You have the right to restrict who can view those records based on those laws and rules. You also have the right to request your records be amended or corrected according to federal and Idaho laws and rules.
13. To ask for and get information about Optum. This includes Optum services and network providers, and how to access both.
14. To not be bothered by either side if problems come up between Optum and its network providers.
15. To not be restrained or secluded based on federal or state rules on the use of constraints and seclusion.

Member Responsibilities

Optum asks that every member is aware of the following responsibilities:

1. You are responsible for providing Optum and its providers with information needed to provide quality care. This may include past behavioral health or medical history that could affect your treatment.
2. You are responsible for learning about your health problems to the best of your ability.
3. You are responsible for working with your provider to create treatment and recovery goals that are meaningful to you.
4. You are responsible for letting your providers know if your treatment and recovery plans need to be updated to meet your changing needs.
5. You are responsible for keeping, changing, or cancelling appointments instead of missing the appointment without telling the provider.

Using Your Rights

- Contact Optum Idaho if you have any questions about this notice or want to discuss your rights at 1-866-604-3273.
- Send a written request. Mail us your written requests for changing or cancelling a confidential communication method. Confidential communication methods include phone numbers, addresses or email addresses that you provide to us with your permission to contact you. For copies of your health information, or for amendments to your health information, at the following address:

Compliance Department/Privacy Department
P.O. Box 99378
Emeryville, CA 94662-9378

- File a complaint. If you believe your privacy rights have been violated, you may file a complaint with us at the above address.
- You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.
- U.S. Department of Health and Human Services Website: www.hhs.gov. Select the Health Information & Security Complaint Form.

What services does Optum Idaho cover?

Optum covers outpatient behavioral health services that help support recovery and resiliency for people facing:

- Emotional challenges
- Mental illness
- Substance use disorders

The amount and length of services provided will be based on your individual needs and medical necessity. Services may be offered in a provider's office, your home, or the community. Some services need prior authorization. This means your provider must contact us and receive approval, before providing the service. The chart shown in the "Covered Services" section lists all Optum's services. The services that require prior authorization have a note under the name of the covered service. Your provider will coordinate referrals with other providers. A referral is when your provider sends you a different provider or agency that offers the services you need for your treatment.

You do not need a prior authorization for emergency services or services involving a mental health crisis. A mental health crisis is when you are having sudden and severe mental health problems and need help right away.

How do I get behavioral health care services?

You can call Optum Idaho to be referred to a provider in your area or go directly to any in-network behavioral health care provider of your choice.

The Optum Idaho provider network directory is also available online at www.optumidaho.com under "Find a Provider." The online directory allows you to search for a behavioral health provider near you who can meet your needs. The online directory is updated daily. If you would like additional help finding a provider, you may contact Optum Idaho.

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Optum Provider Network

What is a behavioral health care provider?

A behavioral health care provider can be a licensed (or otherwise qualified) behavioral health or substance use disorder counselor. Some examples of providers include:

- Psychiatrist
- Psychiatric nurse
- Psychologist
- Licensed clinical social worker
- Other professional counselors
- Case manager
- Peer Support specialist/Recovery Coach

Providers can support you by helping you create and fulfill your recovery plan. They can connect you with other community services. Doctors can help you with medication if you need and want it.

How to Find a Provider

By Phone

Contact Optum Idaho for help finding a provider or changing a provider.

Online

Go to optumidaho.com and on the left side of the screen, click on "Find a Provider." This takes you to the "Search" screen for Idaho then click, "Search for support near you." You can also request a paper copy of the provider directory by calling Optum Idaho.

Additionally

You have access to Optum's Live and Work Well website. Go to Liveandworkwell.com and at "Welcome!" type Guest for the access code and at "My Benefits Are Provided Through," select Optum Idaho Behavioral Health Plan.

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What is an In-Network Provider?

When a behavioral health professional or business has an agreement with Optum to provide services for the Idaho Behavioral Health Plan (IBHP), we say they are in-network. We also call them participating providers. When you use an in-network provider you will not have to pay additional fees for services.

What is an Out-Of-Network Provider?

An out-of-network providers does not have an agreement with Optum to provide services. Some situations may require specialized service that is not offered by an in-network provider. In those situations, Optum will work with those providers to arrange for treatment with a special out-of-network agreement. Out-of-network agreements require prior authorization. Ask your provider to contact Optum to inquire about an out-of-network agreement. If you use an out-of-network provider without getting prior approval you may have to pay for those services

Optum Idaho Member Services Can Help You

Our Optum Idaho member access line can answer questions or give you information on:

- Membership – Do you receive services that are managed by Optum?
- Choosing a behavioral health care provider
- Your rights and responsibilities
- Finding specialists and other providers
- Covered services
- Changing providers
- Filing a complaint or appeal
- Getting an interpreter
- Other questions

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Key Contact Information for Members and Families

In case of an emergency dial 911

<p>Important Numbers</p> <p>Medicaid Medical, Medicaid Dental Services, Other Healthy Connections1-888-528-5861 MCNA Dental–Idaho Smiles.....1-855-233-6262 IDHW Benefits Customer Service.....1-877-456-1233 Idaho Health Coverage Assistance.....1-866-326-2485 Liberty Healthcare Corporation.....1-877-305-3469 Molina Medicaid Solutions.....1-866-686-4752 (Idaho Participant Services Line for medical services) Your Health Idaho..... 1-855-944-3246</p> <p>Health & Wellness</p> <p>Idaho 211 Care Line 211 Hotline for adult abuse, aging1-800-926-2588 Idaho Suicide Prevention 1-208-398-4357 Youth Empowerment Services.....1-833-644-8296 Child Protection.....1-855-552-5437 (KIDS) Developmental Disabilities Services 1-877-333-9681</p> <p>Interpreter/Translation Services</p> <p>Optum Idaho Member Access & Crisis Line..... 1-855-202-0973 TDD/TTY:711 Idaho Speech to Speech1-888-791-3004 Spanish Idaho Speech to Speech.....1-866-252-0684</p>	<p>Transportation</p> <p>Idaho Non-Emergency Medical Transportation Services.....1-877-503-1261</p> <p>Websites</p> <p>Youth Empowerment Services youthempowermentservices.idaho.gov National Alliance on Mental Illness www.idahonami.org/ Idaho Department of Health & Welfare (IDHW) www.healthandwelfare.idaho.gov Depression & Bipolar Support Alliance www.dbsalliance.org Your Health Idaho www.yourhealthidaho.org Idaho Federation of Families for Children’s Mental Health www.idahofederation.org Idaho Vocational Rehabilitation www.vr.idaho.gov Live Better Idaho www.livebetteridaho.org Youth Empowerment Services youthempowermentservices.idaho.gov Optum Idaho important websites: www.optumidaho.com www.liveandworkwell.com</p>
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Covered Services

Please note: Services may not yet be available in all areas of the Optum Idaho network.

Covered Service	Eligible	Definition
Adult Peer Support	Members age 18 and older	Peer Support specialists use their lived recovery experience from a mental health diagnosis and specific specialist training to help you define your goals for recovery and develop a recovery plan. This service helps you learn to manage difficulties in your life.
Behavior Modification and Consultation (Requires Prior Authorization)	Members under the age of 18	Your provider works with you to develop strategies to improve skills for identified behaviors. Behavior Modification and Consultation can be provided at any time and in any setting to meet your needs. These settings include home, school and other locations.
Case Management	All members	A behavioral health care professional helps you learn how to coordinate and access your medical, mental health, and community-living needs.
Child and Adolescent Needs and Strengths (CANS)	Members under the age of 19	The Child and Adolescent Needs and Strengths (CANS) tool is used to identify your youth and family's strengths and needs, to assist in treatment planning, and to monitor the outcomes of services.
Child and Family Team (CFT)	Members under the age of 18	A Child and Family Team is a group of individuals the youth and your family select to help and support you while you receive treatment.
Comprehensive Diagnostic Assessment (CDA)	All members	A CDA is a process where a behavioral health care professional reviews past and present medical and behavioral information that you report and then makes a written summary and identifies a diagnosis, if needed.
Crisis Center Services	Members age 18 and older	Crisis* Centers offer you emergency mental/behavioral health services if you are 18 years of age or older and are having a substance use or mental health crisis. You may stay at a Center for up to 23 hours and 59 minutes. *A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do.
Crisis Intervention	All members	Crisis* Intervention services allow you to talk to a behavioral health professional in a face-to-face setting, and are available 24 hours a day, 7 days a week. The behavioral health professional will work with you to manage the crisis and will help you develop a plan that includes the steps to take that will reduce the crisis. *A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do.
Crisis Psychotherapy	All members	Crisis Psychotherapy is provided if you are experiencing an acute crisis and are not at risk of harm to yourself or others.
Crisis Response	All members	Crisis* Response Services allow you to speak with a mental health professional over the phone while you are in crisis and are available 24 hours a day, 7 days a week. *A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do.

Covered Service	Eligible	Definition
Day Treatment (Requires Prior Authorization)	Members under the age of 18	Day Treatment is a structured program available to youth who have severe mental health needs. These services typically include various treatments that may include skills building, medication management, and group, individual and family therapy. Your youth will participate in the program at least 3 hours a day, 4-5 days per week. Day Treatment providers coordinate and communicate with other agencies involved in your youth's care, including coordination with schools.
Drug/Alcohol Testing	All members	A test to see if you have been using chemical substances or alcohol.
Family Psychoeducation	All members	You and your family are given information that can help you understand your mental health needs and strengths. This service is to help you learn about and understand your condition, so you can manage and make decisions in an informed way. Depending on what you need help with, you can attend sessions with just your family or a group of families that share the same experiences.
Family Psychotherapy	All members	You and your family can talk with a behavioral health care professional about emotional problems you and your family may be having and learn coping skills to help manage them.
Family Support	Members under the age of 18	A parent with lived experience raising a youth with behavioral health concerns will meet with your family to help you navigate the unique needs of raising children with behavioral health issues.
Functional Assessment	All members	Your provider uses a functional assessment to learn about your strengths and needs. Strengths are areas of your life where you are doing well. Needs are areas where you can use support.
Group Psychotherapy	All members	You will meet with a group of people with similar emotional issues and a behavioral health care professional. Group members share experiences and practice coping skills to learn how to manage issues as independently as possible.
Individual Psychotherapy	All members	You can talk with a behavioral health care professional about emotional issues you may be having and learn coping skills to help you manage them.
Individual Psychotherapy for Substance Use Disorders	All members	Your provider will talk with you to help you create ways to deal with your substance use cravings. They will suggest ways to avoid substance use and prevent relapse.
Individualized Treatment Plan	All members	A written plan you create with your behavioral health provider. The plan describes your behavioral health goals.
Integrated Substance Use Disorder Treatment	All members	Integrated Substance Use Disorder Treatment is a way of providing care rather than a specific benefit. Many network providers offer integrated care for you if you have a mental health condition co-occurring with a substance use disorder.
Intensive Home and Community Based Services (Requires Prior Authorization)	Members under the age of 18	These are programs for children and youth who have severe needs. Intensive Home and Community-Based Services are used to help prevent out of home placements.

Covered Service	Eligible	Definition
Intensive Outpatient Program (IOP)	All members	Intensive Outpatient Programs (IOP) are structured programs for adults and adolescents. IOPs are for you if you are having behavioral health symptoms that can be managed in a level of care that is less intensive than partial hospitalization but higher than your regular treatment. Adults participate at least three hours a day, three times a week. Adolescents participate at least two hours a day, three times a week.
Medication Management	All members	A doctor or nurse meets with you to discuss the medicines you are taking and order new prescriptions you might need.
Mental Health Assessment	All members	During an assessment, a mental health professional gathers information that lets them know if you have a mental or substance use disorder. An assessment determines if you are ready for change, and helps your provider identify strengths or problem areas that may affect your treatment and recovery.
Opioid Treatment Program (OTPs)	All members*	Opioid Treatment Programs (OTPs) are specialized programs that treat opioid use disorder (OUD). These programs may offer medications and or counseling to treat your opioid use disorder. *This treatment may be offered to certain members under the age of 18 if they meet specific criteria.
Partial Hospitalization Program (PHP) (Requires Prior Authorization)	All members	This is a structured program that you attend for 20 or more hours a week and you do not spend the night in the hospital. When you attend a Partial Hospitalization Program, services you may receive may include; individual, group and family behavioral therapy, substance use monitoring, if appropriate, and more.
Person-Centered Service Plan	Members under the age of 18	The person-centered service plan is a specific type of coordinated care plan and is a requirement for youth who are determined to have serious emotional disturbance (SED) through the Independent Assessor.
Psychological/ Neuropsychological Testing	All members	Written, visual or verbal tests that are given by a psychologist to measure your thinking and emotional abilities.
Recovery Coaching	Members age 18 and older	A recovery coach is different from a therapist or sponsor. A recovery coach serves as an advocate, a guide, a leader and a mentor. They help you connect to services and the recovery community. They also help you develop a recovery and resilience plan that meets your needs. If you have a relapse, a recovery coach can help you re-engage in supports and treatments. Members who work with a recovery coach may see fewer and less severe relapses.

Covered Service	Eligible	Definition
Respite (This service can only be obtained by those that go through independent assessment and are determined to have SED)	Members under the age of 18, with SED	Respite is available to families with children who have been evaluated through the independent assessment process. Respite care is short-term or temporary care, to give relief to the person who usually takes care of the youth. The combined (individual and group) limit if you or your family is receiving Respite services is 300 hours per calendar year.
Skills Building/Community-Based Rehabilitation Services (CBRS) (Requires Prior Authorization)	All Members	Services provided to you by a behavioral health care professional in your home or community to help you gain skills for successful living. You will also practice skills you need to support your overall wellness and independent living abilities.
Skills Building/CBRS Treatment Plan	All members	Your behavioral health professional, your family and you work together to create an individualized Skills Building/CBRS treatment plan.
Skills Training and Development (STAD)	All members	Your behavioral care professional teaches you social, communication, behavior and basic living skills in a group setting to help gain and practice skills to support overall wellness and independent living abilities.
Substance Use Assessment	All members	Your provider uses this type of assessment to learn if you may have substance use problems. It is used to find evidence of a drug or alcohol problem.
Substance Use Disorder Group Psychotherapy	All members	You will meet with a group of people with similar substance use issues and a behavioral health care professional. Group members share experiences and practice coping skills to learn how to manage substance use issues as independently as possible.
Therapeutic After School and Summer Program (TASSP)	Members under the age of 18	Therapeutic After School and Summer Programs may be offered by various community organizations to meet the needs of youth and adolescents in their area. These programs include qualified behavioral health care professionals.
Targeted Care Coordination (TCC)	Members under the age of 18	Targeted Care Coordination (TCC) is the service provided by someone trained to help you access services and coordinate care between various providers and agencies. The Targeted Care Coordinator facilitates Child and Family Team meetings for YES members.
Therapeutic, Prophylactic & Diagnostic Injection	All members	These are different types of injections (shots) that are offered to help you with your treatment.
Youth Support	Members under the age of 18	Youth Support is provided by someone who has lived experience of SED as a young adult and special training. Youth Support providers help you understand your role in accessing services and in becoming an informed self-advocate. Youth support may include, but is not limited to, mentoring, advocating, and educating through Youth Support activities.

Youth Empowerment Services (YES) System of Care

Youth Empowerment Services (YES) is Idaho’s children’s mental health system of care.

To participate in the YES system of care, you must:

- Be a resident of Idaho
- Be under the age of 18
- Have serious emotional disturbance (SED)

Serious emotional disturbance, or SED, is defined as having both a diagnosed mental health condition and a functional impairment as determined by the Child and Adolescent Needs and Strengths (CANS) tool.

The YES system of care includes services and supports delivered through multiple state agencies. The Idaho Behavioral Health Plan (IBHP) administered by Optum Idaho includes many of the services and supports that are part of the YES system of care.

YES uses a youth and family centered, team-based, strengths and needs focused approach for early identification, treatment planning and implementation of care. For more information about the YES system of care including the Practice Model and Principles of Care, as seen below, please see the YES Practice Manual at yes.idaho.gov.

The YES system of care uses 11 Principles of Care:

The Principles of Care are 11 values that are applied in all areas of Youth Empowerment Services (YES).

The 11 Principles are:

1. Family-centered—emphasizes each family’s strengths and resources.
2. Family and youth voice and choice—prioritizes the preferences of youth and their families in all stages of care.
3. Strengths-based—identifies and builds on strengths to improve functioning.
4. Individualized care—customizes care specifically for each youth and family.
5. Team-based—brings youth, families, and informal supports together with professionals to identify the youth and family’s strengths and needs, and to create, implement and revise a coordinated care plan.
6. Community-based service array—provides local services in a location chosen by the youth and family.
7. Collaboration—brings families, informal supports, providers, and agencies together to meet identified goals.
8. Unconditional—commits to achieving the goals of the coordinated care plan.
9. Culturally competent—considers the family’s unique needs and preferences.
10. Early identification and intervention—assesses mental health early and provides access to services and supports when the need is first identified.
11. Outcome-based—contains measurable goals to assess change.

The YES system of care has 6 key parts to its Practice Model:

The six components are:

1. Engagement—actively involving youth and their families in the creation and implementation of their coordinated care plan.
2. Assessment—gathering and evaluating information to create a coordinated care plan.
3. Care planning and implementation —identifying and providing appropriate services and supports in a coordinated care plan.

4. Teaming—collaborating with children, their families, providers, and community partners to create a coordinated care plan.
5. Monitoring and adapting—evaluating and updating the services and supports in the coordinated care plan.
6. Transition—altering levels of care and support in the coordinated care plan.

Participation in the YES System of Care

Any child or youth under the age of 18 who is eligible for Medicaid can access all Optum Idaho mental health services that are part of the YES system of care, except for Respite. To use Respite services through Optum Idaho, a child or youth must be evaluated by the Independent Assessor.

The Medicaid YES Program offers increased household income eligibility limits for Idaho youth under the age of 18 with serious emotional disturbance (SED). Those who qualify for the YES Program are also able to receive Respite services through Optum Idaho.

If you are interested in the YES Program, complete the following steps.

1. **Schedule an assessment** with the Independent Assessor. **You only need to complete an assessment if you do not currently have Medicaid and earn more than the normal income limits, or you currently have Medicaid but want Respite services.**
2. **Complete the assessment.** A representative from the Independent Assessor will contact you to schedule and complete an independent assessment. The assessment can confirm that your child has serious emotional disturbance (SED). After the assessment, the Independent Assessor will contact you with the results. If you disagree with the decision, you will need to contact the Independent Assessor directly.
3. **Apply for Medicaid.** For those who do not already have Medicaid, you will need to apply for Medicaid through Self Reliance, either online or by phone. If you are denied eligibility for Medicaid because your household is over 300% of the Federal Poverty Guidelines (FPG), you may contact the Division of Behavioral Health to learn more about services and supports that are available to you.
4. **If your child qualified for Medicaid** after they went to the Independent Assessor **call to schedule an appointment** with a Targeted Care Coordinator (TCC). You will receive a letter from Optum Idaho that lists contact information for different Targeted Care Coordinators (TCC) in your community. Choose a TCC you would like to work with and call that provider to schedule an appointment. You, your child, and the Targeted Care Coordinator will identify people that you want involved on your Child and Family Team.
5. **Develop a person-centered service plan.** If your child went to the Independent Assessor and your child is determined to have SED, your Targeted Care Coordinator (TCC) helps you complete a person-centered service plan with your Child and Family Team. Some members may already have a person-centered service plan if they have services through Medicaid’s developmental disabilities program. This existing plan needs to be updated to include mental health treatment information.

YES Website

www.yes.idaho.gov

Independent Assessor

Liberty Healthcare
1-877-305-3469

Self-Reliance

1-877-456-1233
www.idalink.idaho.gov

Division of Behavioral Health

1-833-644-8296
YES@dhw.idaho.gov

Optum Idaho

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TDD/TTY, dial 711
www.optumidaho.com

6. **Find a provider.** Contact Optum Idaho to find a provider of behavioral health services in your area. This provider may join your Child and Family Team to help you create your person-centered service plan.

Independent Assessor

The Independent Assessor completes independent mental health assessments and evaluates functional impairment to determine if a child has serious emotional disturbance (SED). This process is required for children and youth to qualify for Medicaid if their household income is between 185% to 300% of the Federal Poverty Guidelines (FPG), and for those that already have Medicaid, but would like Respite through the Medicaid YES Program.

Families can call the Independent Assessor to schedule an independent assessment. During this phone call, a customer service specialist gathers some basic information from the family. Once all information is gathered, an Independent Assessor calls the family within one business day to discuss the assessment process and set a time and location for the assessment.

A few important things to note about this conversation:

- The family chooses the location for the assessment. This can be a place where the youth and family feel comfortable and can speak freely. It can be in their home or in another community-based location where their confidentiality can be kept.
- This is a good time to speak about any sensitive information the family would like to discuss without the youth present.

During the assessment, the youth and family share their story with the provider. The youth does not need to be present for this entire conversation and may leave for parts of the discussion. The youth may also ask to speak to the assessor in private. After the in-person meeting, the assessor calls within two business days and identifies the child or youth's mental health diagnosis (if any) and determines if there is a functional impairment.

Completing an independent assessment is an annual requirement and must be completed in order to remain eligible for Medicaid for incomes between 185% to 300% Federal Poverty Guidelines (FPG), and to remain eligible to receive Respite services for families that already have Medicaid. Approximately 60 days before the annual determination, you will be contacted by the Independent Assessor to schedule an independent assessment.

If you no longer wish to receive Medicaid at the increased income limits, or if your child no longer needs to receive Respite services, you may decline to participate in the annual redetermination, and YES Program eligibility will be discontinued. This will not impact other types of Medicaid eligibility for members within traditional Medicaid income limits.

Child and Family Team (CFT)

Youth members that have been through the independent assessment process and have a Targeted Care Coordinator will have a Child and Family Team (CFT) to assist in care planning. The work of the CFT is guided by the Principles of Care and the Practice Model. A CFT is comprised of a group of individuals the youth and family select to help and support them while the youth receives treatment. At a minimum, the team includes the youth, family, the behavioral health clinician and is facilitated by the Targeted Care Coordinator.

A member and member's family can choose to invite natural supports to the team; this can include friends, neighbors, coaches and other community members. Some families may also have representatives from child serving agencies included on their CFT. The member, member's family, and the team use the results of the Child and Adolescent Needs and Strengths (CANS) and work together to create a person-centered service plan.

The CFT uses the CANS tool to create a person-centered service plan. This plan:

- Recognizes and encourage the youth and family's strengths
- Identifies what the youth and family want to accomplish
- Documents which of the youth and family's needs as identified by the CANS, will be supported by treatment goals
- Develops goals that build on the youth and family's strengths to support needed change
- Includes measurable short- and long-term goals that are used to assess change

All person-centered service plans also include a crisis and safety plan.

Child and Family Teams are formed during the coordinated care planning process and continue while the youth is in treatment. The size and involvement of team members is driven by the needs and desires of the youth and family, and, as those needs change, participants may be added or removed from the team. Each Child and Family Team works through the six components of the Practice Model and uses the Principles of Care in the treatment.

One of the Child and Family Team's first tasks is to develop a crisis and safety plan. This plan is designed to help youth and their families avoid a crisis and address safety concerns during a crisis, predict potential areas of crisis, and identify ways to minimize a crisis. This plan should be reviewed routinely to make sure it is kept up to date.

Child and Family Teams may operate differently based on the needs of the youth and the family. The frequency of team meetings and intensity of work depends on the needs of the youth and family.

Find additional information about Youth Empowerment Services (YES) at: yes.idaho.gov

More Information about Covered Services

The following descriptions include additional information about services listed in the table on pages 12, 13,14 and 15. If you require additional information or would like help finding a provider who offers these services, you can call Optum Idaho.

All services are provided in a way that is strengths-based, culturally competent and meets your needs. All services will include an individualized treatment plan. See page 23.

Services that need prior authorization will be noted next to the name of the service.

Crisis Services

A crisis is when you or someone you know is having sudden and severe mental health problems, and you are unsure of what to do. Examples of a behavioral health crisis are:

- Thoughts of harm to yourself
- Thoughts of harm to others
- Harmful actions to yourself
- Harmful actions to others

If you feel that you are having a behavioral health crisis, and have a provider, please call their emergency line right away. If you do not have a provider or cannot reach your provider, call Optum Idaho's Member Access & Crisis Line at 1-855-202-0973 TDD/TTY: 711 right away.

Crisis Center Services

Crisis Centers offer emergency mental health services for people 18 and older who are dealing with a substance use disorder or behavioral health crisis.

You may remain at a Crisis Center for up to 23 hours and 59 minutes. The services they offer include detox services, crisis intervention and prevention, a quiet place to relax, and help connecting with resources.

Idaho has nine Crisis Centers throughout the state, they are open 24 hours a day and you can reach them by phone or in person. Below is contact information for Idaho's Crisis Centers.

<p>Boise Pathways Community Crisis Center of Southwest Idaho 7192 Potomac Drive 1-833-5-CRISIS (27-4747)</p>	<p>Caldwell Western Idaho Community Crisis Center 524 Cleveland Blvd. Suite 160 208-402-1044</p>	<p>Coeur d'Alene Northern Idaho Crisis Center 2195 Ironwood Court Suite D 208-625-4884</p>
<p>Idaho Falls Behavioral Health Crisis Center of East Idaho 1650 N. Holmes Ave. 208-522-0727</p>	<p>Lewiston First Step 4 Life 1002 Idaho Street 208-717-3881</p>	<p>Moscow Latah Recovery Center 531 S. Main Street 208-883-1045</p>
<p>Orofino A to Z Family Services 1275 Riverside Avenue 208-476-7483</p>	<p>Pocatello Southeast Idaho Behavioral Health Crisis Center 100 N 7th Ave N. Ste. 160 208-909-5177</p>	<p>Twin Falls Crisis Center of South Central Idaho 570 Shoup Ave. W 208-772-7825</p>

Crisis Intervention

This service can be provided to all members. Crisis Intervention services let you to talk to a behavioral health professional in a face-to-face setting. Crisis Intervention is available 24 hours a day, 7 days a week. The behavioral health professional works with you to manage the crisis. They help you create a plan that includes the steps to take that will reduce the crisis.

Crisis Intervention happens in the location where the crisis is happening. Crisis Intervention is for your safety and well-being. Crisis Intervention providers will work your current provider. They can provide referrals to behavioral health and/or emergency services.

Crisis Psychotherapy

This service can be provided to all members. Crisis Psychotherapy is provided if you are experiencing an acute crisis and are not at risk of harm to yourself or others. This service is best used to help you with fast and time-limited assessment and stabilization.

Crisis Response

This service can be provided to all members. Crisis Response Services allow you to speak with a mental health professional over the phone while you are in crisis. This service is available 24 hours a day, 7 days a week. The professional on the phone will help reduce the crisis. They will help you figure out your next steps. Some examples of next steps might include calling your provider or even going to the emergency room. If your provider does not offer this service, you can call the Member Access & Crisis Line for immediate help.

Assessments

During an assessment, a behavioral health professional gathers information that lets them know if you have a mental or substance use disorder. An assessment determines if you are ready for change, and helps your provider identify strengths or problem areas that may affect your treatment and recovery. Assessments happen regularly during your treatment.

Assessments are designed to help you identify the information you need to create an effective treatment plan. Here are some things to keep in mind when you go through the assessment process:

- You are the expert on yourself
- Assessments help your provider understand your experiences and needs
- You may need to talk about sensitive topics that are difficult to discuss
- The provider may ask for copies of past assessments
- Having these assessments with you will help
- It is important to talk about strengths and needs
- Keep an open mind about the assessment process
- Make sure you go over the assessment findings with your provider before it is finalized
- Make sure you receive a copy of the complete finalized assessment including the narrative

Mental Health Assessment

This service can be provided to all members. When your provider uses a mental health assessment, they look at many things including:

- Mental health symptoms, including feelings, thoughts, actions, experiences, any past diagnosis and any family history of mental illness
- Physical health and wellbeing
- Social and family relationships
- Culture and ethnic background
- Drug or alcohol use
- Recent events such as a death, divorce or trauma
- Strengths and skills
- Hopes and goals for the future

Functional Assessment

This service can be provided to all members. Your provider uses a functional assessment to learn about your strengths and needs. Strengths are areas of your life where you are doing well. Needs are areas where you can use support.

The functional assessment is also used to:

- Learn how well you function in your family and community
- Help you create a treatment plan
- Track changes and improvement

Child and Adolescent Needs and Strengths (CANS) Assessment Tool

This service is for members under the age of 19. The Child and Adolescent Needs and Strengths (CANS) is a tool that uses the information gathered during an assessment to create a record of your youth and family's strengths and needs. Strengths are areas of your youth's life or your family's life where they are doing well or have an interest or ability. Needs are areas where the youth or your family needs support.

In addition to identifying needs and strengths, the CANS is used to:

- Capture information about the youth's ability to function within their family, school, and community.
- Create meaningful care plans, including coordinated care plans and individual treatment plans.
- Provide a common language for providers, youth, and families to use when discussing strengths and needs.
- Monitor the outcomes of services.

The CANS is used in different ways to help improve the lives of youth and families. It can be used in care planning, for measuring outcomes, and as a communication tool. It also plays a lead role in the creation of a treatment plan, care, and assists the family in the creation of a person-centered service plan.

The Independent Assessor or your provider will complete the initial CANS assessment. The CANS assessment is required to be updated every 90 days, while your child or youth is accessing services. A provider of your choosing will complete the 90-day updates to the CANS assessment. If you have a Targeted Care Coordinator, they can also complete the updates.

As the CANS assessment is required for children and youth to receive services, it is important to note that if a child is only receiving any of the following services, they do not need to have a CANS assessment: Neuro/Psych Testing, Medication Management and Crisis Services.

Comprehensive Diagnostic Assessment

This service can be provided to all members. A Comprehensive Diagnostic Assessment (CDA) is a type of mental health assessment. It is a process where a behavioral health care professional reviews your past and present medical and behavioral health information including a family history.

The CDA begins with a conversation between you and your provider. The behavioral health professional will ask you about your reasons for seeking treatment and about any current symptoms you are experiencing. You will be asked about your current support systems including family and friends, current or past behavioral health treatments and medical information.

This assessment also reviews your use of drugs or alcohol and if you are having suicidal thoughts. The behavioral health professional will also ask you about your developmental history, education, legal issues, social supports and cultural and spiritual considerations.

The CDA helps the behavioral health care professional identify strengths or problem areas and engage you in the development of an appropriate treatment plan. The assessment will lead to diagnosis with recommendations for services, intensity and expected duration of treatment.

Substance Use Assessment

This service can be provided to all members. Your provider uses this type of assessment to learn if you may have substance use problems. It is used to find evidence of a drug or alcohol problem.

During a substance use assessment, your provider will ask you:

- About your current or past use of drugs or alcohol
- About your current physical wellbeing
- About how you think, feel and behave
- About any mental health conditions you may have
- If you are ready or interested in changing your behavior
- How substance use has created problems or could create problems in the future

Treatment planning

Treatment planning is a collaborative process of developing your treatment plan with your provider. The purpose of a treatment plan is to create a guide for you to reach your goals. You might think of a treatment plan as a map that points the way towards your recovery and resiliency.

The treatment plan uses information from the functional assessment tool and the comprehensive diagnostic assessment. The treatment plan describes:

- Your short- and long-term goals
- What you will do in a crisis
- Your safety plan
- The way you will transition through different levels of care
- Resources you can use
- Time frames for your treatment and services

Individualized Treatment Plan

This service can be provided to all members. Your individualized treatment plan is a detailed plan tailored to meet your specific needs and goals. It is a written plan you create with your behavioral health provider. The plan describes your behavioral health wellness goals and the steps you want to take to achieve your goals.

An individualized treatment plan will help you recover in a way that meets your needs. This treatment plan will act as a road map to your recovery and may be updated and changed as needed.

Skills Building/CBRS Treatment Plan

This service can be provided to all members. Your behavioral health professionals, including your clinician and Skills Building provider, work with you and your family to create an individualized Skills Building/CBRS treatment plan. The process is created for you and focuses on your strengths, needs, and desired goals.

Your provider will use a functional assessment tool or the Child and Adolescent Needs and Strengths (CANS) tool for youth, to identify your specific need(s). Once your needs are identified, you will work with your provider to create the specific Skills Building/CBRS treatment plan that focuses on behavioral, social, communication, rehabilitation, and/or basic living skills development.

You can work with your clinician and Skills Building provider to update your Skills Building/CBRS treatment plan to reflect any changes, needs, goals, progress, preferences, and or at your request.

Person-Centered Service Plan (PCSP)

This service can be provided to members under the age of 18. The person-centered service plan is a specific type of coordinated care plan and is a requirement for youth who are determined to have serious emotional disturbance (SED) through the Independent Assessor. Person-centered service plans must meet federal requirements. In order to do so, the Principles of Care and Practice Model are used to meet the criteria listed below:

- The youth and family lead the process as much as possible
- The planning process is timely and occurs in a location convenient for the youth and family
- The plan includes cultural considerations for the youth and family members
- Guidelines are included to resolve conflicts and disagreements
- The youth and family are given choices for services and supports and for who will provide them
- The plan includes strengths, preferences, needs and goals that the youth and family identify

The youth's signature and the signatures of the family, providers and other Child and Family Team members are included on the plan. You and your provider(s) will build a treatment plan based on the goals you and your family identified in the person-centered service plan.

The person-centered service plan is updated at least once a year, or when the Child and Adolescent Needs and Strengths (CANS) assessment tool indicates a change is needed, or when the youth/family requests it.

The child may begin receiving medically necessary services once they have Medicaid eligibility, even if the person-centered service plan is still being developed. If a behavioral health service requires approval from Optum, the provider will request approval on the child's behalf.

Intensive Behavioral Health Services

These services address needs that require more treatment time and support than standard therapy. Because of the number of hours needed and the level of service provided, prior authorization may be required. All services are provided in a way that is strengths-based, culturally competent and meets your needs.

Behavior Modification and Consultation (BMC) (Prior Authorization Required)

This service is for members under the age of 18. BMC is an intensive type of treatment that uses behavioral strategies to teach you or your youth alternative skills to manage targeted behaviors across social and learning environments. The goal of BMC is to establish and enhance socially important behaviors.

Your provider will complete an evaluation to determine exactly what behaviors need to change and then work with you and your family to create a plan for you to learn skills for behaviors you want to improve.

Your provider will teach you how to choose positive thoughts and take positive actions. BMC is an intensive program because of the time needed to practice these skills with your provider.

BMC can be provided at any time and in any setting to meet your needs. These settings include home, school, and other locations.

Intensive Home and Community-Based Services (Prior Authorization Required)

These are programs for members under the age of 18 who have severe needs. Intensive Home and Community-Based Services are used to help prevent out of home placements and are family centered and individualized to meet your child's and family's needs.

These services are specialized, vary according to your needs, and are developed by a team that can offer a combination of therapy, skills training and other supports.

Since everyone is different, the services offered in the program can vary. However, some examples of services may include:

- 24/7 Support
- Crisis Intervention/Home Management
- Psychoeducation
- Therapy/Guidance Counseling
- Family Meeting Facilitation
- Conflict Resolution/Mediation/Problem Solving
- Anger Management Services
- Communication and Negotiation Skills Building
- Case Management
- Child Development Training
- Parenting Skills Training/Modeling

If you would like to learn more about these services, you can speak to your provider or call Optum Idaho.

Day Treatment (Prior Authorization Required)

Day Treatment is a program for members under the age of 18 with severe behavioral health needs.

You will participate in the program at least 3 hours a day, 4-5 days per week. Day Treatment providers must engage you in assessment, treatment planning, updating of the treatment plan, therapy and transition/discharge planning. This plan will have goals for you to work on, services you can receive, and a crisis plan that you can follow. These services typically include various treatments that may include Skills Building, Medication Management, and Group, Individual and Family Therapy. Day Treatment also includes coordination with school services to reintegrate member back into school environment.

Intensive Outpatient Program (IOP)

This service is available to all members. Intensive Outpatient Programs (IOP) are structured programs for adults and adolescents who are recovering from mental health conditions, including eating disorders and/ or substance use disorders and experiencing moderate behavioral health symptoms.

IOP offers services for you if you are having symptoms that need more intense treatments but do not require you to be hospitalized. Adults participate at least 3 hours per day, 3 times a week. Adolescents participate at least 2 hours per day, 3 times a week.

IOP may be right for you if you are released from a psychiatric hospital, partial hospitalization program, or residential treatment. IOP is provided in a way that is strengths-based, culturally competent and meets your needs.

The type of IOP you receive depends on your diagnosis. There are IOP programs for mental health, including eating disorders and substance use disorders. IOP consists of a scheduled series of sessions appropriate to your treatment plan.

The program can include:

- Treatment planning interventions to enhance motivation and support your recovery, resiliency, and well-being
- Individual, Group, Family Psychotherapy and education focused on recovery
- Psychiatric Evaluations and Medication Management
- Health Assessment and Monitoring
- Dietary and Nutrition Services
- Case Coordination
- Substance Use Screening and monitoring
- Transition management and discharge planning
- Twenty-four-hour crisis coverage

Initial and ongoing risk assessments are required to be administered and documented throughout the course of treatment.

A physical exam should take place within the first week of treatment to address the member's whole health and ensure this level of care is appropriate.

Partial Hospitalization Program (PHP) (Prior Authorization Required)

This service is available to all members. Partial Hospitalization Programs (PHP) can be used to treat adults and adolescents with mental health conditions, including eating disorders, and/or substance use disorders or both co-occurring conditions. Partial Hospitalization is a facility-based, structured program of services for you if your symptoms result in severe personal distress and/or significant social issues. Partial Hospitalization is a program that you attend for 20 or more hours a week and you do not spend the night in the hospital.

Partial Hospitalization programs may include any of the following services:

- Individual, Group, and Family Psychotherapy and recovery education
- Group Therapy, Cognitive Behavioral Therapy (CBT), and Family Therapy
- Psychiatric Evaluations and Medication Management
- Health Assessment and Monitoring
- Dietary and Nutrition Services
- Substance Use Screening and monitoring
- Transition management and discharge planning
- 24-hour crisis services
- Risk assessments

Psychoeducation and Psychotherapy Services

Psychotherapy – also called "talk therapy" is a process where you talk to a trained behavioral health provider about issues affecting your behavioral health. This usually happens once a week for 40 to 50 minutes. All services are provided in a way that is strengths-based, culturally competent and meets your needs.

Family Psychoeducation

This service can be provided to all members. You and your family receive information that can help you understand your mental health needs and strengths. This service is to help you learn about and understand your condition, so you can manage and make decisions in an informed way.

Depending on what you need help with, you can attend sessions with just your family or a group of families that share the same experiences.

Family Psychotherapy

This service can be provided to all members. Your family can talk with a behavioral health professional about problems you and your family are having. You will learn skills to help you manage those problems.

Family Psychotherapy is a form of psychotherapy that focuses on the improvement of your family relationships and behaviors. Family Psychotherapy is designed to support you and your family's strengths. It will also help you recognize needs, and improve how your family functions.

Family Psychotherapy is done in-person or by telehealth. This service is used for mental health and substance use disorders. Family Psychotherapy may be delivered in your home, your provider's office or other setting that meets your needs.

Group Psychotherapy

This service can be provided to all members. You will meet with a group of people with similar emotional issues and a behavioral health professional. Group members share experiences and practice skills to learn how to manage issues as independently as possible.

Group Psychotherapy is an outpatient service that is done in-person. Group Psychotherapy is used to treat mental health or substance use disorders.

Group Psychotherapy helps you learn about emotional and behavioral disorders and:

- Reduces isolation so you know you are not alone
- Lets you see the recovery of others
- Encourages and support you as you take on difficult tasks
- Helps you learn and relearn skills you need to cope with everyday life
- Add structure and discipline to your life

Individual Psychotherapy

This service can be provided to all members. You can talk with a behavioral health care professional about emotional issues you may be having. You can also talk about how you are functioning in your life. You will learn ways to use your strengths.

Psychotherapy involves talking with your provider to:

- Find relief from emotional distress
- Become less anxious
- Reduce your fear or depression
- Find solutions to problems in in your life
- Learn how to deal with disappointment, grief, and family issues
- Learn how to deal with job or career challenges
- Learn different way of thinking and acting so you can enjoy your life more

This service is done in-person or by telehealth. It is used to treat mental health or substance use conditions. Psychotherapy may be delivered in a home or community-based setting.

Individual Psychotherapy for Substance Use Disorders (SUD)

This service can be provided to all members. Your provider will talk with you to help you create ways to deal with your substance use cravings. They will suggest ways to avoid substance use and prevent relapse. They will talk to you about issues regarding your job, legal problems, and relationships with family and friends.

Group Psychotherapy for Substance Use Disorder (SUD)

This service can be provided to all members. You will meet with a group of people with similar substance use issues and a behavioral health care professional. Group members share experiences and practice coping skills to learn how to manage substance use issues as independently as possible.

SUD groups help you learn about substance use disorders and:

- Reduce isolation so you know you are not alone
- Let you see the recovery of others
- Encourage and support you as you take on difficult tasks
- Help you learn and relearn skills you need to cope with everyday life
- Add structure and discipline to your life

Peer Services

Peer Services support members in setting and achieving their own recovery goals by sharing lived experience, encouragement, and hope in the recovery process. All services are provided in a way that is strengths-based, culturally competent and meets your needs.

Adult Peer Support

This service is available to members that are age 18 and older. Adult Peer Support services are provided by Certified Peer Support Specialists (CPSS). They use special training and lived experience to help you in your recovery. The relationship between you and the CPSS is one of mutual respect and support built on a connection and trust that you may not have with a counselor, psychologist, minister or someone without the shared experience.

CPSS help you create new ways of seeing, thinking and doing things in order to have healthy relationships and live successfully in the community. They help you learn to make healthy choices and help you feel hopeful about your recovery. CPSS can help you identify goals for recovery and support you to create your own recovery plan. They also help you connect with other people in your recovery community.

CPSS works with you to:

- Identify and use your strengths
- Live more independently
- Develop healthy support systems
- Improve your quality of life
- Increase your sense of purpose, empowerment and self-esteem
- Demonstrate ability to self-advocate
- Increase participation in community and positive activities

Peer Support services are non-clinical and do not diagnose or offer treatment for mental health issues.

Youth Support

This service is available to members that are under the age of 18. Youth Support is provided by someone who has lived experience of SED as a young adult and special training.

Youth Support providers help you understand your role in accessing services and in becoming an informed self-advocate. Youth Support may include, but is not limited to, mentoring, advocating, and educating through Youth Support activities. Youth Support providers will show you what living in recovery looks like. They will share their stories of their experience to help you be involved in the recovery process.

Your Youth Support provider will help you:

- Create a recovery and resiliency plan that works for you
- Learn how to make independent choices and how to be involved in your treatment
- Develop a network of support
- Be empowered
- Learn how to navigate behavioral health systems
- Develop skills to improve your overall functioning and quality of life

Youth Support can be done one-on-one or in groups. You can ask that your youth support provider be part of your Child and Family Team (CFT) meetings.

Family Support for Youth Members and Their Families

This service can be provided for members under the age of 18. Family Support services are provided by Certified Family Support Partners (CFSP), who is a parent with lived experience raising a youth with behavioral health concerns. They meet with you to help you navigate the unique needs of raising children with behavioral health issues. The relationship between the CFSP and you and your family is built on connection and trust that you may not have with a counselor, psychologist, minister or someone without the shared experience.

This service can help the family feel less isolated and more empowered throughout the recovery process and engaged in the community. Services aim to improve the quality of life and opportunities for recovery in the member's home, school, and community. The CFSP can help your family identify goals for recovery and support your family to create their own recovery plan.

CFSP can:

- Advocate for the needs of you and your family
- Teach you and your family members how to develop self-advocacy and problem-solving skills
- Mentor you and your family members to create a sense of hope
- Model behaviors and skills needed for resiliency and coping
- Help you and your family members identify and utilize your strengths
- Explain how to have healthy relationships
- Help you and your family learn about causes of disorders and the importance of treatment.
- Support you and your family in understanding the treatment plan and recommendations
- Assist you and your family members in identifying and connecting to services and community resources
- Teach your family members how to track information about your appointments, meetings, needs and goals
- Assist you and your family in preparing for the transition to adulthood
- Assist you and your family members in preparing for meetings

Recovery Coaching

Recovery Coaching is a service offered to members over the age of 18, if you have a substance use disorder. This service is offered by a Recovery Coach. A Recovery Coach is different from a therapist or sponsor. A Recovery Coach serves as an advocate, a guide, a leader, and a mentor. They help you get connected to services and connect you to the recovery community.

A Recovery Coach helps you create a recovery and resiliency plan that meets your needs. If you have a relapse they can help you re-engage in supports and treatments. If you work with a Recovery Coach, you may have fewer and less severe relapses.

A Recovery Coach can:

- Help you set recovery goals and create recovery plan and relapse plan
- Encourage healthy decision making
- Reinforce hope and personal awareness
- Empower you to engage in your own treatment, healthcare and recovery
- Help you build a positive support system in the community to maintain recovery

Respite Services

This service is provided to members under the age of 18 with severe emotional disturbance (SED). Respite is short-term or temporary care that is provided by a trained Respite care provider for a child or youth with SED. Respite services can take place your home, another family's home, foster home, a community-based setting, and/or at the agency. Respite may be offered as an individual or group service, but group Respite may only be provided at the agency, in a community-based setting, or in the home for families with multiple children with SED. Respite can be used if your youth is not experiencing a mental health crisis. Individual Respite may include an overnight stay in your home but will not last longer 72 hours per session.

Respite services are available to youth who go through the Independent Assessor. If you are already Medicaid eligible, you may start receiving Respite immediately after the Independent Assessor determines your youth has SED and is eligible for the Youth Empowerment Services (YES) Program, 1915(i) State Plan Option, of which is described below.

If you are not currently a Medicaid member, you need to apply and receive Medicaid eligibility first. After the Independent Assessor's determination process is complete, Respite may be accessed immediately after your youth is determined to be eligible to receive YES Program services. Once you have an approved coordinated care plan in the form of a person-centered service plan, the need for Respite must be documented on the plan for Respite to continue.

To be eligible for Respite you must have the following:

- An independent assessment that determines your youth has SED
- A person-centered service plan
- A Targeted Care Coordinator

The combined (individual and group) limit for members receiving Respite services is 300 hours per calendar year. Respite must be included on the person-centered service plan as a formal service.

Skills Development

Skills development services help you learn skills that you may need to be successful in your daily life. They are home and community-based services. Providers use proven practices and tools to help you learn how to live independently. These services are for youth with serious emotional disturbance (SED) or for adults recovering from a Severe and Persistent Mental Illness (SPMI) or Serious Mental Illness (SMI).

Skills development services use a plan based on your needs and strengths identified from the comprehensive diagnostic assessment, functional assessment, and/or the Child and Adolescent Needs and Strengths (CANS). All services are provided in a way that is strengths-based, culturally competent and meets your needs.

Skills Building/Community-Based Rehabilitation Services (CBRS) (Prior Authorization Required)

This service can be provided to all members. Services provided to you by a behavioral health care professional in your home or community to help you improve skills for successful living.

You and your provider will look at areas of your life where you may be having challenges. These areas can include vocational, financial, social relationships and support, family, housing, legal, and health and medical needs. You will work with your provider to identify the areas you would like to develop. You can work to improve skills, re-gain skills or learn new skills to address your needs.

Your behavioral health professionals, including your clinician and Skills Building/CBRS provider, will work with you to create an individualized Skills Building/CBRS treatment plan that will include the goals you set for your skill development. You will practice the skills you need to support your overall wellness and independent living abilities.

Skills Training and Development (STAD)

This service can be provided to all members. A behavioral health care professional teaches you basic living and communication skills in a group setting. This helps you learn skills to support your ability to live a healthy and independent life.

Groups focus on teaching skills such as:

- Skills for managing daily responsibilities (e.g. paying bills, attending school and performing chores)
- Independent living skills (e.g. money management, using transportation, grocery shopping, having a job, and decision making).
- Skills to use leisure time in a healthy and enjoyable way
- Effective communication skills
- Problem-solving skills
- Social skills (e.g. developing positive friendships and healthy activities)

Case Management and Care Coordination

Behavioral Health Case Management

This service is available to all members. Behavioral Health Case Management is a collaborative process that assesses, plans, links, coordinates, and monitors options and services that address a member's needs. Case Management is provided for both mental health and substance use disorders needs.

Case Managers:

- Help you learn about, gain, and maintain access to services and providers
- Work with you and your treatment team to develop a Case Management service plan
- Ensure that you participate in activities that support you in meeting goals
- Help you learn to access services and resources independently

Targeted Care Coordination (TCC)

This service is available to any member under 18 years of age. TCC is mandatory for those who met with the Independent Assessor.

Targeted Care Coordination (TCC) is the service provided by a Targeted Care Coordinator, who is trained to help you access services and coordinate care between various providers and agencies. The Targeted Care Coordinator is responsible for coordinating and facilitating the Child and Family Team (CFT) meetings for the purpose of creating a coordinated care plan.

For youth who met with the Independent Assessor, the coordinated care plan will include a person-centered service plan (PCSP). The Targeted Care Coordinator serves as a care guide for your family and is responsible for integrating services among providers, systems, and programs.

A Targeted Care Coordinator will:

- Link you to services and supports
- Help you navigate the YES system of care
- Help update the CANS assessment for you if requested by the treating clinician or you and/or your family
- Develop, implement, and monitor your coordinated care plan, including a person-centered service plan
- Facilitate Child and Family Team (CFT) meetings with your family, and the provider(s) involved in the youth's care

You will receive a letter in the mail instructing you to contact a Targeted Care Coordinator (TCC) to set up an appointment. You should contact a TCC as soon as possible, as the person-centered service plan must be developed by a Targeted Care Coordinator to continue YES Program eligibility. To access Respite services, Respite needs to be listed on the person-centered service plan.

A Note About YES Program 1915(i) Eligible Members

Any youth enrolled in Medicaid can have a Targeted Care Coordinator to develop their coordinated care plan and facilitate their Child and Family Team meeting. YES members who have been assessed through the Independent Assessment process and gained Medicaid eligibility through the 1915(i) State Plan Option (this is also known as being a member of the Medicaid YES Program), must have either a Targeted Care Coordinator or Department of Health and Welfare (DHW) case manager to develop their person-centered service plan and facilitate their Child and Family Team. If your child or youth is receiving case management services through the Idaho Department of Health and Welfare, the person-centered service plan, or equivalent, will be provided as part of the service. The following are examples of case management provided through the Department: Developmental Disability case management through Family and Community Services (FACS), and Children's Mental Health (CMH) case management, such as Wraparound or case management related to a 20-511A Court Order.

Testing

The following testing services are covered through the Idaho Behavioral Health Plan.

Drug/Alcohol Testing

This service is available to all members. This service uses test to see whether you have been using chemical substances or alcohol. There are a variety of tests that may be used. The decisions on which test will be determined by your provider.

Neuropsychological Test Evaluation Services

These services are available to all members. These are services that use specialized tests to see if there is brain damage or injury. These tests can also tell if part of your brain is not functioning the way it should. These tests are usually done with a pencil and paper in a doctor's office.

The tests look at your attention span and how well you concentrate on things. Other areas covered by neuropsychological testing include:

- Memory
- Verbal ability
- Problem-solving and decision-making
- Motor function (walking, coordination, etc.)
- Perception (how well you take in what you see or read)
- Your ability to think, understand, learn, and remember (cognition)

You usually take a neurological test when you have a noticeable change in your thinking or memory. They help doctors figure out whether your problems are caused by any of the following:

- Brain injury
- Disease, such as Alzheimer's
- Normal brain changes related to getting older
- Emotional disorders, such as depression or anxiety

Psychological Test Evaluation Services

These services are available to all members. These are services that use special tests to measure intellectual, cognitive emotional, and behavioral functioning. These tests also measure your personality style, the way you interact with people, and how you adapt to life experiences. Psychological testing is not one single test, but a series of scientific tests.

The four main types of tests are:

- Clinical Interview
- Assessment of Intellectual Functioning (IQ)
- Personality Assessment
- Behavioral Assessment

In addition to these other kinds of psychological tests are available for specific areas including achievement in school and career and work counseling.

Medication Management and Injections

Medication Management

This service is available to all members. A doctor, nurse or psychologist who can write prescriptions meets with you to discuss the medicines you are taking. They may also order new prescriptions that you might need. For information about the cost of your prescription drugs contact the Idaho Medicaid Office at 1-888-773-9466.

Therapeutic, Prophylactic and Diagnostic Injection

This service is available to all members. These are different types of injections (shots) that are offered to help you with your treatment.

Therapeutic, Prophylactic (a preventative measure) and Diagnostic Injections means that a drug is given to you by a shot in your muscle or under your skin. These shots are long acting medication that will help you better manage your condition. These injections may create better outcomes and help you keep the correct levels in your body of the medications you need to take regularly.

Health and Behavior Assessment and Intervention (HBAI)

This service is available to all members. Full service ambulatory clinics who provide medical services can allow integrated medical clinics to provide brief behavioral interventions to Idaho Medicaid members. Contact the Optum Idaho Member Access & Crisis Line for more information.

Integrated Substance Use Disorder Treatment

This service is available for all members. Integrated Substance Use Disorder Treatment is a way of providing care rather than a specific benefit. People who have both substance use disorders and mental health disorders are described as having a co-occurring disorder. Many network providers offer integrated care if you have a co-occurring disorder.

Integrated Treatment may be offered in an individual or group setting. The treatment may include different services that blend mental health and substance abuse treatments. The services are tailored to your specific needs.

If you already have a provider that does not offer integrated care you can work with them for a referral. If you do not have a provider you can call Optum's Member Access and Crisis Line for help finding a provider that offers these services.

Opioid Treatment Programs

This service is available to all members. This treatment may be offered to certain members under the age of 18 if they meet specific criteria. Opioid Treatment Programs (OTPs) are specialized programs provided to members with an opioid use disorder (OUD). The OTPs are provided by certified clinics in your community. Your provider will work with you to decide what treatment is best for you. This decision is based on your medical and psychiatric history, past Substance Use Disorder (SUD) treatment and your wishes.

Medications approved by the Food and Drug Administration (FDA) can be used by these programs to treat OUD. Some drugs may be covered by the Medicaid Pharmacy benefit instead of the Idaho Behavioral Health Plan. Your provider will determine if this medication is appropriate for you. If it is, you can call your Medicaid pharmacy for more information. 1-866-827-9967, TTY/TDD 711

OTPs are required to include:

- Medical and psychiatric examinations including blood tests within 14 days of entering the program

- Initial and periodic assessments, to include treatment plans
- Regular SUD counseling
- Counseling on preventing exposure to, and the transmission of, Human Immunodeficiency Virus (HIV) disease
- Regular urine drug testing including at least eight random tests per year if you are in maintenance treatment, at least one drug test if you are in short term detox and at least monthly testing if you are in long-term detoxification treatment
- Substance-use education
- Vocational training or referrals
- Office visits for supervised medication administration if you are prescribed Methadone

Therapeutic After School and Summer Program (TASSP)

The service is available for members under the age of 18. Therapeutic After School and Summer Programs may be offered by various community organizations to meet the needs of children in their area. These programs include qualified behavioral health care professionals to work with each child on behavioral goals in a recreational or after school setting. Optum Idaho can pay for the therapeutic services that are part of these programs.

Some of the TASSP Services may include:

- Art Therapy
- Music Therapy
- Equine Therapy / Animal Assisted Therapy
- Play Therapy
- Dance Therapy
- Horticulture

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services will be provided and monitored through proactive care management of children and adolescents up until twenty-one (21) years of age. If a medically necessary outpatient service is required and is not available through our network providers, Optum Idaho will negotiate a single-case agreement with a qualified out-of-network provider to deliver the service. For more information and a form to request EPSDT services visit www.optumidaho.com > For Members > Resources & Tools > Early Periodic Screening Diagnosis and Treatment (EPSDT) form. [Click for EPSDT form.](#)

General Member Information – Questions and Answers

Do I need a referral to access behavioral health services?

No, your primary care provider (PCP) may decide to refer you for services, but a referral is not needed.

If you do have a referral from your PCP, please bring it with you to your appointment; your behavioral health care provider needs to know what your PCP recommends.

Can I refer myself for behavioral health care?

Yes, you can refer yourself for behavioral health care. You can go directly to a behavioral health care provider. You can find information about how to find a provider:

- In this handbook
- By calling Optum Idaho
- On our website

Optum Idaho
Member Access
& Crisis Line
1-855-202-0973
TDD/TTY, dial 711
www.optumidaho.com

What is prior authorization?

You may need permission to receive some services. This permission is called a prior authorization. Your mental health provider will request a prior authorization on your behalf.

You do not need prior authorization for emergencies or in crisis situations. Many outpatient services do not require a prior authorization.

If we deny or limit your request for a service, you can ask for reconsideration; this is also called an appeal. Call Optum Idaho to learn more.

What is telehealth?

Telehealth is when you use your computer or smartphone to have a session with your provider. These sessions are also called virtual visits. Many Optum network providers offer telehealth.

What is a “virtual visit”?

Virtual visits are visits with a doctor or therapist online. Providers use secure video software to ensure your privacy is protected.

Can I use virtual visits with my current provider?

Each provider agency is different, you will need to check with your provider to find out if they can do virtual visits.

How do I find a doctor or therapist who will work with me by phone or video?

Finding a telehealth health provider is easy:

1. Log on to Optumidaho.com
2. Select “Find a Provider”
3. Type “Telehealth Capability”

IMPORTANT NOTE: Any provider listed in our directory MAY be able to do telehealth. Make sure to ask providers if they can support telehealth when you call them.

Can a telehealth provider prescribe medication if I need it?

Yes, providers can prescribe medication as per federal and state rules.

What other services can I get through telehealth?

Individual and group family psychoeducation and psychotherapy sessions may be offered by telehealth.

Are there privacy risks to using telehealth?

The government has set guidelines for health care data security. Some apps may not meet the guidelines required by the Health Insurance Portability and Accountability Act, or “HIPAA.” Your privacy risks can be managed by using the list of approved tools. And ask your provider to make sure encryption and privacy modes are enabled when using such apps.

Are there apps my provider and I shouldn’t use for telehealth?

Yes, some apps are public-facing and should not be used. The list of apps that are NOT approved are in the Notice by the Office for Civil Rights. (Website: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>)

What technology will I need for telehealth?

For virtual visit with your provider, you'll need a computer, tablet or smartphone with a camera. Talk to your provider for more information. You will also need an internet connection. If you do not have these, you can ask your provider if you can have your sessions done over the telephone.

What Idaho Behavioral Health Plan (IBHP) services can I get?

The services you receive will depend on your individual situation and needs. Every person may not qualify for every available service.

You can get treatment like seeing a psychiatrist for medication or talking to a therapist about your concerns. These are just two examples of the kinds of services you can get.

There are many other kinds of treatment. A therapist or professional with clinical experience can explain what services are medically necessary and best for your needs. For more information, ask your provider or call Optum Idaho.

What services are not covered by Optum Idaho?

Non-Covered Services

These services are not covered by Optum Idaho:

- Pharmacy
- Vision care
- Dental care
- Inpatient psychiatric and inpatient substance use disorder treatment
- Medical care including medical detoxification in hospital for a substance use disorder problem

However, these services are covered by Medicaid. For more information about these services, please call the Idaho Department of Health and Welfare Division of Medicaid at 1-877-456-1233.

Excluded Services

The following services are excluded from Medicaid coverage:

- Vocational services
- Educational services
- Recreational services

If you have questions about these or any other services that might be covered by Medicaid, call Optum Idaho.

How do I work with providers?

What does it mean to be a “network provider”?

To be a “network provider” means that a provider has agreed to work with Optum Idaho to provide behavioral health services. Network providers must meet the Optum requirements and be approved by Optum to provide services. Optum Idaho manages the provider network that will be used to provide services covered under the Idaho Behavioral Health Plan.

How do I choose or change my behavioral health care provider?

Call Optum Idaho for help finding or changing a provider. You can also use our search tool on our website, by clicking on “Find a Provider” and following the prompts. [Click here to Find a Provider.](#)

How many times can I change my behavioral health care provider?

You can change your behavioral health care provider at any time as often as you like. Call Optum Idaho if you don't know which provider to use. We can help you pick one.

Is there a chance I may not get the provider I choose?

Yes, if the provider you want is not available, you will not be able to see that person. We can help you pick a different provider.

What do I need to bring to see my behavioral health care provider?

You must bring your Medicaid ID card when you receive any behavioral health care services.

It is good to prepare for your visit with your provider. One way is to write down the changes you have experienced since the last appointment as well as any questions or concerns that you have.

Can I direct my own care?

You have the right to direct your own or your minor child's care. You also have the right to choose services and providers for yourself or your minor child. Call Optum Idaho to learn more.

How do I integrate my physical and behavioral health services?

What is a Primary Care Provider?

A Primary Care Provider (PCP) is a doctor, nurse or clinic that helps you manage your physical health care. You can change your primary care doctor by calling your local Healthy Connections office. You'll get a letter in the mail confirming your primary care doctor. Please read it carefully and call your local Healthy Connections office if you have questions; you can call 1-888-528-5861.

Will my physical health care and behavioral health care be coordinated?

Yes, Optum Idaho will request that your providers coordinate your care. You should always tell your primary care provider about your behavioral health services and medications. You should also tell your behavioral health care provider about any services you are getting from your primary care provider and about your medications. You do not need a referral from your primary care provider to receive behavioral health care services.

What if I need emergency services?

What is an emergency medical condition?

The emergency room isn't for routine medical care. If you're not sure you have an emergency, call your doctor any time for medical advice.

An emergency medical condition has sudden, severe symptoms. It could:

- Put you or others at risk
- Cause harm to your body or body functions

What if I have a medical or behavioral health emergency?

Call 911 or go to the nearest emergency room (ER) right away. You do not need prior authorization for emergency care. For anyone 18 and older, you can go to a crisis center for a behavioral health emergency. See page 19 for more information about crisis centers.

What are behavioral health crisis services?

Behavioral health crisis services are for behavioral health problems that need care right away. Examples are:

- Thoughts of harm to yourself
- Thoughts of harm to others
- Harmful actions to yourself
- Harmful actions to others

If you feel that you are having a behavioral health crisis, and have a provider, please call their emergency line right away. If you do not have a provider or cannot reach your provider, call Optum Idaho right away.

How can my provider help?

Talk to your provider about coping strategies you have used successfully in the past. Work with your provider to develop a crisis plan you can use to avoid a crisis. Your crisis plan should include reaching out to your provider and knowledge of the provider's availability. Your crisis plan should also include Optum Idaho's Member Access and Crisis Line. The Crisis Line is available 24 hours a day, seven days a week. It may be helpful to have an up-to-date medication list available with your crisis plan.

Emergency Room Visits

If you are having a behavioral health crisis, and are over the age of 18, please consider going to a crisis center. (See page 19 for crisis center information.)

A crisis is when you or someone you know is having sudden and severe mental health problems, and you are unsure of what to do. Examples of a behavioral health crisis are:

- Thoughts of harm to yourself
- Thoughts of harm to others
- Harmful actions to yourself
- Harmful actions to others

An emergency room is for very sick people with serious problems. These problems can occur quickly and affect your health and well-being. Emergencies can have a serious impact on you or others, so it is important to see a doctor or health care provider right away. If you go to the emergency room (ER), you (or your caregiver) should provide a list of your medications and health conditions. Show this list to any medical or behavioral health providers who treat you. This is important if you have special health care needs.

Remember to tell the people treating you in the emergency room about your behavioral or mental health concerns. This information will help them give you proper care.

When you go to the emergency room, the people caring for you may not know you or about your behavioral health needs. You will need to provide them with information, so they can provide the best care for you.

You should be prepared to tell them:

- Why you need emergency treatment and what your crisis is
- What insurance you have and bring your insurance card, Medicaid ID, and any other insurance information, if you can
- What language you speak or feel most comfortable speaking or understand the best
- Your guardian information (name, phone numbers, addresses) if this applies to you
- Any allergies you have

- Any drugs you are taking – whether they are prescription or over-the-counter drugs
- Any illegal drugs you are or have been taking
- If you have been drinking alcohol recently
- The name of your primary care provider
- The name of your behavioral health care provider
- Emergency contacts
- Psychiatric advance directive – if you have filled out a psychiatric advance directive (See page 30) for mental health conditions before you came to the emergency room

If you feel that you have a behavioral health crisis, please call Optum Idaho right away.

Optum Idaho
Member Access
& Crisis Line
1-855-202-0973
TDD/TTY, dial 711
www.optumidaho.com

What if I want or need to file a complaint?

What is a complaint?

A complaint is a way to say you are not satisfied about Optum Idaho or a provider.

What should I do if I have a complaint?

If you have a complaint about Optum Idaho or a provider, call Optum Idaho. Any staff member can help start the complaint process. Any Optum Idaho employee can accept a complaint and is trained to properly send it to the correct person.

You also can send your complaint in writing to Optum

Idaho: Optum Idaho Quality Operations
 322 E. Front Street, Suite
 400 Boise, Idaho 83702
 Fax: 1-877-220-7053

Who can file a complaint?

You or someone acting for you can file a complaint. You will not be penalized for filing a complaint.

How long will it take to process my complaint?

Complaint processing times vary depending on the type of complaint. All complainants will be sent a letter within 5 business days after we receive the complaint. This is to let you know that we received your complaint and provide information on next steps.

For complaints that do not have to do with the quality of your care, a resolution letter is sent within 10 business days after we receive your complaint.

What does Optum Idaho do when it receives possible quality of care complaints?

A member, representative or provider may file a complaint about a possible or supposed quality of care issue. A quality of care issue means the quality of services provided to a member may be poor or unsatisfactory. Quality of care complaints should be filed the same way as other complaints. Our Quality Department will decide whether the complaint qualifies as a quality of care issue.

If the complaint is a quality of care issue, the Quality Department and Chief Medical Officer will review and investigate the case. The complaint may be forwarded to the Peer Review Committee for more investigation and corrective action if needed.

The actions taken by Optum Idaho to address the complaint are confidential. This means that Optum Idaho will advise the person filing the complaint that the matter has been referred as a quality of care complaint. We will not advise the person of the investigation's final outcome.

What are Adverse Benefit Determinations?

Adverse benefit determinations are when Optum Idaho:

- Denies (turns down) services or approves fewer services than you or your provider wanted
- Reduces, suspends, or terminates a previously authorized service

How will I know if Optum Idaho is making an adverse benefit determination?

We will send you a letter called a Notice of Adverse Benefit Determination. You have the right to file an appeal if you disagree with our adverse benefit determination. The Appeal Request Form is included with the Notice of Adverse Benefit Determination.

What is an appeal?

You can file an appeal when you are not happy with an Optum Idaho Adverse Benefit Determination or decision. For example, you can file an appeal when a covered service is denied, delayed, limited or stopped.

Who can file an appeal?

You can file an appeal. A provider or someone acting for you can also file an appeal for you, with your written permission. You will not be penalized for filing an appeal.

How do I file an appeal?

You can start an appeal over the phone, in writing or in person.

Appeals filed over the phone or in person must be followed up in writing, unless it is an urgent request. An urgent request is when you, Optum Idaho or your provider thinks Optum Idaho needs to make a quick decision based on your health.

If it is a non-urgent appeal, you must file your appeal within 60 calendar days of the denial letter's date. If you wish to continue receiving services that were terminated, suspended, or reduced, you must file an appeal within 10 calendar days of the Adverse Benefit Determination letter. You can give Optum Idaho evidence to support your appeal in person or in writing. You can call Optum Idaho to get help.

Appeal Address:

Optum Idaho Quality Operations
322 E. Front Street, Suite 400
Boise, ID 83702
Fax: 1-877-220-7053

How long will it take to process my non-urgent appeal?

Within five days of receiving your appeal, Optum Idaho will send you written confirmation that we have received your appeal.

We will tell you and your provider the outcome of the appeal within 30 calendar days. We will send you a letter telling you the outcome. If we need more time to review your appeal, we can ask the Idaho Department of Health and Welfare for 14 more calendar days. If the Department agrees, we will let you know in writing.

How long will it take to process my request for urgent review of my appeal?

We will tell you and your provider the outcome of the appeal within 72 hours. We also will send you and your provider a letter describing the outcome.

What happens if Optum Idaho denies the request for an urgent review of an appeal?

If we deny a request for an urgent review of an appeal, the appeal will go through the non-urgent appeal process. It will be resolved within 30 days. We will call to tell you that the appeal is not going to be processed as an urgent appeal. We also will follow up in writing.

What if I am not satisfied with the appeal decision?

If you are not satisfied with Optum's appeal decision, you may ask for a State Fair Hearing with the Idaho Department of Health and Welfare. You must complete Optum's one appeal option and receive a decision from Optum before filing for a State Fair Hearing.

Will I still get my benefits during an appeal review or State Fair Hearing?

You have the right to continue any service you are currently getting until a decision is made only if all the following conditions are met:

- You request an appeal review within 10 calendar days of Optum's Adverse Benefit Determination or ask for a hearing within 10 calendar days of the date of Optum Idaho's Appeal decision.
- The appeal review involves a service you were receiving before the appeal review.
- An approved provider requested the services.
- The time period of the service has not run out.
- The service was suspended, reduced, or terminated by Optum.
- You or your representative requests an extension of the service. Providers cannot request this option on your behalf.
- If you receive services during the appeal review, and the decision does not go in your favor, you may have to pay for those services.

What is a State Fair Hearing?

If you have exhausted Optum's appeal process and you are not satisfied with the Optum appeal decision, you can ask for a State Fair Hearing. A State Fair Hearing is a process the State of Idaho uses to protect your rights.

Can I ask for a State Fair Hearing?

You can ask for a State Fair Hearing only after filing an appeal with Optum. Once that has been completed, you, or your authorized representative with your written permission, can ask for a State Fair Hearing with the Idaho Department of Health and Welfare.

In the appeal decision letter, Optum Idaho will tell you that you can ask for a State Fair Hearing in writing. The letter will tell you how to request the hearing. You may ask for a State Fair Hearing using your own words, or you can use a State Fair Hearing request form. Optum will include a State Fair Hearing request form in the appeal decision letter they send to you.

Fill out the State Fair Hearing Request form and send it to Medicaid. You can also get a form at any Idaho Department of Health and Welfare local office or by email MyBenefits@dhw.idaho.gov.

You can bring your form to any local Idaho Department of Health and Welfare office. You can also fax or mail it to:

Administrative Procedures Section
Idaho Department of Health and Welfare
450 W. State St., 10th Floor
Box 83720 Boise, ID 83720-0036
Fax: 1-208-334-6558

Your request for a State Fair Hearing must be received by the Idaho Department of Health and Welfare or postmarked within the 120 days of receiving an appeal decision letter from Optum. For questions or help filling out the form, call Optum Idaho.

Can I continue my services if I ask for a State Fair Hearing?

The State Fair Hearing may be about Optum's decision to reduce or stop services we previously approved. If so, you must check the box on the State Fair Hearing form asking that services continue. If you ask for a State Fair Hearing in the required time frame and ask that Optum Idaho keep giving you the services, we will continue to give you services. You may have to pay for these services if the State Fair Hearing decision is not in your favor. If the hearing is about any other kind of Adverse Benefit Determination, you can discuss your services at that hearing.

Psychiatric advance directive?

What is an advance directive?

Advance directives describe in writing what treatment you do or do not want. If you are unable to decide about your care, they describe what you want done. You may name another person you trust to make decisions for you. Make sure you have your psychiatric advance directive included in your care plan with your provider. Your provider must put in your medical record whether you have a psychiatric advance directive. Your psychiatric advance directive must be in writing and signed by an adult witness who knows you.

Everyone can create a psychiatric advance directive, if they choose to. You do not need a lawyer to help you create one, and no one else needs to approve your directive. There is no requirement to have a directive, though if you are in crisis or unable to make a decision for your treatment, a psychiatric advance directive can ensure all of your wishes are honored even when you are sick or hurt or unable to speak for yourself.

Psychiatric advance directives can also be used for medications and/or hospitalization. You can get psychiatric advance directive for all mental health treatments, including refusal of treatments. You also can make your requests known by talking to your provider.

With your psychiatric advance directive, you can also choose an "agent," which is a person of your choosing, that can speak on behalf of you and make decisions for you when you need them to. You should first speak with this person to make sure they are willing to serve as your agent and that they understand and will enforce your wishes for treatment.

It is important to remember the following items:

- You should give a copy of your advance directive to your provider(s) and any health care center you enter, and a copy to your designated agent. Your advance directive stays active until you cancel it.
- You may change or cancel it at any time.
- If you change your advance directive, make sure an adult witness signs and dates the newest version.
- If you cancel your advance directive, make sure everyone who has a copy knows it is canceled.
- Your provider could decide not to follow your advance directive, if:
 - The treatment is thought to be unlawful.
 - The treatment is thought to be unworkable.
 - The advance directive requests treatments that the provider is not authorized to give.
 - The treatment or refusal of treatment is thought to be not effective or not standard.

For more information about psychiatric advance directives, please see the following resources:

- <https://www.nrc-pad.org/states/idaho/>
- <https://www.nrc-pad.org/states/>

You can also call Optum Idaho if you have any questions or need help.

Will I have to pay for services? What if I receive a bill?

Will I ever have to pay for behavioral health or substance use disorder services?

You might have to pay for non-emergency behavioral services if any of the following apply:

- The behavioral service is not covered by Optum Idaho or by Medicaid.
- The behavioral service has not been approved by Optum Idaho. You should only have to pay for the service if you signed a form agreeing that you would pay for the service before you got the service.
- You ask for and keep getting services during a State Fair Hearing about Optum Idaho's decision to reduce or stop a service. You would only have to pay for those services if the Fair Hearing decision is not in your favor.
- You are not a Medicaid member when you get the service.
- If you use a provider not in Optum Idaho's network without first getting approval from Optum Idaho.

What if I get a bill from my provider?

If you get a bill from a provider, ask them why they are billing you. Tell them you are an Idaho Medicaid member. You do not have to pay bills that Medicaid should pay.

Who do I call if I get a bill?

If you still get a bill, call your provider. If you still have questions, you can call Optum Idaho. Be sure you have your bill in front of you when you call.

What information will they need?

You will need to tell the customer support representative:

- Your name
- The name of the company or provider that sent the bill
- The date of service
- The amount
- The hospital or provider's address and phone number

What if I have other health insurance in addition to Medicaid?

You are required to report all insurance information to Medicaid. Call Health Management Systems at 1-800-873-5875 if:

- Your private health insurance is canceled, or
- You have new insurance coverage.

Optum Idaho
Member Access
& Crisis Line
1-855-202-0973
TDD/TTY, dial 711
www.optumidaho.com

How do I get mental health care in a hospital?

Inpatient psychiatric services are not covered services under the Idaho Behavioral Health Plan and are not managed by Optum Idaho. They are still covered under Medicaid. Contact the Idaho Department of Health and Welfare at 1-877-200-5441 for more information.

Do I have a right to a second opinion?

Yes, you can always get a second opinion for your behavioral health care. You can call Optum Idaho to get help finding another provider.

If you use an Optum Idaho network provider, the second opinion will be free. If you want to use a non-network provider for your second opinion, you must get approval from Optum first.

What do I do to schedule an appointment?

What do I do if I need a provider and the office is closed?

Call your provider as soon as you need care. Do not wait until the evening or weekend. Some, but not all, providers can be reached on nights or weekends. You can always get help. If you cannot reach your provider and you need help, call Optum Idaho, open 24 hours a day, seven days a week.

What is urgent medical care, and how soon can I expect to be seen?

If you have an urgent situation, you should be seen within 24 hours. Urgent care is for sudden problems that are not emergencies. You will still need to go to a provider soon afterward to make sure your treatment is the best for your needs.

How soon can I expect to be seen if I need help, but it is not an emergency or urgent?

Your provider should see you within 14 days.

What do I do if I cannot go to a scheduled appointment?

If you cannot go to a scheduled appointment, you should call your provider right away. When you call, you can cancel or re-schedule your appointment.

What if I need behavioral health care help when I am out of state or traveling?

When you are away from home, you can still get help. To get help, you should:

- Call Optum Idaho any time, 24 hours a day, and seven days a week.
- If you need to be treated right away, go to the nearest emergency room.
- You may have to pay for services provided out of state.
- If you are traveling in another country and need mental health care, we cannot pay for your care.

How do I access transportation to get to an appointment?

If you have an appointment with your behavioral health care provider but you don't have a car, can't operate a car, or don't have a friend or family member who can take you, you can request transportation through Medicaid's non-emergency medical transportation at 1-877-503-1261.

You need to call at least 48 hours before your appointment. Medicaid non-emergency medical transportation will review your request and decide if Medicaid will pay for your transportation. Your request will be reviewed based on the least expensive option to the approved Medicaid provider who can meet your needs.

If you've been referred for medical care outside of your community, Medicaid non-emergency medical transportation might ask for information from your doctor before they'll schedule your transportation.

What if I need an interpreter?

Can someone interpret for me when I talk with my provider?

Yes, you have the right to talk with your provider in the language you choose. There is no charge for these services. You also can get written materials in alternate languages, if needed.

Who do I call for an interpreter?

If you need an interpreter to help you communicate with your provider, call Optum Idaho.

What if I cannot find a provider who can communicate with me in my native language?

Call Optum Idaho for assistance.

What if I want to call Optum Idaho and I am deaf, hard of hearing or have a hard time speaking?

You can call Idaho Relay at 711. If you have a hard time speaking, you can also call Speech-to-Speech Idaho Relay at 1-888-791-3004 and a trained person will help you. The relay service is free.

If you speak Spanish and are deaf, hard of hearing or have a hard time speaking, call Spanish Idaho Relay at 1-866-252-0684. This relay service is also free.

For more information about Idaho Relay, go to their website at www.cdhh.idaho.gov/relay_services.htm. If you need a telecommunications device (TTY), visit the Idaho Relay website.

Do I need to do anything if I move?

Please update your records with the Idaho Department of Health and Welfare as soon as possible. You can call Self Reliance at 1-877-456-1233 to make those updates, or you can report changes to the office where you applied for Medicaid coverage.

Important records that must be updated are:

- Phone number
- Address
- Name change
- Income or employment change
- Family status change; i.e., birth, death, marriage, or divorce

Fraud, waste, and abuse?

What is fraud, waste, and abuse?

Fraud is a planned deception or misrepresentation that results in an unauthorized benefit. Waste includes practices that, directly or indirectly, result in unnecessary costs. Abuse includes charging for services that are not medically necessary, do not correspond to known standards or are unfairly priced.

Types of fraud and abuse can include:

- Billing for services that were not provided
- Misrepresentation of a service or condition, which may include a misrepresentation of when, how or by whom the service was provided
- Providing wasteful services that are not needed

How do I report someone who is misusing the Idaho Behavioral Health Plan Services?

If you think someone, including a provider, has committed fraud, waste, or abuse, or is using your information in a way that is not approved, you should report it. To make a report, gather as many facts as possible and call any one of the following:

- Optum Idaho
- The Idaho Department of Health and Welfare at 1-866-635-7515, by email at prvfraud@dhw.idaho.gov or at their website at <https://healthandwelfare.idaho.gov/AboutUs/Fraud-ReportPublicAssistanceFraud/tabid/136/Default.aspx>
- The Optum Special Investigations Unit (SIU) Tip Line at 1-877-972-8844 or via email at OHBS.SIU.TIPs@optum.com

When reporting a provider, include:

- Name, address, and phone number
- Name and address of facility
- Type of provider
- Names and numbers of other witnesses
- Dates and summary of events
- Names and phone numbers of other witnesses

When reporting a member, include:

- The person's name
- The person's date of birth, if known
- The city where the person lives
- Details about the waste, abuse, or fraud

Even if you do not know all this information, you should still file a report.

How can I get health education information?

We can provide you with free information on many health topics, such as:

- Behavioral health
- Child and youth health
- Depression
- Bipolar conditions
- Addictions
- Obesity
- Stress
- Alzheimer's/Dementia
- And many others

Behavioral health resources, tools and articles are available on our website, www.optumidaho.com. Select "Live and Work Well" in the Quick Links menu on the left. You can also call Optum Idaho to receive information in the mail.

Other Information for Optum Idaho Members

As an Optum Idaho member, you have access to the following information:

- Our practice guidelines
- How we control services and costs
- The total number of member complaints, appeals and their outcomes
- Our structure and operation
- Plans to make sure providers supply high-quality services
- Provider information (directory)

Notice of Privacy Practices

We must by law protect the privacy of your health information.

We will send you a privacy notice. It tells you:

- How we may use your health information
- When we can share your health information with others
- What rights you have to your health information

We must by law follow the terms of this notice. In the notice, "health information" is related to your health or healthcare that can be used to identify you.

We have the right to change our privacy practices. If we change them, we will mail a notice within 60 days. We will also post the new notice on our website at www.OptumIdaho.com. If we do make a change, it can apply to information we have now and in the future.

How We Use or Share Information

We must use and share your health information if asked by:

- You or someone who has the legal right to act for you (your personal representative);
- The Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and share your health information for your treatment, to pay for your health care, and to run our business. For example, we may use and share your health information:

- To pay premiums, determine coverage, or process claims. This may also include coordinating benefits. For example, we may tell a provider you have coverage. We may tell a provider how much of the bill may be covered.
- For treatment or managing care. For example, we may share your health information with providers to help them give you care.
- For health care operations related to your care. For example, we may suggest a disease management or wellness program. We may study data to see how we can improve our services.
- To tell you about health-related programs or products. We may tell you about other treatments or products or services.
- For reminders on benefits or care, such as appointment reminders.

We may use or share your health information as follows:

- As stated by law.
- To persons involved with your care. This may be to a family member. This may happen if you are unable to agree or object, such as in an emergency or when you agree or fail to object when asked. If you are not able to object, we will use our best judgment.
- For public health activities. This may be to prevent disease outbreaks.
- For reporting victims of abuse, neglect, or domestic violence. We will only share with entities allowed by law to get this health information. This may be a social or protective service agency.
- For health oversight activities to an agency allowed by law to get the health information. This may be for licensure, audits, and fraud and abuse investigations.
- For judicial or administrative proceedings such as in response to a court order, search warrant or subpoena.
- For law enforcement purposes such as providing limited information to locate a missing person or report a crime.
- To avoid a serious threat to health or safety by, for example, giving information to public health agencies or law enforcement or in the event of an emergency or natural disaster.
- For specialized government functions. These functions include military and veteran activities, national security and intelligence activities, and protective services.
- For workers compensation, including disclosures required by state workers compensation laws.
- For research purposes such as to study disease or disability. The research study must meet all privacy law requirements.
- To provide information on decedents to a coroner or medical examiner. This information may be used to identify a body, find a cause of death, or as authorized by law. We may also share health information with funeral directors if necessary, to carry out their duties.
- For organ donation or transplant. We may use or share health information that could help get, bank or transplant organs, eyes, or tissue.
- To correctional institutions or law enforcement for inmates or persons in custody:
 1. If the facility needs it to provide you with health care;
 2. To protect your health and safety;
 3. To protect the health or safety of others or the general security of the correctional institution.

- To business associates that do work for us or provide us with services if they need the health information to give you services. Our business associates agree to protect your health information. They are not allowed to use or share health information other than as stated in our contract with them. Since February 17, 2010, our business associates have also been directly subject to federal privacy laws.
- To notify of a data breach. We may use your contact information to notify you about unauthorized access to your health information. We may send notice to you or your plan sponsor.
- Restrictions. Certain federal and state laws may limit the use and sharing of highly confidential health information.

Information under federal laws governing alcohol and drug abuse may be “highly confidential.” Genetic information can also be “highly confidential” under federal law. State laws also protect information about:

- HIV/AIDS
- Mental health
- Genetic tests
- Alcohol and drug abuse
- Sexually transmitted diseases and reproductive health
- Child or adult abuse or neglect, including sexual assault

If stricter laws apply, we will meet those restrictions. Except as stated in this notice, we use your health information only with your written consent. If you allow us to share your health information, we do not guarantee that the person who gets it will not share it. You may take back your consent, unless we have acted on it.

Your Health Information Privacy Rights

You have a right:

- To ask us to limit the use or sharing of your health information for treatment, payment, or health care operations. You can ask to limit sharing with family members or to others who are involved in your health care or payment for it. We may also allow your dependents to ask for limits. Please note that while we will try to honor your request, we are not required to do so.
- To ask that a provider not send health information to us if you paid for the care in full.
- To ask to get confidential communications in a different way or place (for example, at a P.O. box instead of your home address). We will agree to a request when a disclosure could endanger you. We take verbal requests. You can change your request or cancel it, but it must be done in writing and mailed to the following address:
 Compliance Department/Privacy Department
 P.O. Box 99378
 Emeryville, CA 94662-9378
- To get a copy of health information that we use to make decisions about you. Examples would be for claims decisions and case or care management records. You must ask for this health information in writing at the address listed below. We may send you a summary. We may charge for copies. We may also deny your request. If we deny your request, you may have the denial reviewed. As of Feb. 17, 2010, if we keep an electronic record, you may also ask for an electronic copy to be sent to you or a third party. We may charge a fee for this.
- To ask to amend health information we have about you if you believe the information is wrong or incomplete. Your request must be in writing and sent to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- To get an accounting of health information we shared during the six years prior to your request. This accounting will not include any health information disclosures:
 - i. made prior to April 14, 2003
 - ii. made for treatment, payment, and health care operations purposes

- iii. made to you or made following your instructions
 - iv. made to correctional institutions or law enforcement officials
 - v. other disclosures that federal law does not require us to track and provide to you
- To request a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you still have a right to a paper copy. You may also get a copy of this notice at our website, www.optumidaho.com.

Summary of State Laws on Use and Disclosure of Certain Types of Protected Health Information:

Summary of Federal Laws

Alcohol and Drug Abuse Information

We can use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

Genetic Information

We are not allowed to use genetic information for underwriting purposes.

Summary of Idaho State Laws

Genetic Information

We can disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.

Child or Adult Abuse

We can use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.

Nondiscrimination Notice and Access to Communication Services

Optum does not discriminate on the basis of sex, age, race, color, national origin, or disability.

Free services are available to help you communicate with us. Such as, letters in other languages, or in other formats like large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number (855) 202-0973. TTY 711.

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Optum Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Phone: 888-445-8745, TTY 711
Fax: 855-351-5495
Email: Optum_Civil_Rights@Optum.com

If you need help with your complaint, please call the toll-free number (855) 202-0973. TTY 711. You must send the complaint within 60 days of when you found out about the issue.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Language Assistance Services and Alternate Formats

This information is available in other formats like large print. To ask for another format, please call the toll-free number (855) 202-0973. TTY 711.

You have the right to get help and information in your language at no cost. To request an interpreter, call 1-855-202-0973.

Spanish/ Español: Tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para solicitar un intérprete, llame al 1-855-202-0973.

Chinese/ 中文: 您有權利免費以您的語言得到幫助和訊息。如需洽詢一位口譯員，請撥電話 1-855-202-0973。

Serbo-Croatian/ srpskohrvatski: Imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste zatražili prevodioca, nazovite 1-855-202-0973.

Korean/ 한국어: 귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 1-855-202-0973번으로 전화하십시오.

[Language Assistance Services and Alternate Formats, continued]

Vietnamese/ Tiếng Việt: Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi 1-855-202-0973.

Arabic/ العربية:

لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل بالرقم 1-855-202-0973.

German/ Deutsche: Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die Nummer 1-855-202-0973.

Tagalog/ Tagalog: May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tumawag sa 1-855-202-0973.

Russian/ Русский: Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по телефону 1-855-202-0973.

French/ Français: Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le 1-855-202-0973.

Japanese/ 日本語: ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳をご希望の場合は、1-855-202-0973までお電話ください。

Romanian/ Română: Aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a cere un interpret, sunați la 1-855-202-0973.

Sudan/ Sudani (Ikirundi): Urafise uburenganzira bwo kuronka ubufasha n'amakuru mu rurimi gwawe ku buntu. Kugira usabe umusobanuzi, hamagara 1-855-202-0973.

Persian/Farsi/ فارسی:

شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره 1-855-202-0973 تماس حاصل نمایید.

Ukrainian/ Українська: У Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб подати запит про надання послуг перекладача, задзвоніть на 1-855-202-0973.

Haitian/ Kreyòl: Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo 1-855-202-0973.

Hindi/ हिंदी:

आप के पास अपनी भाषा में सहायता एवं जानकारी निःशुल्क प्राप्त करने का अधिकार है। दुआषिए के लिए 1-855-202-0973 पर फ़ोन करें।

Portuguese/ Português: Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para 1-855-202-0973.

Nepali/ नेपाली: तपाईंले आफ्नो भाषामा निःशुल्क सहयोग र जानकारी प्राप्त गर्ने अधिकार छ। दोभासे अनुरोध गर्नको लागि, 1-855-202-0973 मा कल गर्नुहोस्।

Glossary of Terms

Covered Service	Definition
Adverse Benefit Determination	A denial reduction of termination of benefits. A situation in which Optum, denies (turns down) or approves fewer services than you or your provider wanted. Denies a provider payment for a service or reduces, suspends, or terminates a previously authorized service.
Appeal	A request that Optum reconsider an adverse benefit determination.
Application	A formal request for benefits made to the agency in writing and signed by the applicant or someone acting on behalf of the applicant. Application may be received by mail, phone, fax, in person, or electronically.
Authorized Representative	A person designated to act on behalf of another person.
Behavioral Health Services	Behavioral health treatments are ways of helping people with mental illnesses or substance use disorders.
Child & Adolescent Needs and Strengths Assessment (CANS)	Child and Adolescent Needs and Strengths (CANS) is an assessment tool that is designed to identify or measure a youth's strengths and areas of need. This tool should help guide treatment planning and measure effectiveness or services.
Child and Family Team (CFT)	Team of people who look at ways to promote wellness and recovery for the youth. The team includes the child (youth), family members, providers and others that can help support the member.
Department of Health and Welfare	The state agency that administers public assistance programs in Idaho.
Dependent	An individual who is the financial responsibility of a member of the income unit. Example: This is someone who could be counted as a tax dependent, if income tax is filed.
Emergency	Unexpected medical condition has sudden, severe symptoms. It could: Put you or others at risk or cause harm to your body or body functions.
Fraud	The willful intent to obtain ineligible benefits or payments.
Hearing	A hearing is when you ask your health program to review your case after your plan denied your appeal.
Inpatient	A patient who is admitted for an overnight or longer stay at a health care facility and is receiving covered services.
Legal guardian	A person who has been granted custody of a minor by court order.
Medicaid	A state health insurance program for people with low income who meet certain eligibility requirements.

Covered Service	Definition
Specialist	A provider of specialized medicine, such as a cardiologist or a neurosurgeon or behavioral health care provider.
Spouse	An individual who is legally married to another.
State Fair hearing	A second appeal option you have if you are unhappy with Optum Idaho's appeal decision. It is handled through the Idaho Department of Health and Welfare.
Third Party	An individual, institution, corporation or agency that is responsible for all or part of the medical costs and pays before Medicaid.
Youth Empowerment Services	A system of care for children's mental health. YES provides options for families who need care for their child with serious emotional disturbance (SED). It is strengths-based and family-centered, and it incorporates a team approach that focuses on providing individualized care for children.



Member Access & Crisis Line

1-855-202-0973

optumidaho.com

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