

Member Handbook
Idaho Behavioral Health Plan
Revised January, 2020

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, seven days a week at our Optum Idaho Member Access & Crisis Line at **1-855-202-0973** TDD/TTY dial **711**

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Guide to Your Idaho Behavioral Health Plan Benefits

This guide has useful information about services available to you. It can help you understand and use your behavioral health benefits that 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 Consumer 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 of 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. If you have questions, call Optum Idaho Member Services at **1-855-202-0973**. 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.

TTY access: Call 711: to receive access to telecommunications relay services in Idaho. The relay service is free. Nationwide, you can also dial 1-800-855-2880 (ask the operator to call Optum Idaho Member Services at 1-855-202-0973).

This handbook explains Medicaid behavioral health benefits under the Idaho Behavioral Health Plan, 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 compact disks. For help, call Optum Idaho Member Services at **1-855-202-0973** TDD/TTY dial **711**.

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

Nondiscrimination Notice and Access to Communication Services

Optum does not exclude people or treat them unfairly because of their 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 on your member ID card. 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
Fax: 855-351-5495
Email: Optum_Civil_Rights@Optum.com

If you need help with your complaint, please call the toll-free number on your member ID card. 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 Alternarte 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**.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

Language Assistance Services and Alternate Formats

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłiśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما فید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i. T'áá shqódi ninaaltsoos nit'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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

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

As an Optum Idaho Member, call Optum Idaho Member Access & Crisis Line at **1-855-202-0973** or TDD/TTY at **711** for help finding a provider or changing a provider.

Online

Go to OptumIdaho.com and 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 call Optum Idaho Member Access & Crisis Line at **1-855-202-0973** or TDD/TTY at **711**.

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.

Key Contact Information for Members and Families

In case of an emergency dial 911

Other Important Numbers

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)
Your Health Idaho..... 1-855-944-3246

Health & Wellness

Idaho 211 Care Line211
Hotline for adult abuse, aging1-800-926-2588
Idaho Suicide Prevention 1-208-398-4357
Child Protection.....1-855-552-5437 (KIDS)
Developmental Disabilities Services 1-877-333-9681

Interpreter/Translation Services

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

Transportation

Idaho Non-emergency Medicaid
Transportation Services.....1-877-503-1261

Websites

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

Optum Idaho Member Services Help You

Our Optum Idaho member services department (1-855-202-0973 or TDD/TTY at 711) can answer questions or give you information on:

- Membership – Can 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
- Medicaid coverage
- Getting an interpreter
- Getting a ride to your provider
- Other questions

What services does Optum Idaho cover?

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

- Emotional problems
- 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 following chart lists all of Optum's services. The services that require pre-authorization have a note under the name of the covered service. Your provider will coordinate referrals with other providers. 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.

Covered Services

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

Covered Service	Definition
Adult Partial Care, Skills Training and Development	Your behavioral health care professional teaches you skills to support your recovery and reach your goals in a group setting.
Behavior Modification and Consultation (Requires Prior Authorization)	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	A behavioral health care professional helps you learn how to coordinate and access your medical, mental health, and community-living needs.
Crisis Center 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.	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.
Crisis Intervention *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.	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, seven days a week. The behavioral health specialist 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.
Crisis Response *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.	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, seven days a week. They will help you find resources to figure out your next steps. Some choices for follow-up 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 Crisis Line for immediate help at 1-855-202-0973 TDD/TTY:711.
Comprehensive Diagnostic Assessment (CDA)	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.
Day Treatment (Requires Prior Authorization)	This service provides therapeutic outpatient care for when you have severe needs that require more care than intensive or routine outpatient care. This service may include skills building or group, individual, and family therapy. Managing medication may also be included. You will be in therapy at least 3 hours per day and can be up to 5 hours per day. Treatment is 4 to 5 days a week. Day Treatment providers coordinate and communicate with other agencies, including coordination with schools.
Drug/Alcohol Testing	A test to see if you have been using chemical substances or alcohol.
Family Psychoeducation	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	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 you and your family manage them.

Family Support	Family support helps your family learn to how to help you manage your treatment. This service is provided by a parent who also has lived experience of caring for a child with behavioral health issues, and specific specialist training.
Group Psychotherapy	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	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.
Individualized Treatment Plan	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.
Intensive Outpatient Program (IOP)	This service gives you outpatient therapy to help you manage your behavioral health or substance use disorder needs and meet your treatment goals. This service also allows you to receive more intensive treatment when you need it. Adults participate at least three hours per day, three times a week. Adolescents participate at least two hours per day, three times a week.
Partial Hospitalization (Requires Prior Authorization)	Partial Hospitalization 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 Partial Hospitalization, services you may receive may include; individual, group and family psychotherapy, cognitive behavioral therapy, substance use monitoring, if appropriate, and more.
Peer Support - Adult Service	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.
Peer Support– Recovery Coaching Support	A Recovery Coach may use lived recovery experience from a substance use disorder and specialized training to help you with your recovery. A recovery coach helps you create a recovery and resiliency plan that meets your needs.
Peer Support– Youth Support	Youth support helps you learn how to manage your treatment, makes sure that you know your rights, and helps you speak for yourself. This service is provided by someone who also has lived experience of mental health issues as a child or youth, and specific specialist training to teach them how to work with youth. This can be done individually or in groups.
Pharmacologic Management (Medication Management)	A doctor or nurse meets with you to discuss the medicines you are taking and order new prescriptions you might need.
Psychological/ Neuropsychological Testing	Written, visual or verbal tests that are given by a psychologist to measure your thinking and emotional abilities.
Recovery Coaching	Recovery Coaching can be offered by two types of providers, a Recovery Coach or a Peer 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 and they will 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.

Respite	Respite is available to families with children who are in the Youth Empowerment Services (YES) Program. For more information see page 23. Respite care is a short-term or temporary care so you and your primary caregiver can have a break. This service is designed to help reduce a stressful situation. This service is provided 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 Rehabilitative Services (Requires Pre- authorization)	Services provided to you by a behavioral health 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.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

Early 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 non-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 treatment (EPSDT) form. [Click for EPSDT form.](#)

Youth Empowerment Services (YES)

Idaho has a new system of care for children’s mental health called Youth Empowerment Services (YES).

The YES system of care includes services and supports for families who need care for their child with serious emotional disturbance (SED) provided through multiple state agencies. The Youth Empowerment Services Program provides access to the Idaho Behavioral Health Plan (IBHP) services and supports for children with SED. A person with serious emotional disturbance, or SED, is defined as a youth under the age of 18 having a diagnosed mental health condition and functional impairments as assessed in the Child and Adolescent Needs and Strengths (CANS) assessment tool.

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. [Click for Practice Manual.](#)

What are the YES Principles of Care?

The Principles of Care are 11 values that are applied in all areas of Youth Empowerment Services (YES). These 11 principles involve treatment as a whole. They are not solely focused on a coordinated care plan.

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 six components of the Practice Model are:

- 1) Engagement—The foundation to building trust and a mutually-beneficial relationship between youth, family, and service providers. Providers should communicate their belief in the family’s ability to succeed and listen to the youth and family without judgment or defensiveness.
- 2) Assessment—Provides an in-depth evaluation of available strengths, underlying needs, functional impairments, specific mental health concerns, and risk factors. Evaluators should recognize that youth and families are the experts on their own experience and value their input.
- 3) Care planning and implementation—The process of determining the array of services that will appropriately serve the individualized strengths and needs of the youth and family.
- 4) Teaming—The process of bringing together formal and informal supports who are committed to helping the youth and family reach their treatment goals.
- 5) Monitoring and adapting—The practice of continued evaluation of the effectiveness of the care plan and making adjustments as needed. Some of the principles of this practice include never giving up on the youth and family, ensuring safety, and understanding that setbacks may reflect changing needs rather than resistance.
- 6) Transition—The process of moving between levels of care. Transition from formal to more informal supports happens over time and should be included in the care plan.

Steps to Access Person-Centered Service Planning and Respite.

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

1. **Schedule an assessment** with Liberty Healthcare Corporation at 1-877-305-3469. You only need 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 Liberty Healthcare Corporation will contact you to schedule and complete an assessment. The assessment can confirm that your child has a Serious Emotional Disturbance (SED). After the assessment, Liberty Healthcare Corporation will contact you with the results. If you disagree with the decision you will need to contact Liberty Healthcare Corporation at 1-877-305-3469.
3. **Apply for Medicaid.** For those who do not already have Medicaid, you will need to apply for Medicaid online at idalink.idaho.gov, or by phone by contacting Self Reliance at 1-877-456-1233.
4. **Develop a person-centered service plan.** After Liberty Healthcare Corporation has made an SED determination, if your family is not already working with a case manager from the Department of Health and Welfare, you need to find a Targeted Care Coordinator to schedule an appointment. You will receive a letter from Optum Idaho that lists information for different Targeted Care Coordinators in your community, you need to choose the provider 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 in your treatment and together you all will create a person-centered service plan that matches your child's identified needs with available services and supports.
5. **Find a provider.** Contact the Optum Idaho Member Access & Crisis Line at 1-855-202-0973 TD/TTY: 711 or visit optumidaho.com to find a provider of behavioral health services in your area.

Liberty Healthcare

Liberty Healthcare provides independent mental health assessments to determine if a child has SED. This independent assessment and SED determination is required to qualify for Respite through the YES Program, all other medically necessary IBHP services are available to all Medicaid eligible children.

Families can call Liberty Healthcare at 1-877-305-3469 to schedule an independent assessment. During this phone call, a YES customer service specialist gathers some basic information from the family.

A provider calls the family back within one business day to set up a time for the assessment. The family and provider 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. The assessor gives the family a diagnosis and makes an SED determination.

Find additional information about YES at: youthempowermentservices.idaho.gov

YES System of Care uses an assessment tool referred to as CANS.

The Child & Adolescent Needs and Strengths (CANS) is an assessment tool that is designed to identify a youth's needs and strengths.

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

- Capture information about the youth's ability to function within their family and community.
- Determine if the youth has Behavioral Health Need.
- Create meaningful care plans.
- Monitor the outcome of services.
- Provide a common language for providers, youth, and families to use when discussing strengths and needs.

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 and care.

Liberty Healthcare Corporation or your provider will complete the initial CANS assessment.

Your provider may assist you in scheduling a CANS assessment or you may request one directly from Liberty Health Corporation 1-877-305-3469.

Targeted Care Coordination

Targeted Care Coordination (TCC) is the service provided by someone trained to help you access services and coordinate care between various providers and agencies. Targeted Care Coordination is available to any Medicaid Member under 18 years of age.

The Targeted Care Coordinator is responsible for coordinating and facilitating the Child and Family Team (CFT) meetings for the purpose of creating a Person-Centered Service Plan (PCSP) that includes both formal and informal services and supports. The Targeted Care Coordinator serves as a care guide for the family and is responsible for integrating services, between providers, systems, and programs. A Targeted Care Coordinator is responsible to:

- Help the family navigate the system of care
- Run Child and Family Team (CFT) meetings with the Member, family, and the provider(s) involved in the Member's care
- Link the Member to services and supports
- Develop, implement, and monitor the Member's person-centered service plan
- Update the CANS assessment for the Member if requested by the treating clinician

1915(i) (YES) eligible Members

If you are a Medicaid Member that has gone 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 Youth Empowerment Services or YES Program), you will need to have a Targeted Care Coordinator to help conduct the required Child and Family Team meetings to develop a person-centered service plan.

If a Medicaid Member receives Targeted Care Coordination, they will receive a person-centered service plan and a Child and Family Team. While any Medicaid Member can have a Targeted Care Coordinator to develop person-centered service plan and facilitate a Child and Family Team, YES Members who have gone through the Independent Assessment process are required to have a Targeted Care Coordinator to develop person-centered service plan and facilitate a Child and Family Team.

Child and Family Teams (CFT)

All youth involved in the YES Program, and those who have engaged with a Targeted Care Coordinator, will have a Child and Family Team (CFT). 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, and all providers providing direct care to the member. 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.

- Recognize and encourage the youth and family's strengths.
- Identify the youth and family's needs.
- Learn what the youth and family want to accomplish.
- Set realistic short and long-term goals.
- Find solutions that build on the family's strengths and lead to necessary changes.

Child and Family Teams are formed during the 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, members 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.

Child and Family Teams may operate differently based on the needs of the youth. Some teams are facilitated by the primary mental health provider, while teams that involve multiple systems or programs are facilitated by a care coordinator. The frequency of team meetings and intensity of work depends on the needs of the youth and family. In cases where more support is needed, the care coordinator may recommend involving a Wraparound coordinator from the Division of Behavioral Health.

Coordinated Care Plan

A coordinated care plan is the result of the Child and Family Team's effort to coordinate care from all providers involved in a youth's treatment and may take many forms. Regardless of the form, the coordinated care plan is developed to connect services and supports provided by multiple service agencies.

Person-Centered Service Plan

A person-centered service plan is one form of a coordinated care plan. The person-centered service plan is a requirement for youth who receive a serious emotional disturbance (SED) determination through the Liberty Healthcare assessment process, become Medicaid eligible, and who want to access mental health services through Medicaid. 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 on the plan.

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

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 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. Remember, this is a process and we are here to help you find a provider or to answer your questions anytime.

YES System of Care Program Offers Respite

Respite is short-term or temporary care for a youth with an SED that is provided by someone other than the youth's primary caregiver. Respite services can take place in the youth's home or in an appropriate community location and may be offered as an individual or group service. Respite can be used if the youth is not experiencing a mental health crisis.

Idaho Behavioral Health Plan Respite

IBHP Respite services are available through Optum Idaho to youth who go through the Liberty Healthcare Corporation assessment. If a member is already Medicaid eligible, they may start receiving Respite immediately after Liberty Healthcare Corporation determines eligibility for the Youth Empowerment Services Program (1915(i)). If the person is currently not a Medicaid member, they need to apply and receive Medicaid eligibility first, after Liberty Healthcare Corporation's determination process is complete. Respite may be accessed immediately after the youth is determined to be eligible to receive YES Program services. Once a youth has an approved person-centered service plan; Respite must be included on it for Respite to continue.

To be eligible for Respite you must have the following:

- An Independent Assessment conducted by Liberty Healthcare Corporation which can determine that your child meets the definition of an individual with a SED.
- Child & Adolescent Needs and Strengths (CANS) assessment, which is a tool to assess youth and how they are functioning in light of the supports, needs, and strengths around them (See "CANS" page 17).
- A person-centered service plan, which takes a recovery-focused approach to treatment planning (See person-centered service plan page 18).

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

YES System of Care includes Crisis Planning

A crisis is when you or someone you know is having sudden and severe mental health problems, and you are unsure what to do. In a crisis, your provider can help you decide what to do next.

One of the Child and Family Team's (See Child and Family Teams (CFT), page 17) first tasks is to develop a crisis plan. This plan is designed to help youth and their families avoid a crisis and address safety concerns, 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.

If you or your family member has sudden and severe symptoms that could put you or others at risk, or cause harm to your body or functions, this is an emergency – call 911 or go to the nearest emergency room right away.

Therapeutic After School and Summer Programs for YES Members

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 professionals to work with each child on behavioral goals in a recreational or after school setting. Optum Idaho can pay for services that are part of these programs.

Intensive Home and Community Based Services for YES Members

These are programs for children and youth who have severe needs. Intensive Home and Community Based Services are used to increase stability and help prevent out of home placements. Intensive Home and Community Based Services includes specialized treatments. It is family centered and individualized to meet the child's and family's needs.

How do I get behavioral health care services?

You can call Optum Idaho Member Services at 1-855-202-0973 TDD/TTY: 711 to be referred to a provider in your area or go directly to any in-network behavioral health provider of your choice.

You have the right to take part in all health care decisions including treatment and recovery planning. This also means that you may participate in the process of deciding when you should be discharged at the end of your treatment.

The Optum Idaho provider network directory is also available online at www.OptumIdaho.com>Find a Provider. [Click here to Find a Provider](#). The online directory allows you to search for a behavioral health provider near you who can meet your particular needs. The online directory is updated daily. If you would like additional help finding a provider contact Member Services at 1-855-202-0973 TDD/TTY: 711

Services are provided by licensed (or otherwise certified) behavioral health and substance use disorder professionals. These professionals include doctors and psychiatrists, psychiatric nurses, psychologists, licensed clinical social workers, substance use disorder counselors, other professional counselors, certified psychiatric rehabilitation providers, case managers and peer support staff.

Do I Need a Referral?

Do I need a referral to get behavioral health care 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 the Optum Idaho Member Access & Crisis Line at 1-855-202-0973 TDD/TTY at 711
- On our website at www.OptumIdaho.com

What is prior authorization?

You may need permission to get some services.

This permission is called a prior authorization. Your mental health provider will request a prior authorization on your behalf.

Call Optum Idaho Member Services at 1-855-202-0973 TDD/TTY: 711 if you want to learn more. You do not need prior authorization for emergencies. 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 Member Services at 1-855-202-0973 to learn more. TDD/TTY: 711

What Idaho Behavioral Health Plan 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 problems. 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 Member Services at 1-855-202-0973 TDD/TTY: 711.

Non-Covered Services

What are the services not covered by Optum Idaho?

Non-Covered Services

These services are not covered by Optum Idaho:

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

However, these services are covered by Medicaid. For more information about these services, please call the Idaho Department of Health and Welfare Medicaid Division at 1-877-200-5441. For specific questions about dental, please contact 1-855-233-6262 TDD/TTY: 711.

Excluded Services

The following services are excluded from 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 Member Services at 1-855-202-0973.

Working 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 Member Services at 1-855-202-0973 TDD/TTY:711 for help finding or changing a provider. You can also use our “Find a Behavioral Health Clinician” search tool. This tool is on our website at www.OptumIdaho.com TDD/TTY: 711 then click on “Find a Provider” and follow 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 Member Services at 1-855-202-0973 TDD/TTY:711 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 Member Services at 1-855-202-0973 TDD/TTY:711 to learn more.

Connecting Your 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 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.

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 approval for emergency care.

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 Member Services at 1-855-202-0973 TDD/TTY:711 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 Member Access & Crisis Line at 1-855-202-0973 TDD/TTY: 711. 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

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 problems. 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 Member Crisis & Access Line at 1-855-202-0973 TDD/TTY: 711 right away.

Complaint Process

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's Customer Access & Crisis Line. 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.

Call Optum Idaho Member Services toll-free at 1-855-202-0973 TDD/TTY: 711. You also can send your complaint in writing to Optum Idaho:

Optum Idaho Quality Operations
322 E. Front Street, Suite 400
Boise, ID 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 complaints receive 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 a 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 if 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.

Adverse Benefit Determinations

What are adverse benefit determinations?

Adverse benefit determinations are when Optum Idaho:

- Denies (turns down) or approves fewer services than you or your provider wanted
- Denies a provider payment for a service
- The reduction, suspension, or termination of 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.

Appeal Process

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. Urgent appeals must be filed within 10 calendar days of the Adverse Benefit Determination letter.

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 Member Crisis & Access Line at 1-855-202-0973 TDD/TTY: 711 to get help.

Appeal Address:

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 a letter telling you and your provider 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 the 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 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 of 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.

State Fair Hearing Process

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 Fair Hearing is a process the State of Idaho uses to protect your rights.

Can I ask for a State Fair Hearing?

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 a Fair Hearing. You may ask for a State Fair Hearing using your own words, or you can use a Fair Hearing request form. Optum Idaho's Behavioral Health Plan will include a Fair Hearing request form in the letter they send to you.

Fill out and send the State Fair Hearing Request form 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 only ask for a State Fair Hearing only after filing an appeal with Optum.

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
P.O. 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 a decision from Optum.

For questions or help filling out the form, call Optum Idaho Member Services at 1-855-202-0973 TDD/TTY: 711.

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 Directives

What is an advanced directive?

Advance directives describe in writing what treatment you do or do not want. If you are unable to make a decision 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.

What if I am in crisis or unable to make a decision about my care?

By preparing a psychiatric advance directive when you are well, you can make sure your wishes are honored when you are sick or hurt or unable to speak for yourself.

Do I have to make a psychiatric advance directive?

No. It is entirely up to you. A provider cannot refuse care based on whether you have a psychiatric advance directive.

Can I get a psychiatric advance directive?

Yes. Idaho's Declarations for Mental Health Treatment Statute allows you to put into writing what psychiatric treatment you want or do not want. This is called a psychiatric advance directive (PAD). If you are unable to make a decision, the PAD will describe what you want done. In the PAD, you can also list an agent you trust to make decisions for you.

For more information, contact the:

National Resource Center on Psychiatric advance directives at <https://www.nrc-pad.org>.

You can also call Optum Idaho Member Services at 1-855-202- 0973 TDD/TTY: 711 for more information.

Can I get a psychiatric advance directive for medications and/or hospitalization?

Yes. 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.

Does a lawyer need to prepare my psychiatric advance directive?

No.

Does someone have to approve my psychiatric advance directive?

No.

Can I ask that someone make mental health decisions for me if I am unable?

Yes. You can choose an “agent” in your Psychiatric Advanced Directive to make these decisions. 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 as outlined in your Advance Directive.

Your Psychiatric Advanced Directive must be in writing and signed by an adult witness who knows you. For more information, contact the National Resource Center on psychiatric advance directives at <https://www.nrc-pad.org>.

You can also call Optum Idaho Member Services at 1-855-202- 0973 TDD/TTY: 711.

If I am unable, can my agent make decisions for me?

Yes. Your agent can make decisions for you about your treatment, including refusals. Your agent can also agree for you to go to a psychiatric facility, but only for evaluation.

Who should have a copy of my psychiatric advance directive?

Give a copy to your health care provider and any health care center you enter and to your agent. You may give a copy to your Care Coordinator if you have one, and you should keep copies for yourself. You may give a copy to persons you trust who can make health care providers aware that you have a psychiatric advance directive.

Can I change or cancel my psychiatric advance directive?

Yes. If you change or cancel it, let everyone who has a copy know. Have your adult witness sign and date the changed version.

Does my provider have to follow my psychiatric advance directive?

Not always. Your providers could decide not to follow your Psychiatric advance directive if:

- The treatment is thought to be unworkable
- The psychiatric advance directive requests treatment that the provider is not authorized to give
- The treatment is thought to be unlawful
- The treatment or refusal of treatment is thought to be not effective or not standard

How long does my psychiatric advance directive stay active?

Your psychiatric advance directive stays active until you cancel it. You may cancel or change it at any time.

Payment for Services

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 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 see 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's Member Access & Crisis Line at 1-855-202-0973 TDD/TTY: 711. 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.

Mental Health Care in a Hospital

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.

Right to a Second Opinion

What if I want a second opinion?

You can always get a second opinion for your behavioral health care. You can call Optum Idaho's Member Access & Care Line at 1-855-202-0973 TDD/TTY: 711.

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 us first.

Appointments

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 the toll-free Optum Idaho Member Access and Crisis Line at 1-855-208-0973 TDD/TTY: 711 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.

When You Are Away from Home

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 Member Services at 1-855-202-0973 TDD/TTY: 711 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.
- What if I am out of the country traveling?

If you are traveling in another country and need mental health care, we cannot pay for your care.

Transportation

How do I get to the provider's office?

If you have an appointment with your behavioral health 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 transportation available and the closest available Medicaid provider or service.

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.

Interpretation Services

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 with your provider, call Optum Idaho Member Access & Crisis line at 1-855-202-0973 TDD/TTY: 711.

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

Call Optum Idaho Member Access & Crisis line at 1-855-202-0973 TDD/TTY: 711.

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.

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.

For more information about Idaho Relay, go to their website at <https://www.directcom.com/relay.htm>. [Click here to go to Idaho Relay](#). If you need a telecommunications device (TTY), visit the Idaho Relay website.

Updating Your Records

What do I have to do if I move?

Please update your records with the Idaho Department of Health and Welfare as soon as possible. You can call IDHW at 1-877-456-1233 TDD/TTY: 711 to make those updates. Or you can also 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 Reporting

What is fraud, waste, and abuse?

Fraud is a planned deception or misrepresentation that results in an unauthorized benefit. 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 or how 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 Member Services at 1-855-202-0973
- 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, list:

- 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, list:

- 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 of this information, you should still file a report.

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)

For more information, go to Optumidaho.com or call the Optum Idaho Member Access & Crisis Line at 1-855-202-0973 TDD/TTY: 711.

Health Education

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's Member Access & Crisis Line at 1-855-202-0973 TDD/TTY:711. We can also mail information to you when asked.

Member Rights

Members have rights for their care.

1. As an Optum Idaho member, you have the following rights: 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 if you have a communication disability.
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. You have the right 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. This is a way to take charge of your recovery. 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.
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 say which people you do or do not want to make choices for you.
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 sees those records based on those 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 restraints and seclusion.

¹ The term “member” may, as appropriate, include family members, a court-ordered legal guardian, or designated representative in a designated advanced directive.

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.
2. You are responsible for understanding your health problems to the best of your ability.
3. You are responsible for participating in the treatment and recovery goals you and your care providers agree on.
4. You are responsible for following these treatment and recovery plans to the best of your ability. You must let providers know if changes are needed.
5. You are responsible for keeping, changing, or cancelling appointments instead of not showing up.

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 health care 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 the 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. As of February 17, 2010, our business associates were also 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 HI. 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; and
- Alcohol and drug abuse.
- Sexually transmitted diseases and reproductive health; and
- 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 promise 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 February 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 HI disclosures:
 - made prior to April 14, 2003;
 - made for treatment, payment, and health care operations purposes;
 - made to you or made following your instructions;
 - those made to correctional institutions or law enforcement officials; and
 - other disclosures that federal law does not require us to track and provide to you.
- To get a paper copy of this notice. You may ask for a 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, OptumIdaho.com.

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, for copies of your HI, 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.
[Click here for Health Information & Security Complaint Form.](#)

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

The following charts show categories of health information subject to more restrictive laws. They also give you a general summary of when we can use and disclose your health information without your consent. If your written consent is required under the more restrictive laws, the consent must meet the rules of the applicable federal or state law.

Summary of Federal Laws
Alcohol & Drug Abuse Information
We are allowed to 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 are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.
Child or Adult Abuse	We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.

The information and therapeutic approaches discussed in these materials are for informational and educational purposes only. They are not meant to be used in place of professional clinical consultations for your health needs. Certain treatments may not be covered in some benefit plans.

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 Assessment (CANS)	Child and Adolescent Needs and Strengths Assessment 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	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.

Glossary of Terms

Member	A member is a person who is eligible to receive services and benefits. A member may, as appropriate, include family members, a court-ordered legal guardian, or designated representative in a designated advanced directive.
Outpatient	A non-hospitalized patient receiving covered services away from a hospital, such as in a physician's office or the patient's own home, or in a hospital outpatient or hospital emergency department or surgical center.
Person-centered service plan	The person-centered service plan includes information about the youth, including preferences, strengths and needs as identified in the CANS, and goals. The plan also includes a list of all of the formal and informal services and supports needed to achieve the identified goals, whether or not they are reimbursable by Medicaid. Care is taken to make sure there is no duplication of services delivered through other agencies or programs. See Details on page 18.
Primary Care Provider	Your personal health care provider. Your primary care provider can be a family or general practitioner, internist, pediatrician, or other provider.
Provider	A health care professional (such as a doctor, nurse, internist, etc.) or facility (such as a hospital, clinic, etc.).
Specialist	A provider of specialized medicine, such as a cardiologist or a neurosurgeon or behavioral health services.
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 for 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

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Member Access & Crisis Line

1-855-202-0973

optumidaho.com

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