



IDAHO PROVIDER MANUAL UPDATES – July 2023 Edition
 (Note: The change index does not include minor change to content or formatting)

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Glossary of Terms: Relias and OptumHealth Education	28	Optum Idaho offers free, on-demand resources, training, and CME/CEU licensure courses for our provider community and their staff.	Optum Idaho offers free training with the Relias Learning Management System as a resource for in network providers who are providing Behavioral Health Services directly to Medicaid Members. Relias is a resource that is offered to provide continuing education, specific training and knowledge for the purpose of delivering care and serving members within the Optum Idaho Behavioral Health plan.
Threshold Authorizations	58	Removed 90837-90838 Extended Office Visits	Added H2017 Skills Building/Community Based Rehabilitative Services (CBRS) Updated H0046 Family Support Services by a qualified Family Support Partner threshold to 416 units per calendar year.
Extended- Visits Psychotherapy/ Crisis Psychotherapy	61	Removed Extended Visits Psychotherapy Section Extended-Visits Psychotherapy Description Extended outpatient psychotherapy sessions are medically necessary in the following circumstances as indicated by the member’s condition and specific treatment needs: <ul style="list-style-type: none"> • The member has been diagnosed with post-traumatic stress disorder, panic disorder, obsessive compulsive disorder, or specific phobia, and is being treated with prolonged exposure therapies. • The member has been diagnosed with post-traumatic stress disorder and is being treated with eye movement desensitization and reprocessing 	Added Crisis Psychotherapy Section Crisis Psychotherapy Description Crisis Psychotherapy is provided when a member is experiencing an acute crisis, is not at imminent risk of harm to self or others, and psychotherapy for crisis is appropriate for providing rapid and time-limited assessment and stabilization. Provider Qualifications Providers will be licensed clinicians as defined per licensure by the Idaho Bureau of Licenses and IDAPA; and/or practicing under the Optum Idaho supervisory protocol. Provider Responsibilities Crisis psychotherapy is provided in a manner that is strengths-based,

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		<p>(EMDR) or traumatic incident reduction (TIR).</p> <ul style="list-style-type: none"> • The member’s borderline personality disorder diagnosis is a covered condition, and the member is being treated with dialectical behavior therapy (DBT). • Crisis Psychotherapy is provided when a member is experiencing an acute crisis, is not at imminent risk of harm to self or others, and psychotherapy for crisis is appropriate for providing rapid and time-limited assessment and stabilization. <p>Provider Qualifications Providers will be licensed clinicians as defined per licensure by the Idaho Division of Occupational and Professional Licenses and IDAPA; and/or practicing under the Optum Idaho supervisory protocol.</p> <p>Provider Responsibilities Extended and Crisis psychotherapy sessions are provided in a manner that is strengths-based, culturally competent and responsive to each member’s individual psychosocial developmental and treatment needs.</p> <p>Authorization Type Threshold is 12 units per member per calendar year; additional services must be prior authorized via Optum Idaho or Provider Express.</p> <p>Payment Methodology Removed 90837 and 90839 (moved to Individual Psychotherapy Payment Methodology).</p> <p>Additional Information Mileage reimbursement is available for this service if provided to the member outside of the office setting. See the Mileage Reimbursement section for additional information. This service may be provided using Telehealth. See the Telehealth Services section of this manual for additional information.</p>	<p>culturally competent and responsive to each member’s individual psychosocial, developmental and treatment needs.</p> <p>Authorization Type No prior authorization is required.</p> <p>Additional Information This service may be provided using Telehealth. See the Telehealth Services section of this manual for additional information.</p>

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Child and Adolescent Needs and Strengths (CANS) Functional Assessment	75		<p>Provider Responsibilities</p> <ul style="list-style-type: none"> •The provider who is completing or updating the CANS should be working with the youth and the family. <u>If a youth’s treatment would be delayed due to the inability of the youth’s family to be physically present with the youth for a CANS assessment or update, the family input may be collected via Telehealth (See the Telehealth Services section of this manual for additional information).</u>
CANS Age Requirements	76, 97, 98, 147 & 170	The Child and Adolescent Needs and Strengths (CANS) assessment is required for members under the age of 19.	The Child and Adolescent Needs and Strengths (CANS) assessment is required for members under the age of 18.
Intensive Home and Community-Based Services (IHCBS)	81, 84- 86	<p>Multisystemic Therapy (MST)</p> <p>Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple causes of serious behavioral health needs of children and adolescents.</p>	<p>Multisystemic Therapy (MST)</p> <p>Multisystemic Therapy (MST) is a time-limited, intensive family and community-based treatment that addresses the multiple determinants of serious anti-social behavior in juvenile offenders. MST addresses the factors associated with delinquency across Member’s key settings, or systems (e.g., family, peers, school, neighborhood). Using the strengths of each system to foster positive change, MST promotes behavior change in the Member’s natural environment. MST is not appropriate in the following circumstances:</p> <ul style="list-style-type: none"> • Member meets criteria for out-of-home placement due to suicidal, homicidal, or psychotic behavior or are those Members whose psychiatric problems are the primary reason leading to referral, or who have severe and serious psychiatric problems. • Member living independently, or Member for whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers. • Referral problem is limited to serious sexual misbehavior

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			<ul style="list-style-type: none"> Member has an autism spectrum diagnosis <p>IHCBS Modality Grid Added</p>
Respite	91 & 92		<p>Additional Information</p> <ul style="list-style-type: none"> Members in the YES Program must receive a minimum of one (1) episode of a 1915(i)-specific service per plan year in order to maintain eligibility under the 1915(i) State Plan Amendment. Currently, the only 1915(i)-specific service is Respite.
Comprehensive Diagnostic Assessment (CDA)	93	<p>Newly eligible YES program members go through the independent assessment process and therefore will have a CANS and CDA from Liberty Healthcare. There should be no need to complete another CDA or CANS right away, unless the provider does not fully agree with the results. As a reminder, the CANS needs to be updated every 90 days by a CANS-certified provider using the ICANS platform.</p>	<p>Newly eligible YES program members go through the independent assessment process and therefore will have a CANS and CDA from Liberty Healthcare. There should be no need to complete another CDA or CANS right away, unless the provider does not fully agree with the results. <u>As a reminder, a completed CANS needs to be obtained with an initial CDA and updated every 90 days in the ICANSs system in order for a child to be eligible to receive most IBHP services (See the CANS section of this manual for additional information).</u></p> <p>Provider Responsibilities</p> <ul style="list-style-type: none"> A CDA is conducted face-to-face with the member and member’s family present if applicable, or via Telehealth when appropriate. See the Telehealth Services section of this manual for additional information.
Skills Building/Community-Based Rehabilitation Services (CBRS)	99	<p>Provider Qualifications</p> <p>A qualified provider holds at least a bachelor’s degree and has a current Psychiatric Rehabilitation Association (PRA) certification and is practicing under Optum supervisory protocol. Or a provider who has a bachelor’s degree or higher, in pursuit of a PRA credential and was hired to work as a Skills Building/CBRS specialist to deliver Medicaid-reimbursable mental health services. This individual may continue to provide Skills Building/CBRS while working toward their PRA credential for</p>	<p>Provider Qualifications</p> <p>Skills Building/CBRS specialists within the IBHP network must hold a minimum of a bachelor’s level degree and be practicing under Optum Idaho supervisory protocol.</p> <p>Authorization Type</p> <p>Threshold is 308 units per member, per calendar year. Additional services must be prior authorized via Optum Idaho or Provider Express.</p>

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		<p>a period not to exceed thirty (30) months from the initial date of hire. This thirty (30) month period does not restart with new employment as a Skills Building/CBRS specialist when transferring to a new agency. The individual must show documentation that they are working towards obtaining the required PRA credential. In order to continue providing Skills Building /CBRS as a Skills Building/CBRS specialist beyond a total of thirty (30) months, the individual must have obtained the required current PRA credential. The provider must be practicing under Optum supervisory protocol. However, an LSW does not need the certification to provide these services.</p> <p>The requirement that a provider delivering the Skills Building/CBRS service in the IBHP network hold a current certification from the PRA was identified by IDHW as a rule to suspend during the COVID pandemic crisis.</p> <p>As of April 1, 2020, and until further notice, Skills Building/CBRS providers can provide services to Medicaid members in the IBHP without a current PRA certification. It is important to note that while the certification requirement is currently waived; all other requirements for Skills Building/CBRS providers (ex. bachelor’s degree, supervision requirements) remain in place. For more information and to review the rules, please visit the Idaho Administrative Bulletin.</p> <p>Providers will receive written notice, via a provider alert, when the rule suspension has ended.</p> <p>Authorization Type Prior authorization is required.</p> <p>Additional Information</p>	

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		<p>Optum will work with providers to assure that members being released or discharged from a facility are able to receive medically necessary services in a timely manner. Please refer to the Skills Building/CBRS: Transition from Incarceration or Inpatient Facility Quick Reference Guide for additional information.</p>	
<p>Targeted Care Coordination (TCC)</p>	<p>123</p>		<p>Provider Responsibilities</p> <ul style="list-style-type: none"> • For members in the YES Program, the PCSP must include all services the member and their family may use during the member’s treatment, including any 1915(i) services they will use (currently, the only 1915(i) service is respite). • Members in the YES Program must complete a Person-Centered Service Plan (PCSP) within ninety (90) days of enrollment in the YES Program and update the PCSP at least annually within three hundred and sixty-four (364) days of the previous plan.
<p>Telehealth (Virtual Visits)</p>	<p>151</p>	<p>Description</p> <p>Optum Idaho covers the delivery of the following behavioral health services (mental health and substance use disorder) by a doctoral level or masters level provider who is an independently licensed clinician via a secure two-way, real time interactive telehealth system with both an audio and video component:</p> <ul style="list-style-type: none"> • Assessment and diagnosis (such as the CDA, CANS, etc. see the respective service sections in this manual) • Targeted Care Coordination • Case Management • Individual, group, or family psychotherapy; and • Medication management • Intensive Outpatient <p>The clinician will determine if telehealth is the appropriate modality for the patient at the time of service.</p> <p>Provider Qualifications and Responsibilities</p>	<p>Description</p> <p>Optum Idaho covers the delivery of the following behavioral health services (mental health and substance use disorder) by a provider qualified to deliver the respective service via telehealth or “virtual care” as defined in the Idaho Virtual Care Access Act (formerly the Idaho Telehealth Access Act):</p> <ul style="list-style-type: none"> • Assessment and diagnosis (such as the CDA, CANS, etc. see the respective service sections in this manual) • Behavior Modification and Consultation (codes 97155 & 97156 only) • Intensive Home and Community Based Services (if the attested model recommends telehealth delivery) • Peer Services - Individual/group (Peer Support, Youth Support, Family Support, Recovery Coaching) • Targeted Care Coordination/ • Case Management

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		<p>Requirements for providers using telehealth to provide services:</p> <ul style="list-style-type: none"> • Is at least a masters level provider who is an independently licensed clinician. • Abides by Optum’s Telehealth Checklist Protocol and the American Telemedicine Association’s Practice Guidelines for Video-Based Online Mental Health Services, both of which are located on Provider Express. • Comply with Idaho Telehealth Access Act • Uses the current Optum Idaho fee schedule for determining which telehealth services are covered by Optum. • Are licensed in the state in which the member resides at the time of service. • Providers may be physically located outside of Idaho when seeing Idaho members, as long as they are licensed in Idaho. • Providers located outside of Idaho must comply with the Idaho Telehealth Access Act and any Telehealth Access Act within the state they are located 	<ul style="list-style-type: none"> • Skills Training and Development (STAD) • Skills Building/CBRS and Skills Building Treatment Planning • Child and Family Teams (CFT) • Individual, group, or family psychotherapy • Family Psychoeducation • Language Interpretation • Medication management • Intensive Outpatient • Telephonic Crisis Response (audio-only) <p>The clinician (and/or clinical supervisor) will determine if telehealth is the appropriate modality for the patient at the time of service.</p> <p>Provider Qualifications and Responsibilities</p> <p>Requirements for providers using telehealth to provide services:</p> <ul style="list-style-type: none"> • Is at a masters level provider who is a licensed clinician, or a provider qualified to deliver the service in question working under supervisory protocol. • Abides by Optum’s Telehealth Checklist Protocol and the American Telemedicine Association’s Practice Guidelines for Video-Based Online Mental Health Services, both of which are located on Provider Express. • Comply with the Idaho Virtual Care Access Act (formerly the Idaho Telehealth Access Act) • Uses the current Optum Idaho fee schedule for determining which telehealth services are covered by Optum. • Are licensed in the state in which the member resides at the time of service or are working under the supervision of a provider licensed in the state in which the member resides at the time of service. • Providers may be physically located outside of Idaho when seeing Idaho

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			<p>members, as long as they are licensed in Idaho.</p> <ul style="list-style-type: none"> • Providers located outside of Idaho must comply with the Idaho Virtual Care Access Act and any Telehealth Access Act within the state they are located.
Youth Empowerment Services (YES)	154		<p>The 1915(i) State Plan Amendment Members in the YES Program must utilize a 1915(i) service (currently, the only 1915(i) service is respite) at least one (1) time per eligibility year with a Medicaid-enrolled provider. Respite must also be listed in the member’s PCSP.</p>
Care Planning	156		<p>Person-Centered Service Plan (PCSP) A person-centered service plan is one form of a coordinated care plan and is a requirement for children and youth who receive a serious emotional disturbance (SED) determination through the Liberty Healthcare assessment process and want to access mental health services through Medicaid. <u>Members who are eligible under the 1915(i) State Plan Amendment must complete a PCSP within ninety (90) days of enrollment in the YES Program and update the PCSP at least annually within three hundred and sixty-four (364) days of the previous plan. The PCSP must include all services the member and their family may use during the member’s treatment, including any 1915(i) services they will use (currently, the only 1915(i) service is respite).</u></p>