



Optum Idaho Youth Empowerment Services (YES) FAQs

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YES

Q1. What is the Youth Empowerment Services Program?

A1. The Youth Empowerment Services Program refers to services available under or accessed via the 1915(i) State Plan option. The Youth Empowerment Services Program provides children with SED access to Medicaid services and supports.

Youth Empowerment Services Program Members are Medicaid Members who have gone through the Independent Assessment process, have a qualifying DSM-V Mental Health Diagnosis and substantial functional impairment, and have, or are in the process of developing, a person-centered service plan. The Youth Empowerment Services Program is part of the YES System of Care.

Q2. What is the 1915(i) State Plan option?

A2. The 1915(i) State Plan option is an amendment to the Medicaid State Plan used to set specific eligibility standards and services for a select population. It allows Medicaid to extend eligibility income levels and to reimburse providers for services that are not included in the state plan, such as Respite. The 1915(i) state plan amendment went into effect on January 1, 2018.

Q3. How is the YES System of Care different from the Youth Empowerment Services Program?

A3. The YES System of Care refers to the entirety of the mental health supports and resources for children and adolescents in Idaho who have been determined to have a serious emotional disturbance (SED). The YES System of Care requires provider adherence to the YES Practice Model and the YES Principles of Care for all child and adolescent Members they serve. All mental health services are part of the YES System of Care.

The Youth Empowerment Services Program refers to a specific population within the YES System of Care. These are individuals who are eligible for

Medicaid under the 1915(i) State Plan Option. In order to be eligible for Medicaid under the 1915(i) State Plan Option, individuals must undergo an independent assessment with Liberty Healthcare. Liberty Healthcare will determine if the child or adolescent has a serious emotional disturbance (SED). When Liberty Healthcare determines that the individual has an SED, those who did not previously qualify for Medicaid will then re-apply for Medicaid with higher income limits. If established, these now eligible Members may receive Medicaid-funded services.

Q4. Who is eligible for the Youth Empowerment Services Program?

A4. Idaho residents under the age of 18 who meet the financial eligibility requirements and are determined to have an SED via an independent assessment from Liberty Healthcare are eligible for the Youth Empowerment Services Program.

Q5. How can I tell if a child is part of the Youth Empowerment Services Program when checking their Medicaid eligibility?

A5. A Member who is part of the Youth Empowerment Services Program will have a Rate Code 44 or a YES condition code to indicate their participation in the Youth Empowerment Services Program. For more information, please refer to the “Identifying if a Member is YES” section in the TCC Toolkit, which is located at: optumidaho.com > For Network Providers > [Targeted Care Coordination](#).

Q6. Is there a specific Idaho Administrative Procedure Act (IDAPA) rule related to YES Services?

A6. Rules have been published. See IDAPA 16.03.10 and 635 and 636.

Q7. Is there a registration process that providers need to complete in order to provide YES services?

A7. No specific registration is required. All YES services will be added to the regular fee schedule and be billable by qualified Providers in Optum’s Network, assuming they have met all requirements by the respective services as described in the [Level of Care Guidelines and Optum Idaho Provider Manual](#) (“*Provider Manual*”). Several services (e.g. Youth Support, Skills Building/CBRS and Targeted Care Coordination) require providers to obtain specific training to meet the requirements outlined in the *Level of Care Guidelines*. Optum Idaho currently offers an Endorsement pathway for Youth Support Providers and Targeted Care Coordinators to obtain the required training. An Optum Idaho Endorsement for Skills Building/CBRS is currently being developed. For more information regarding Training opportunities, please see Optumidaho.com > For Network Providers > [Provider Trainings](#). Please also see Provider Alerts for announcements regarding specific services at optumidaho.com > For Network Providers > [Alerts & Announcements](#). If you have further questions about your ability to provide specific services, please contact your Regional Network Manager at optumidaho.com > Contact Us > [Regional Representation Flyer](#).

Q8. Will YES Services only be available to Medicaid clients?

A8. The Department of Health & Welfare will ensure that services and supports are made available to all children who are determined to have serious emotional disturbance (SED), with the goal to utilize Medicaid reimbursement when the child is a Medicaid Member. Children and youth who qualify for Medicaid, and have access to the Idaho Behavioral Health Plan (IBHP), operated by Optum Idaho, can receive YES services based on their eligibility and benefit plan. Children and youth who are not Medicaid Members can access resources available through their local Children's Mental Health (CMH) offices. These resources may be available to the child or youth even if they have private insurance.

Q9. How can higher income families seek services?

A9. To receive services in the YES Program a person must complete the following steps.

- 1) **Schedule an assessment** with Liberty Healthcare Corporation at 1-877-305-3469.
- 2) **Complete the assessment.** The assessment can determine that a child has a Serious Emotional Disturbance (SED). After the assessment, Liberty Healthcare Corporation will contact the family with the results. If the family disagrees with the decision they will need to contact Liberty Healthcare Corporation at 1-877-305-3469.
- 3) **Apply for Medicaid** (after Liberty Healthcare determines the child has SED).
- 4) **Contact a Targeted Care Coordinator.** After Liberty Healthcare Corporation has determined eligibility for the YES Program, the family will contact a Targeted Care Coordinator of their choice to create a person-centered service plan. To find a Targeted Care Coordinator, the family can call the Optum Idaho Member line, 1-855-202-0973. When the family calls Optum and there is no Targeted Care Coordinator in the family's area, Optum will arrange for a plan facilitator from the Division of Behavioral Health to contact the family to create a person-centered service plan.
- 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.

A provider, family member, probation officer, attorney, or another involved party may provide information about Liberty Healthcare to the youth and family, but only the family or youth may call Liberty Healthcare to request an assessment. All requests for assessments will be honored. Children and youth who do not qualify for Medicaid, or those who choose to not accept YES services, may be referred and connected to other community services.

Liberty Healthcare: 1-877-305-3469

Self Reliance: 1-877-456-1233

Q10. How are YES Members connected to an Idaho Behavioral Health Plan provider?

A10. Once a child has been determined to have an SED and is Medicaid eligible, the family can call the Optum Member line at 855-202-0973 for information about Medicaid providers near them. The child or youth and their family always retain the right to choose their service Provider.

Q11. What is being done to address workforce issues at all levels to deliver these YES services?

A11. Optum continues to work with Medicaid regarding their role in assisting with workforce development and Medicaid will monitor Optum's work with the Provider Advisory Committee (PAC) to create a workforce development strategy. Optum Idaho also has a Children's Advisory Subcommittee in place to work specifically on the care approach for our child and adolescent Members.

Beyond these efforts, Optum has worked to develop many free training events online and throughout all regions in the state, educating providers and other community stakeholders about the YES Principles of Care and Practice Model, YES services, Youth Support, Targeted Care Coordination, Skills Building, and Respite.

Optum has also partnered with nationally recognized institutions such as the REACH Institute, the Psychiatric Rehabilitation Association (PRA), the Crisis Prevention Institute, and the Praed Foundation to offer free certification events and in-depth training to Optum providers.

Q12. How were the programs and services for the YES System of Care determined, and can additional ones be added?

A12. The YES continuum of care was defined in the Appendix C of the [Jeff D. Settlement Agreement](#). Appendix C outlines existing services, as well as new services to be implemented, and additional services will not be implemented at this time. The services that have been added to the IBHP as part of the YES System of Care are as follows:

- Behavior Modification and Consultation
- Child and Adolescent Needs and Strengths (CANS)
- Child and Family Team (CFT) Interdisciplinary Team Meeting
- Crisis Intervention
- Crisis Response
- Day Treatment
- Family Psychoeducation
- Intensive Home and Community Based Services
- Respite
- Skills Building Treatment Planning – Teaming
- Targeted Care Coordination
- Youth Support

Q13. Will the YES program impact Katie Beckett eligibility?

A13. No. Katie Beckett eligibility is a separate determination. A child or youth and their family will go through the YES Independent Assessment process using the Comprehensive Diagnostic Assessment (CDA) and CANS to determine Youth Empowerment Services program eligibility.

Q14. Where can we go for additional information on the YES System of Care?

A14. Additional information on the YES System of Care and the Jeff D. Settlement Agreement can be found online at yes.idaho.gov. Medicaid, DBH, and Optum are committed to timely communication and training for our Providers on the YES System of Care implementation to ensure you have what you need to be successful during this transformation of the system of care for children, youth, and their families within the State of Idaho. Provider trainings will be communicated through our quarterly *Provider Press* newsletter as well as ongoing Provider Alerts. Questions on the YES System of Care implementation can be submitted at optum.idaho.yes@optum.com.

PCSP/TCC/CFT

Q15. What is a person-centered service plan (PCSP)?

A15. The PCSP incorporates the results of the Comprehensive Diagnostic Assessment (CDA) and CANS functional assessment and is a result of Child and Family Team (CFT) Interdisciplinary Team Meetings. PCSPs include the Member's overall treatment goals and objectives, strengths, needs, a risk management plan, and a transition plan. For Members who are Medicaid eligible via the 1915(i) State Plan Option (see [FAQ #1](#) above), the PCSP must be developed according to 42 CFR 441.725 and submitted to Optum for approval. An Optum-approved person-centered service plan is not an approval of any service, but rather confirmation that CFR requirements have been met.

A PCSP is required for Members to access Medicaid home and community-based services (HCBS). The person-centered service plan provides information on the child, including strengths and needs as identified by the CANS, child and family preferences, and goals. It 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. This plan should document all services and supports delivered to the family, not just Medicaid, to ensure services aren't duplicated or conflicting with each other. Person-centered service planning is consistent with YES Principles of Care and engages the youth and family in all aspects. A person-centered service plan is different from an individualized treatment plan. Information shared in the CFT is used to inform treatment so all providers are aware of what services and supports are being provided to the family and child and how their preferences are being considered when working on goals, needs, and strengths.

Q16. Who needs to go through the person-centered service planning process?

A16. As of January 1, 2018, Members in the Youth Empowerment Services Program must go through the person-centered service planning process. Please refer to [FAQs #1](#) and [#15](#) above for more details. Other Medicaid Members may also request a person-centered service plan from a Targeted Care Coordinator if desired, but it is not required.

Q17. Who creates the person-centered service plan?

A17. The person-centered service plan is a collaborative effort by all Members of the Child and Family Team (CFT). Either an Optum Targeted Care Coordinator (TCC) or a Care Plan Coordinator from the Division of Behavioral Health (DBH) (for those areas without a TCC) facilitates the formal CFT meetings and creates and finalizes the plan with input from the team. Family and Community Services –Developmental Disabilities (FACS-DD) facilitates the creation of the plans for children and youth who meet dual (behavioral and developmental) eligibility. If the Member has gone through the Independent Assessment, Optum must review the finalized person-centered service plan to ensure adherence to the Code of Federal Regulations.

Q18. How do we ensure collaboration on treatment goals and services within the Child and Family Team?

A18. One of the key parts of the person-centered service plan is a formalized and agreed upon consensus building process for the CFT to determine appropriate services and treatment for the youth/family with the youth/family leading the process as much as possible. The CFT must take into account the results of the Comprehensive Diagnostic Assessment (CDA) and CANS and must identify goals and select services and supports based on the youth/family's needs and strengths. As the lead for the development of the person-centered service plan, the Targeted Care Coordinator, DBH Clinician, or FACS-DD facilitator will have the responsibility to ensure that there is collaboration and agreement for the services that will be documented on the person-centered service plan. The CFT also develops conflict resolution guidelines to help the team work through disagreements that may arise during the planning process.

Q19. Who is on the Child and Family Team (CFT)?

A19. The CFT Interdisciplinary Team Meeting is scheduled by the Targeted Care Coordinator or assigned Division of Behavioral Health Clinician and is a face-to-face meeting with the Member and the Member's family present. The CFT meeting must also include an independently licensed clinician (or a master's level clinician under the Supervisory Protocol) who participates face-to-face or telephonically. It may include network provider attendance face-to-face or telephonically when the meeting results in a formal person-centered service plan or an update to the PCSP. Additionally, a CFT is comprised of individuals (formal and informal supports) selected by the youth and their family who the youth/family believes should be involved with the development and implementation of their PCSP.

Q20. Who on the Child and Family Team is responsible for updating the CANS?

A20. Providers who are Independently Licensed Clinicians (or master's Level Clinicians working under the Supervisory Protocol) who are certified in the CANS can administer the initial/annual CANS (if one has not yet been completed) and CANS updates.

Additionally, if coordinated and agreed upon by the youth's primary treating master's level clinician, practicing Targeted Care Coordinators who hold a minimum of a bachelor's level degree, have completed the Optum Idaho Targeted Care Coordination endorsement, who are CANS certified and are practicing under Optum's Supervisory Protocol can administer for the CANS updates. Please consult the *Provider Manual* for more information.

Q21. Can one clinician from an agency attend all CFT meetings for all of our clients?

A21. No, the clinician and/or paraprofessional who provide services to the Member and have a relationship with the youth/family should be the one(s) to attend the meeting.

Q22. Does the Targeted Care Coordinator/DBH Care Plan Coordinator have to be present at the CFT Meeting in order for the Provider to bill the service?

A22. Yes, the Targeted Care Coordinator or DBH Care Plan Coordinator must schedule, attend, and facilitate the CFT meeting in order for it to be considered a formal, billable CFT Interdisciplinary Team Meeting.

Q23. I'm not getting invited to the CFT Interdisciplinary Team Meetings. How do I get an invite?

A23. The Member and his/her family determine which providers are at a Child & Family Team (CFT) Interdisciplinary Team Meeting. If you have not been invited to the meeting, and it has been established that the family wants you to attend; the family, their TCC, or the DBH facilitator will officially invite you.

1915(i), Liberty

Q24. What are the services included in the 1915(i) state plan amendment?

A24. Respite is currently the only service available under the 1915(i) state plan option, as all other services were added into the Medicaid State Plan. Furthermore, this option allows higher income families to apply for Medicaid if the child or youth was determined to have SED through Liberty Healthcare, the Independent Assessor.

Q25. Do I have to send all of my clients with an SED through the Independent Assessment?

A25. A child's participation in the Independent Assessment is optional. There are two reasons a child would go through the Independent Assessment:

- 1) The child is not Medicaid eligible under traditional income limits and is seeking eligibility through the higher limits provided by the 1915(i) state plan option, and/or;
- 2) The child/Member needs access to Respite.

If the Member is Medicaid eligible under traditional income limits and does not require Respite, they do not need to go through the Independent Assessment, even if they have SED.

Q26. Will the Independent Assessor process be similar to the DD program assessment process?

A26. The Independent Assessment process has some similarities to the DD Independent Assessment process. However, they are separate populations, assessments, and contracts which have different requirements.

Q27. If Liberty Healthcare provides a CDA for the Member, should my agency still complete our own CDA?

A27. You can use a CDA from any provider, including Liberty Healthcare, if it was completed in the last 6 months. The clinician is still required to do an independent clinical assessment/interview to verify the information provided hasn't changed.

Q28. What do I do if the CDA from Liberty Healthcare is incomplete or I don't agree with it?

A28. According to Clinical Best Practices in the Optum Idaho *Level of Care Guidelines*, you can update the CDA based upon your clinical judgement and information about new or different symptoms or conditions that you identify. The update can be completed in an initial intake when billing 90791 or in the first session when billing a therapy code.

Q29. Can Liberty Healthcare accept a CANS and CDA that were completed by an Optum network provider?

A29. Yes, Liberty Healthcare can accept a CANS that has been completed within the last 100 days. Liberty can use a CDA that was completed in the last 6 months. The assessor is still required to do an independent clinical assessment/interview to verify the information provided hasn't changed. The assessor will then complete a CANS update in ICANS to document any changes.

Child and Adolescent Needs and Strengths (CANS)

Q30. Who can conduct the CANS?

A30. Master's level CANS certified providers, the Independent Assessors, and clinicians within the Division of Behavioral Health (DBH) can conduct the CANS. As of 6/1/2019, Bachelor's level CANS certified Targeted Care Coordinators may UPDATE the CANS in agreement and in coordination with the primary treating master's level clinician. Master's level clinicians (LCPC, LPC, LCSW or LMFT) or individuals with a Master's degree who are able to provide therapy in their group agency under Optum's Supervisory Protocol should be CANS certified. The CANS must be completed through the ICANS platform, which is managed by DBH.

Q31. Why was the CANS chosen over other assessment tools?

A31. The CANS was identified in the [Jeff D. Settlement Agreement](#) as the functional assessment tool to be used in the State of Idaho. The CANS is currently used in all 50 states and helps ensure a solid foundation for treatment planning as well as measuring outcomes.

Q32. Where can I find more information on the CANS?

A32. Additional information on the CANS can be found on the Praed Foundation website at Praedfoundation.org

Q33. How long does it take to complete a CANS?

A33. The time to complete a CANS assessment will vary depending on factors such as the member/family presentation, current risk factors, and complexity of the strengths and needs of the member and family, and the provider's experience in administering the CANS.

Q34. What is the cost to become CANS certified?

A34. The cost for a provider to complete the CANS certification online is \$12.00 annually. Additional information on the CANS can be found on the Praed Foundation website at Praedfoundation.org. Individuals should allow approximately 8 hours to complete the certification.

Q35. What training opportunities are in place for the CANS?

A35. Optum Idaho has partnered with the Praed Foundation to offer in-person and on demand workshops. These trainings help prepare providers for the certification test and also give an in-depth understanding of CANS application in practice and treatment planning. There is also a CANS overview module available on Relias. Providers must complete the CANS certification through the Praed Foundation. The Praed Foundation also offers an on-line course called "*CANS in Action*" Please go to OptumIdaho.com > For Network Providers > [Provider Trainings](#) for more information.

Q36. How do I add my agency to the CANS training on the Praed website?

A36. Please email Praed at support@tcomtraining.com with your agency name to have your agency added to the drop down listing of Idaho providers. For more information about the Praed foundation and their website, please reach out to support@tcomtraining.com.

Q37. Do I need to complete a CANS if my client is not a Youth Empowerment Services Program Member?

A37. Yes, as of July 1, 2019, the CANS is the state-required functional assessment tool for all child and adolescent Members who receive services through the IBHP. Services that do not require a CANS are: Neuro/Psych Testing, Medication Management, and Crisis Services.

Q38. How do I complete the CANS?

A38. The CANS assessment is administered through an online platform called ICANS that is hosted by the Division of Behavioral Health (DBH). For more information about ICANS, please reach out to DBH at icanshelpdesk@dhw.idaho.gov or visit their website at icans.dhw.idaho.gov.

Q39. How do I get set up with ICANS?

A39. To get set up on the ICANS platform, providers will be required to sign and submit an Agency Agreement, Authorized User Agreement for each staff, and attend ICANS System training. For more information about this requirement, please navigate to icans.dhw.idaho.gov for the Calendar of trainings and Resources and User Guide tab for all system requirements, electronic system manual, and additional information. For help with this process, you may contact the Automation Help Desk, run by the Division of Behavioral Health, at (208) 332-7316 or submit a ticket via email at icanshelpdesk@dhw.idaho.gov.

Q40. Is the CANS going to replace the CDA?

A40. No, both the CDA and CANS are required.

Q41. Are both the CANS and CDA reimbursable?

A41. The CDA is used to form a mental health diagnosis. The CANS determines functional impairment and is used in treatment planning. The CANS replaces the Child and Adolescent Functional Assessment Scale (CAFAS), the Preschool and Early Childhood Functional Assessment Scale (PECFAS), and the Child and Adolescent Level of Care Utilization System (CALOUCUS). The reimbursement structure includes methodology to reimburse for both a CDA and a CANS on the same day. The CANS must be completed within the ICANS platform for a provider to bill and be reimbursed for the CANS.

Q42. How often does the CANS need to be updated?

A42. The CANS will need to be updated at a minimum of every 90 days, when it's requested by the individual, or when there is a substantial change to the child or youth that would indicate the need for re-assessment. The CANS may be updated by the Targeted Care Coordinator who is working with the Member, or by a Master's level clinician.

Q43. Do independently licensed clinicians providing individual psychotherapy need to be CANS certified?

A43. We encourage all network providers to become CANS certified and set up on the ICANS platform. Effective July 1, 2019, the CANS is the state-required functional assessment tool for all child and adolescent Members.

Q44. Can a network Provider complete the initial CANS assessment?

A44. Yes, if the Member is not going through the Independent Assessor (Liberty Healthcare), the network Provider will administer the initial CANS and the subsequent (90-day) updates.

Q45. What CANS outcomes are measured and do providers have access to statewide data?

A45. The CANS tool provides continuous data that is available to network providers to assess the well-being of Members throughout the State of Idaho and provides comparative data for individual Members in their care. Each agency has access to their own TCOM data via the reports on the home dashboard within ICANS.

Q46. Can the CAFAS continue to be used after 7/1/19 for non-YES Members?

A46. No, effective 7/1/19, the CANS is the state-required functional assessment for all Medicaid Members under age 19, regardless of YES class Membership. All appropriately aged Medicaid Members need to have a current, updated CANS on file.

Q47. Can code H0031 (CANS) be billed for all Members or just YES Members?

A47. The H0031 code is available to be billed for all children and adolescents receiving a CANS assessment from a CANS certified professional, completed on the ICANS platform. Time spent on the CANS can be billed with the H0031 with a modifier HO (for master's level) or U1 (for prescribers) in group agencies billing under the Supervisory Protocol. The HN modifier will be used for Targeted Care Coordinators who have obtained the Optum TCC Endorsement to bill for CANS updates. A Bachelor's level Targeted Care Coordinator cannot bill for the annual/initial CANS.

Q48. Who can administer the CANS and determine SED?

A48. In order to access 1915(i) State Plan option services (e.g. Respite), the assessment must be done by the Independent Assessor, Liberty Healthcare. This is a federal requirement of the state plan option. To schedule an Independent Assessment, please call Liberty Healthcare at 1-877-305-3469.

Skills Building

Q49. Who is required to be present at a Skills Building treatment planning session? Do team Members need to be physically present?

A49. Treatment planning for the provision of Skills Building should be completed with the Member's clinician, the Skills Building Paraprofessional, with the Member & their family or other natural support present. The telemental health policy does apply to this billing code for Master's level clinicians. For more information about the telemental health policy, please refer to the *Provider Manual*.

When Skills Building services are being requested for a Member discharging directly from inpatient care or incarceration to the service, Optum will work with providers to assure that such Members are able to receive medically necessary services in a timely manner. Please refer to the *Skills Building/CBRS Quick Reference Guide* for additional information.

The development of the clinician's treatment plan is separate from the Skills Building treatment plan. For Adult Members, Skills Building treatment planning

should include the Member and their selected natural support, and also occur after the clinician's assessment and therapeutic treatment plan has been completed. (The clinicians' assessment and treatment plan will include the identified functional needs which will be the focus of any skills building treatment planning.)

Q50. What is a paraprofessional registry?

A50. The Paraprofessional roster is an online database that allows providers to register the basic information of their non-licensed workforce with Optum. Any clinical staff (LSWs, CADCs, Skills Building Paraprofessionals) working with Medicaid Members under Optum's Supervisory Protocol need to be recorded on this registry. The registry is located at providerexpress.com > Our Network > State-Specific Provider Information > Idaho > [Paraprofessional Registry](#).

Q51. What is the certification requirement for Skills Building/CBRS?

A51. The PRA Child and Family Resilience Practitioner (CFRP) is the required certification for paraprofessionals providing Skills Building/CBRS primarily to Children and the Certified Psychiatric Rehabilitation Practitioner (CPRP) is the required certification for paraprofessionals providing Skills Building/CBRS primarily to Adults.

Skills Building/ Community Based Rehabilitation Services (CBRS) providers must earn a psychiatric rehabilitation certificate based upon the primary population with whom they work in accordance with the requirements set by the PRA.

- Child and Family Resilience Practitioner (CFRP) for those working with Children
- Certified Psychiatric Rehabilitation Practitioner (CPRP) for those working with Adults

Note – those individuals who have earned the children's psychiatric rehabilitation certificate previously issued by PRA and continue to work primarily with children / adolescents are not required to also earn the CFRP

Q52. Will the CPRC certificate be grandfathered or do we need the new CFRP credential?

A52. Yes, those paraprofessionals that received the Children's Certificate are grandfathered in to provide services.

Q53. Does a paraprofessional need two certifications?

A53. No, the paraprofessional can be certified in one or the other depending on the majority of their clients that they serve.

Q54. Does an LSW need to be certified by PRA?

A54. No, an LSW does not need the certification to provide these services. For a complete list of providers who can provide CBRS/Skills Building services please refer to IDAPA 16.03.09.855.

Q55. What if a paraprofessional hired after July 1st is not able to get certified in the thirty (30) month time frame due to the hours of experience required?

A55. Individuals who began working as a CBRS/Skills Building specialist between July 1, 2018, – April 2019, and have not yet begun working toward a certification must immediately begin to show documentation that they are working toward this certification. Please contact your Regional Network Manager if you have any questions about the certification process.

Q56. Can the clinician and paraprofessional both bill for Skills Building treatment planning on the same day?

A56. Yes, both providers may bill for Skills Building/CBRS service-specific treatment planning (H0032) on the same day working with the Member present. In order to bill for Skills Building/CBRS, the clinician and paraprofessional must develop the treatment plan together and both can bill for their time. Please refer to the *Provider Manual and the Level of Care Guidelines* for more information.

Q57. How is the CANS incorporated into Skills Building?

A57. Providers are required to utilize the CANS to identify the Member specific functional strengths and needs to be addressed with Skills Building/CBRS. Providers will use the CANS results/measurements to develop the skills building treatment plan in order to demonstrate treatment progress or to substantiate the need to modify treatment plans.

Skills Building/CBRS treatment plans should include attainable, measurable objectives aimed at assisting the Member in achieving his/her goals related to the specific functional need. Goals for Skills Building/CBRS focus on resolution of functional impairments which will be reflected as CANS scores improve. When CANS scores do not improve, the interventions should be assessed and changes to treatment considered. For more information, consult the *Provider Manual*.

Q58. How do I use code H0032 (Skills Building treatment planning/teaming)?

A58. H0032 with the variations of modifiers applies only to the development of Skills Building/CBRS treatment plans. Skills Building/CBRS treatment plans require a teaming approach between the clinician, the paraprofessional, and Member/family. Providers should team after the Comprehensive Diagnostic Assessment and completion of a functional assessment (e.g. CANS). During this treatment planning, the clinician, the skills building worker and the Member/family will discuss and develop the plan which will directly address the Member's assessed functional needs.

Q59. What is the time frame for a Skills Building/CBRS authorization?

A59. As of July 1, 2019, prior-authorizations for Skills Building/CBRS cover a six (6) month timeframe.

Q60. What do the hourly guidelines for the new services mean on the fee schedule?

A60. The number of units indicated for some of the new YES services are a guideline for providers. Providers should make a clinical decision and be

guided by medical necessity while being aware of the utilization guideline. The provider is not responsible for units used outside of their agency. There is not a hard cap in place to automatically deny claims that exceed the guideline(s) at this time (except for Respite, which has a hard cap of 300 hours per year). Optum monitors utilization by reviewing outliers and requesting records on cases that exceed the hourly guidelines to understand the needs of the Member.

Respite

Q61. What are the credentials and qualifications for those providing Respite care?

A61. A Respite Provider must be a minimum of 21 years of age, have at least a high school diploma or GED, and must complete the 10-hour “Respite Care for Families of Youth with Serious Emotional Disturbance” course on Relias.

Q62. Is there training for Respite supervisors?

A62. Yes. There is a one hour training module on Relias designed specifically for supervisors of Respite workers titled “Respite Care for Families of Youth with SED Supervisor Training.”

Q63. Does Respite need to be prior authorized?

A63. No. Respite does not require prior authorization but must be included on the person-centered service plan.

Q64. What is Respite?

A64. 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 only be used if the youth is not experiencing a mental health crisis.

To be eligible for Respite a person must have the following:

- An Independent Assessment, which can confirm Youth Empowerment Services Program eligibility; conducted by Liberty Healthcare Corporation.
- 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 .
- A person-centered service plan, which takes a recovery-focused approach to treatment planning.

The combined (individual and group) limit for individuals receiving Respite services is 300 hours per calendar year. Respite must be included on the person-centered service plan as a formal service. Person-centered service plans for Members who have gone through the Independent Assessment must be reviewed by Optum for CFR compliance.

Q65. Can a multi-family group be separated into children and parents and receive psychoeducation separately with each group? If so can two providers be present at each group?

A65. Yes, if a provider is following an Evidence-based practice for Family Psychoeducation that recommends the parents and youth are separated for a group. It is recommended that providers use the Evidence-based Practice KIT provided by SAMHSA for Family Psychoeducation. As noted in the *Provider Manual*, Multifamily Group Psychoeducation (2-5 families) warrants two providers, at least one being an independently licensed clinician or an individual with a master's degree who is able to provide psychotherapy in a group agency under Optum's Supervisory Protocol. The second may be a minimum of a bachelor's level paraprofessional operating in a group agency under Optum's Supervisory Protocol. More than one provider can be present at each group, although no more than two providers may bill for facilitating a Multiple Family Group Psychoeducation session.