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Glossary Page 15	A coordinated care plan is the result of coordinating care from all providers involved in treatment and may take many forms depending on level of involvement. Examples may include person centered plans, developmental disability plans, court ordered goals, or Family and Community Services plans.	A coordinated care plan is the result of coordinating care from all providers involved in treatment and may take many forms depending on level of involvement. Examples may include person centered plans, wraparound plans, developmental disability plans, or court ordered goals.
Idaho Behavioral Health Plan Benefits Page 30	Case Consultation Community Crisis Intervention Psychoeducation	Case Consultation Crisis Intervention Psychoeducation
No Authorization Required Page 42	90882 Case Consultation	90882 Case Consultation H2011 Crisis Intervention H2014 Skill Training and Development (Partial Care)
No Authorization Required – Service Descriptions Page 42		Section on Case Consultation Removed. This service has been removed from the Idaho Behavioral Health Plan effective April 1, 2019.
No Authorization Required – Service Descriptions Pages 42-43	Crisis Response Crisis Response services are telephonic and available 24/7. Crisis Response allows for provider reimbursement when assistance is provided to members who are experiencing a mental health crisis. Crisis Response Services include telephonic contact with the member by skilled crisis response workers. Crisis Response providers must be independently licensed for clinical practice in the State of Idaho or have a Master's degree and be working under supervisory protocol in a group agency. Beginning April 1, 2019, Providers also must be trained and certified in Non-Violent Crisis Intervention by the Crisis Prevention Institute (CPI) to submit claims for the provision of Crisis Response services. This service provides assessment and crisis de-escalation	Crisis Services Crisis Response services are telephonic and available 24/7. Crisis Response allows for provider reimbursement when assistance is provided to members who are experiencing a mental health crisis. Crisis Response Services include telephonic contact with the member by skilled crisis response workers. This service provides assessment and crisis de-escalation through counseling, support, active listening, or other telephonic interventions to alleviate the crisis, and offers linkage to services and community providers. If providers do not offer Crisis Response Services they must educate their members about what services are available to support them in crisis such as Optum's 24/7 Crisis Line: (855) 202-0973. See "On-Call and After-Hours Coverage" (p. 28) and "Optum Member Services and Crisis Line" (p. 34) for more information. Crisis Intervention services are available 24/7

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	through counseling, support, active listening, or other telephonic interventions to alleviate the crisis, and offers linkage to services and community providers. If providers do not offer Crisis Response Services they must educate their members about what services are available to support them in crisis such as Optum's 24/7 Crisis Line: (855) 202-0973.	and provide face-to-face intervention for members experiencing a mental health crisis. Crisis Intervention is provided in the location where the crisis is occurring. Crisis Intervention addresses the immediate safety and well-being of the member, family, and community. Crisis Intervention assesses, intervenes, and coordinates with the member's current behavioral health provider and/or provides referrals to behavioral health and/or emergency services. Up to two providers at any combination of license level (i.e. two CPI certified paraprofessionals, two master's level clinicians, one CPI certified paraprofessional and one Ph.D., etc.) may bill simultaneously for providing Crisis Intervention to a Member. Beginning April 1, 2019, Bachelor's Level Paraprofessionals also must be trained and certified in Nonviolent Crisis Intervention by the Crisis Prevention Institute (CPI) to submit claims for the provision of all Crisis services. To become certified, please visit optumidaho.com > For Network Providers > Provider Trainings
No Authorization Required – Service Descriptions Page 43	Individualized BH Treatment Plan – Teaming Approach (Skills Building/CBRS) ... If a Member is receiving therapy and Skills Building/CBRS at different agencies, the paraprofessional may also “team” with a treating clinician from another agency and both may bill for teaming. Clinical supervision under Supervisory Protocol still applies. Case Consultation may also occur prior to teaming between two clinicians from separate agencies.	Individualized BH Treatment Plan – Teaming Approach (Skills Building/CBRS) ... If a Member is receiving therapy and Skills Building/CBRS at different agencies, the paraprofessional may also “team” with a treating clinician from another agency and both may bill for teaming. Clinical supervision under Supervisory Protocol still applies.
H2011 Crisis Intervention Page 42		Moved H2011 Crisis Intervention from “Threshold Authorizations” section (page 51) to “No Authorization Required” section (page 42)
No Authorization Required – Service Descriptions Page 44		Moved Skills Training and Development (Partial Care) service description from “Prior Authorization Required” (page 50) section to “No Authorization Required” section (page 44)



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<p>Early Periodic Screening, Diagnosis, and Treatment (EPSDT) for Outpatient Behavioral Health Services for Children</p> <p>Pages 58-59</p>	<p>If you have questions about EPSDT you may contact us at 1-855-202-0983.</p> <p>The State Plan benefits that are included in the Idaho Behavioral Health Plan (which Optum administers for IDHW) do not have hard limits. For this reason, service authorization requests are submitted that include that scope amount and duration of the benefit and the requested services are reviewed to determine they the meet the EPSDT Medical Necessity requirements. A secondary and additional request called “EPSDT” would be duplicative:</p> <ul style="list-style-type: none"> • The review of the child’s need for a benefit service being requested incorporates the requirements of the EPSDT regulations. EPSDT requirements are addressed in all of the reviews of medical necessity completed for children under the age of 21 <p>Optum only reviews requests for outpatient behavioral health services. If you have an EPSDT request for another type of service you will need to submit your request to Medicaid Directly using their EPSDT Request Form. Please visit the IDHW website and search for EPSDT Form or contact Medicaid directly.</p>	<p>If you have questions about EPSDT you may contact us at 1-855-202-0983.</p> <p>Optum only reviews requests for outpatient behavioral health services. If you have an EPSDT request for another type of service you will need to submit your request to Medicaid Directly using their EPSDT Request Form. Please visit the IDHW website and search for EPSDT Form or contact Medicaid directly.</p>
<p>Education, Awareness & compliance Training</p> <p>Pages 95-96</p>	<p>All providers and affiliates meeting the FWA certification requirements through enrollment in the fee-for-service Medicare program are deemed by CMS rules to have met the training and education requirements. It is our responsibility to ensure that your organization is provided with appropriate training for your employees and applicable subcontractors. To facilitate that, we provide training attestation materials on the Optum Forms page on Provider Express: Home page > Admin Resources > Forms > Optum Forms – Clinical > Fraud, Waste and Abuse > Training Completion Attestation Form.</p>	<p>All providers and affiliates meeting the FWA certification requirements through enrollment in the fee-for-service Medicare program are deemed by CMS rules to have met the training and education requirements. It is your responsibility to ensure that your organization is provided with appropriate training for your employees and applicable subcontractors. To facilitate that, we provide training attestation materials on the Optum Forms page on Provider Express: Home page > Admin Resources > Forms > Optum Forms – Clinical > Fraud, Waste and Abuse > Training Completion Attestation Form.</p>
<p>Youth Empowerment Services</p>	<p>Six mandatory practice components that make up an overarching Practice Model. Many practice components will overlap</p>	<p>The YES Practice Model describes the six key components to provide care in the Youth Empowerment Services (YES) System of</p>

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Program Definitions: Glossary of Terms – “YES Practice Model” Page 110	throughout a member’s experience in care. The six practice components are: Engagement, Assessment, Care Planning & Implementation, Teaming, Monitoring & Adapting, and Transition. All providers in the Idaho Behavioral Health Plan are required to follow the YES Practice Model.	Care. The six components are: <ul style="list-style-type: none"> • Engagement—actively involving youth and their families in the creation and implementation of their coordinated care plan. • Assessment—gathering and evaluating information to create a coordinated care plan. • Care planning and implementation — identifying and providing appropriate services and supports in a coordinated care plan. • Teaming—collaborating with children, their families, providers and community partners to create a coordinated care plan. • Monitoring and adapting—evaluating and updating the services and supports in the coordinated care plan. • Transition—altering levels of care and support in the coordinated care plan.
Youth Empowerment Services Program Definitions: Glossary of Terms – “YES Principles of Care” Page 110-111	Eleven principles that are applied to all areas of mental health treatment planning, implementation, and evaluation as outlined in the Jeff D. settlement. The YES Principles of Care are the mandatory standards to be used by all stakeholders related to the provision of services and interaction with others and are as follows: Family-centered, Family and Youth Voice and Choice, Strengths-based, Individualized Care, Team-based, Community-based Service Array, Collaboration, Unconditional, Culturally Competent, Early Identification and Intervention, and Outcome-based. All providers in the Idaho Behavioral Health Plan are required to follow the YES Principles of Care.	Eleven principles that are applied to all areas of mental health treatment planning, implementation, and evaluation as outlined in the Jeff D. settlement. The Principles of Care are 11 values that are applied in all areas of Youth Empowerment Services (YES). The 11 principles are: <ul style="list-style-type: none"> • Family-centered—emphasizes each family’s strengths and resources. • Family and youth voice and choice—prioritizes the preferences of youth and their families in all stages of care. • Strengths-based—identifies and builds on strengths to improve functioning. • Individualized care—customizes care specifically for each youth and family. • Team-based—brings families together with professionals and others to create a coordinated care plan. • Community-based service array—provides local services to help families reach the



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		<p>goals identified in their coordinated care plan.</p> <ul style="list-style-type: none"> • Collaboration—brings families, informal supports, providers, and agencies together to meet identified goals. • Unconditional—commits to achieving the goals of the coordinated care plan. • Culturally competent—considers the family’s unique needs and preferences. • Early identification and intervention—assesses mental health and provides access to services and supports. • Outcome-based—contains measurable goals to assess change.