

IDAHO PROVIDER MANUAL UPDATES – March 2020 Edition

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Idaho Behavioral Health Plan Page 33	<ul style="list-style-type: none"> Adult Partial Care / Skills Training and Development (Partial Care) 	<ul style="list-style-type: none"> Skills Training and Development
Adult Partial Care / Skills Training and Development Page 54	Title Change from Adult Partial Care / Skills Training and Development	Title Change to Skills Training and Development
Adult Partial Care / Skills Training and Development Page 54-58	<p>Adult Partial Care/Skills Training and Development is treatment for adult members with Serious and Persistent Mental Illness (SPMI) and Serious Mental Illness (SMI), whose functioning is sufficiently disrupted to the extent that it interferes with their productive involvement in daily living.</p> <p>Adult Partial Care/ Skills Training and Development is a structured ambulatory program of therapeutic interventions offering less than 24-hour daily group-based care delivered by a licensed, qualified professional. These interventions assist members with stabilizing their behavior and conduct and preventing relapse or hospitalization through the application of principles of behavior modification for behavior change and structured goal-oriented group socialization for skill acquisition.</p> <p>Partial care services should:</p> <ul style="list-style-type: none"> Be provided in a structured environment within the MHC setting; Be a needed service as indicated through the comprehensive assessment; Be identified on the individualized treatment plan; and Provide interventions for relieving symptoms and acquiring specific skills <p>Provider Qualifications:</p> <p>Services may be provided by one of the following contracted professionals who meet the requirements of the Idaho Department of Health and Welfare and are within the scope of their practice:</p>	<p>Skills Training and Development is treatment for members whose functioning is sufficiently disrupted to the extent that it interferes with their daily life as identified by a comprehensive diagnostic assessment and functional assessment tool.</p> <p>Skills Training and Development is:</p> <ul style="list-style-type: none"> Be provided in a structured group environment within a MHC or an appropriate group setting; Independent and/or group activities focusing on enhancing and/or developing social, communication, behavior, coping, and basic living skills. Activities can include each participant doing the same or similar tasks in the group or individuals doing independent tasks and bringing them back to the group Used to treat mental health and co-occurring disorders Services for youth are offered separately from services for adults Provided in a manner that is strengths-based, culturally competent and responsive to each member’s individual psychosocial, development, and treatment care needs <p>Provider Qualifications:</p> <p>Services may be provided by one of the following contracted professionals who meet the requirements of the Idaho Department of Health and Welfare and are within the scope of their practice:</p> <ul style="list-style-type: none"> Licensed physician, Advanced Practice Registered Nurse, Physician Assistant, Licensed Social Worker (Licensed



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	<ul style="list-style-type: none"> • Licensed physician • Advanced Practice Registered Nurse • Physician Assistant • Licensed Social Worker (Licensed Clinical Social Worker, Licensed Masters Level Social Worker and Licensed Social Worker) • Licensed Counselor • Licensed Marriage and Family Therapist 	<p>Clinical Social Worker, Licensed Masters Level Social Worker and Licensed Social Worker), Licensed Counselor, Licensed Marriage and Family Therapist</p> <ul style="list-style-type: none"> • Bachelor’s degree in health and human services field and have completed the Optum Idaho General Foundation and the Optum Idaho STAD training modules • Bachelor’s degree in health and human services field and 2 years’ experience in a health and human services field and have completed the Optum Idaho STAD training modules • Bachelor’s degree in a health and human services field and licensed or certified in their field (i.e., certified as CPRP or CFRP by the Psychiatric Rehabilitation Association (PRA), and have completed the Optum Idaho STAD training modules <p>For information on the required Optum Idaho General Foundation and Optum Idaho STAD training modules, please go to optumidaho.com > For Network Providers > Provider Trainings</p> <p>Provider Responsibilities:</p> <ul style="list-style-type: none"> • The group facilitator plans, guides and manages the group meetings to ensure that the group’s objectives are met • Follows agency policy and works with the clinical/agency supervisor to ensure they have a plan for managing situations such as crisis, intoxication, abuse, inappropriate sexual behavior, and/or violence in the group setting • Works with the member and their treatment team to develop a STAD treatment plan and collaborates in monitoring the member’s progress towards their goals • The STAD treatment plan should be updated frequently enough to reflect changes in the member’s condition, needs and preferences or at the request of the member, member’s family or member’s authorized representative and the period of time between reviews shall not exceed 90 calendar days • Selects appropriate curricula and interventions for the group • Works with the members of the group to set group expectations and

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		<p>consequences for not abiding by the rules</p> <ul style="list-style-type: none"> • Sets group boundaries (structure, schedule, roles, etc.) and ensures that they remain intact • Educates group members about confidentiality; discussing confidentiality openly and often • Supports engagement and involvement of the member, member’s family and or caregivers/supports • Ensures that services are provided in a manner that is strengths-based, culturally competent and responsive to each member’s individual psychosocial, development, and treatment care needs <p>Authorization Type:</p> <ul style="list-style-type: none"> • No prior authorization required <p>Payment Methodology:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CPT Code</th> <th style="text-align: left;">Modifier</th> <th style="text-align: left;">Description</th> <th style="text-align: left;">Unit</th> </tr> </thead> <tbody> <tr> <td>H2014</td> <td></td> <td>Skills Training and Development,</td> <td></td> </tr> <tr> <td></td> <td>1 Unit=15 minutes</td> <td></td> <td>Unit</td> </tr> </tbody> </table> <p>Additional Information:</p> <ul style="list-style-type: none"> • Providers should rely on the policies and procedures established by their agency and any code of professional conduct that guides their certification or licensure to ensure appropriate boundaries are maintained with the member if providing other direct services • When two or more providers facilitate a STAD group, only one provider can submit a claim for a member. Two or more providers facilitating the same group may not bill for the same members within the group. Skills training and development requires face-to-face contact with the member • Groups should be developmentally age appropriate, therefore children and adolescent skills training groups should be delivered separately from adults • Service delivery should follow the member’s individualized skills training and development treatment plan which is based on a member’s specific needs and strengths identified from the comprehensive diagnostic 	CPT Code	Modifier	Description	Unit	H2014		Skills Training and Development,			1 Unit=15 minutes		Unit
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		<p>(CDA) and functional assessment tool. Providers are encouraged to develop the skills training and development plan using the teaming approach. Treatment planning should be person-centered, collaborative, individualized and outcome-based</p> <ul style="list-style-type: none"> • While providers are encouraged to develop the skills training and development plan using the teaming approach, the teaming approach is not required as it is for Skills Building/CBRS. Therefore, the H0032 billing code for individualized Skills Building/CBRS treatment plan would not be applicable to STAD • Group Size • Group size can vary but is generally determined by the purpose of the group • Seven to nine group members is a guideline most often thought to be small enough to allow for open discussion and also individual attention given to each participant • A group may consist of more than nine participants although, a general rule of thumb for facilitator to group member ration is one facilitator for every twelve participants at most. However, this number can also vary greatly depending on: <ul style="list-style-type: none"> • Member Demographics • Age of Group Members: children’s groups may need a higher facilitator to group member ratio to support the needs of the group and to keep them engaged • The safety and security needs for individuals and the group. Additional facilitators may be required • Purpose/topic of the group: A group focusing on developing hygiene skills might need a lower ratio than a group focusing on social skills or other skills that benefit from high levels of group interaction • Diagnosis and needs of group members: A group that has individuals needing support to engage in the discussion or are at risk for disruption may need a higher facilitator to group member ratio. Groups consisting of over twelve participants

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		<p>may require an additional facilitator</p> <ul style="list-style-type: none"> • In all cases, it is crucial to consider the participant’s level of functioning and ensure milieu across the group. In some cases, when it is not possible for group functioning levels to be fully compatible, and additional facilitators may be needed • The setting selected for a group should ensure privacy, safety, be related to the purpose of the group, provide appropriate boundaries, and meet the group’s basic needs • A skills training and development group purpose can vary widely. Groups might focus on activities of daily living, cognitive, emotional or behavioral skills, social skills, health and wellness, and community integration • Selecting the appropriate curriculum or intervention for a group is critical to the success of the group and its members. The following factors should be taken into account when selecting the right curriculum or intervention <ul style="list-style-type: none"> • Relevance to the purpose of the group: Before selecting a curriculum or intervention, the purpose and goals of the group should be clearly articulated, including clear objectives. The intervention should be able to meet those objectives and ensure that the necessary skills can be effectively gained by group members • Facilitator’s ability to implement: The strategies and modalities of a curriculum should first be reviewed by the provider to ensure that he or she has the basic competencies to implement the intervention • Person-centeredness: A skills training and development curriculum must be person-centered, meaning that it focuses on the individuality of members, ensures dignity and respect of all members, and integrates member voice and choice in all aspects of implementation • Strengths-Focus: A strengths-based

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		<p>approach focuses on finding solutions and emphasizing the strengths an individual already possesses. Group curricula or interventions should take into account the existing strengths of the member and build on those, rather than taking a needs-based approach</p> <ul style="list-style-type: none"> • Trauma-Informed Approach: Trauma-informed means that an intervention takes into account the fact that trauma exists, recognizes the signs and symptoms of trauma, and responds by integrating practices to avoid re-traumatization • Cultural relevance: Any skills training and development curriculum or intervention should have an evidence-base showing effectiveness with the population being served. At the same time, the curriculum should be flexible enough to allow for the integration of culturally-specific practices and concepts • Members are expected to show benefit from skills training and development, with the understanding that improvement may be incremental • Skills training and development must result in demonstrated movement toward, or achievement of, the member's treatment goals identified in the person-centered service plan, if applicable