

IDAHO PROVIDER MANUAL UPDATES – June 2019 Edition

Section & New Page #	Previous Content	New Content
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, wraparound plans, developmental disability plans, or court ordered goals.	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 service plans, wraparound plans, developmental disability plans, or court ordered goals.
Glossary Page 22-23	<p>YES Practice Model</p> <p>Six mandatory practice components that make up an overarching Practice Model. Many practice components will overlap 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.</p> <p>YES Principles of Care</p> <p>Eleven principles that are applied to all areas of mental health treatment planning, implementation, and evaluation as outlined in the Jeff D. Settlement, Appendix B. 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.</p>	<p>YES Practice Model</p> <p>The YES Practice Model describes the six key components to provide care in the Youth Empowerment Services (YES) System of Care.</p> <p>The six components are:</p> <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. <p>YES Principles of Care</p> <p>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).</p> <p>The 11 principles are:</p> <ul style="list-style-type: none"> •Family-centered—emphasizes each family’s strengths and resources.



IDAHO PROVIDER MANUAL UPDATES – June 2019 Edition

Section & New Page #	Previous Content	New Content
		<ul style="list-style-type: none"> •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 goals identified in their coordinated care plan. •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.
Agency/Group Credentialing and Re-credentialing Page 25		Optum Idaho does not accept Criminal History Background Check Waivers issued by the Idaho Department of Health and Welfare’s Division of Behavioral Health. For additional information on the Criminal History Background Check Waivers please refer to mentalhealth.idaho.gov and view the information in the right sidebar titled “Criminal History Background Check Waiver Process.”
Optum Member Services and Crisis Line Page 36	The Optum Member Services and Crisis Line, ... provides crisis triage and counseling and emphasizes keeping a Member supported and in the community. This is accomplished through live counseling on the phone, coordination with applicable law enforcement, emergency room staff, mobile crisis Providers, and community resources as available and clinically indicated.	The Optum Member Services and Crisis Line, ... provides crisis triage and crisis counseling and emphasizes keeping a Member supported and in the community. This is accomplished through live crisis counseling on the phone, coordination with applicable law enforcement, emergency room staff, mobile crisis Providers, and community resources as available and clinically indicated.



IDAHO PROVIDER MANUAL UPDATES – June 2019 Edition

Section & New Page #	Previous Content	New Content
<p>Child and Adolescent Needs and Strengths (CANS)</p> <p>Pages 42-43</p>	<p>The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose functional assessment tool developed for children’s services to support decision making, including level of care and service planning; to facilitate quality improvement initiatives; and to allow for the monitoring of outcomes of services. The CANS should be administered with youth and family engagement, and results must be reviewed with the youth and family to collaborate in the treatment planning process.</p> <p>Beginning July 1, 2018, Optum network providers who are Independently Licensed Clinicians (or Masters Level Clinicians working under supervisory protocol) who have received CANS certification may be reimbursed for administering the CANS. Providers seeking to become certified to administer the CANS can register on the Praed website: praedfoundation.org.</p> <p>The CANS is only reimbursable if administered on the ICANS platform, which is owned and operated by the Division of Behavioral Health. For more information on ICANS, visit: icans.dhw.idaho.gov.</p> <p>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 to identify adjustments needed to the Member’s treatment plan. The CANS may be updated prior to the 90 day minimum in the event that changes in the Member’s condition warrant an update to the treatment plan. If the Member has a Child and Family Team, clinicians should collaborate with the Person Centered Plan Coordinator to determine who will complete CANS updates and how the updated results and treatment plan will be shared with other Members of the child’s</p>	<p>The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose functional assessment tool developed for children’s services to support decision making, including level of care and service planning; to facilitate quality improvement initiatives; and to allow for the monitoring of outcomes of services. The CANS should be administered with youth and family engagement, and results must be reviewed with the youth and family. The CANS is designed to follow the course of the Member and family from system access to goal attainment and transition. This functional assessment tool is used to communicate the shared vision throughout the system.</p> <p>The initial CANS is completed in conjunction with an initial or updated Comprehensive Diagnostic Assessment by the Independent Assessor or the treating clinician and entered into the ICANS platform. The results of the initial CANS entered into the ICANS platform guides person-centered service plans and additional specific treatment plans. Therefore, each Member should only have one CANS and one person-centered service plan that follows the Member through the system of care. The provider delegated to update the CANS may vary. (See CANS provider qualifications) For example, for one Member the assigned targeted care coordinator will be updating the CANS and for another Member, it may be the treating clinician. The Member’s team should collaborate to identify what works best for the Member and Member’s family being served.</p> <p>CANS updates must be completed at least every 90 days or more frequently as necessary based on the Member’s needs, the request of the family, or if there is a change in condition. When a CANS update identifies that changes in treatment are necessary, then the Member’s person-centered service plan and specific treatment plans must be modified.</p> <p>Providers seeking to become certified to</p>

IDAHO PROVIDER MANUAL UPDATES – June 2019 Edition

Section & New Page #	Previous Content	New Content
	<p>treatment team. When a CANS update identifies that changes in treatment are necessary, then the Member’s treatment plan must also be modified. If the child has gone through the Independent Assessment process (See YES System of Care Definitions: Glossary of Terms) the Person Centered Plan must also be modified.</p>	<p>administer the CANS can register on the Praed website: praedfoundation.org.</p> <p>The CANS is only reimbursable if entered into the ICANS platform, which is owned and operated by the Division of Behavioral Health. For more information on ICANS, visit: icans.dhw.idaho.gov.</p> <p>Provider Qualifications and Responsibilities</p> <ul style="list-style-type: none"> •Optum network providers who are Independently Licensed Clinicians (or Masters Level Clinicians working under supervisory protocol) who are certified in the CANS can bill for the initial/annual CANS (if one has not yet been completed) and CANS updates •Practicing Targeted Care Coordinators who hold a minimum of a bachelor’s level degree, have completed the Optum Idaho Targeted Care Coordination required training, who are certified in CANS and are practicing under Optum supervisory protocol can bill for the CANS updates •The CANS must be entered into the ICANS platform •The CANS must be administered face-to-face with the Member and Member’s family present, or via Telemental Health when appropriate (See “Telemental Health”) •The CANS can be entered into the ICANS system by any CANS-certified individual that has access to the ICANS system. Once entered, the CANS must still be signed by a provider who can bill for the CANS.
<p>No Authorization Required – Mental Health Page 45</p>		<p>G9007 Child and Family Team (CFT) Interdisciplinary Team Meetings</p> <p>T1017 Targeted Care Coordination</p>
<p>No Authorization Required – Service Descriptions Page 45</p>		<p>For more detail about the provision of the services in the IBHP, please refer to the Optum Idaho Level of Care Guidelines at optumidaho.com > For Network Providers > Guidelines & Policies</p>



IDAHO PROVIDER MANUAL UPDATES – June 2019 Edition

Section & New Page #	Previous Content	New Content
No Authorization Required – Service Page 45		Moved Skills Training and Development (Partial Care) service description from “Prior Authorization Required” (page 50) section to “ No Authorization Required ” section (page 45)
No Authorization Required – Service Descriptions Pages 48-49		Added new sections for: <ul style="list-style-type: none"> •Child and Family Team (CFT) Interdisciplinary Team Meetings •Targeted Care Coordination
Threshold Authorizations Pages 55-56	<p>90837-90838 Extended Office Visits – Threshold is 12 units per Member per calendar year, additional services must be prior authorized via Optum Idaho or Provider Express.</p> <p>T1017 BH Case Management - Threshold is 240 units (60 hours) per Member, per calendar year. Additional services must be prior authorized by submitting a Case Management service request form in advance of the provision of services via Optum Idaho or Provider Express.</p> <p>H0006 Case Management - Substance Use Disorder - Threshold is 240 units (60 hours) per Member, per calendar year. Additional services must be prior authorized in advance of the provision of services via Optum Idaho or Provider Express.</p> <p>H0023 Telephonic Case Management (either BH or Substance Use Disorder) – Threshold is included with Case Management units.</p> <p>H0031 HN BH Assessment, by a qualified para/professional with a cumulative threshold of 10 units that is available per Member, per calendar year; If additional BH Assessment Services are necessary, they must be prior authorized and Providers should contact Optum and speak to a Lead Care Advocate at 1-855-202-0983 and press “1”.</p> <p>Optum expects that paraprofessionals are appropriately supervised by a qualified</p>	<p>90837-90838 Extended Office Visits – Threshold is 12 units per Member per calendar year, additional services must be prior authorized via Optum Idaho or Provider Express.</p> <p>T1016 Case Management – Behavioral Health - Threshold is 240 units (60 hours) per Member, per calendar year. Additional services must be prior authorized by submitting a Case Management service request form in advance of the provision of services via Optum Idaho or Provider Express.</p> <p>H0006 Case Management – Substance Use Disorder - Threshold is 240 units (60 hours) per Member, per calendar year. Additional services must be prior authorized in advance of the provision of services via Optum Idaho or Provider Express.</p> <p>H0023 Telephonic Case Management (either Behavioral Health or Substance Use Disorder) – Threshold is included with Case Management units.</p> <p>H1011 Behavioral Health Assessment, by a qualified paraprofessional or other qualified provider with a cumulative threshold of 10 units that is available per Member, per calendar year; If additional Behavioral Health Assessment Services are necessary, they must be prior authorized and Providers should contact Optum and speak to a Care Advocate at 1-855-202-0983 and press “1”.</p> <p>Optum expects that paraprofessionals are appropriately supervised by a qualified clinician in this activity. For further information, please review the Supervisory Protocol in your</p>



IDAHO PROVIDER MANUAL UPDATES – June 2019 Edition

Section & New Page #	Previous Content	New Content
	clinician in this activity. For further information, please review the Supervisory Protocol in your Optum Network Agreement.	Optum Network Agreement.
Peer Services Page 56		Optum Idaho does not accept Criminal History Background Check Waivers issued by the Idaho Department of Health and Welfare's Division of Behavioral Health. For additional information on Criminal History Background Checks please refer to the Provider Manual section titled "Network Requirements," and for additional information on the Criminal History Background Check Waivers please refer to mentalhealth.idaho.gov/ and view the information in the right sidebar titled "Criminal History Background Check Waiver Process"
Threshold Authorizations – Service Descriptions Page 56		Added new section for Case Management
Youth Empowerment Services Program: Benefits, Authorization Requirements and Access to Care Page 117	<p>2.Child and Family Team</p> <p>The Child and Family Team (CFT) will then meet to develop the Member's Person Centered Plan. Members that are eligible for Medicaid under the traditional income requirements and do not need Respite are not required to have an independent assessment, nor do they need a Person Centered Plan developed.</p> <p>3.Person Centered Plan</p> <p>Providers may provide state plan services to children or adolescents who are Medicaid eligible prior to the Person Centered Plan being finalized. Once the Person Centered Plan is completed, Respite must be included for the Member to continue receiving the service. Prior authorization requirements will apply to some Medicaid benefits and medical necessity requirements will apply to all Medicaid benefits.</p>	<p>2.Child and Family Team</p> <p>The Child and Family Team (CFT) will then meet to develop the Member's person-centered service plan. Members that are eligible for Medicaid under the traditional income requirements and do not need Respite are not required to have an Independent Assessment. See "Child and Family Team" section on page 48 for more information.</p> <p>3.Person-centered service plan</p> <p>Providers may render clinically appropriate IBHP services to children or adolescents who are Medicaid eligible prior to the person-centered service plan being finalized. A person-centered service plan is developed by a Targeted Care Coordinator or a Division of Behavioral Health Clinician. Once the person-centered service plan is completed, Respite must be listed on the person-centered service plan for the Member to continue receiving the service. Prior authorization requirements will apply to some Medicaid benefits and medical necessity requirements will apply to all Medicaid benefits.</p>



IDAHO PROVIDER MANUAL UPDATES – June 2019 Edition

Section & New Page #	Previous Content	New Content
Services Offered in the Youth Empowerment Services Program Page 118	Services Offered in the Youth Empowerment Services Program: <ul style="list-style-type: none"> • All services in the IBHP AND • Respite* *Requires Person Centered Plan <ul style="list-style-type: none"> • Access currently limited: <ul style="list-style-type: none"> ○ Child and Family Team (CFT) Interdisciplinary Team Meeting <ul style="list-style-type: none"> ▪ Limited to Person Centered Plans and Wraparound Plans 	Services Offered in the Youth Empowerment Services Program <ul style="list-style-type: none"> •All services in the IBHP AND •Respite* *Requires person-centered service plan
Services Offered in the Youth Empowerment Services Program Page 118		Added new section on Child and Family Team (CFT) Interdisciplinary Team Meeting