Idaho Behavioral Health Plan

Member Handbook

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Contents

Chapter 1: Welcome

Need help right away?

If you are in crisis or need urgent help, you do not have to wait.

- Crisis or mental health emergency: call or text 988
- Medical emergency: Call 911

You can use these numbers anytime, day or night. If you are unsure what to do, calling 988 or 911 is the fastest way to get help.

The Idaho Behavioral Health Plan (IBHP)

The Idaho Behavioral Health Plan (IBHP) is the framework for how behavioral health services for mental health and substance use disorders are administered in Idaho. The Idaho Department of Health and Welfare (IDHW) is responsible for the IBHP.

The IBHP brings services from different Idaho State agencies and other contractors together in one system of care, managed by Magellan Healthcare, on behalf of IDHW:

- Crisis services
- Outpatient mental healthcare for adults and children
- Inpatient mental healthcare for adults and children
- Substance use disorder (SUD) treatment for adults and children
- Psychiatric residential treatment facility (PRTF) services
- Residential treatment center (RTC) services
- Intensive Care Coordination (ICC)
- Idaho Wraparound Intensive Services (WInS)
- Coordinated specialty care for early serious mental illness (ESMI)
- Home with adult residential treatment (HART) services
- Youth Empowerment Services (YES) system of care
- Parenting with Love and Limits (PLL) services
- Assertive community treatment (ACT)

What's the IBHP?

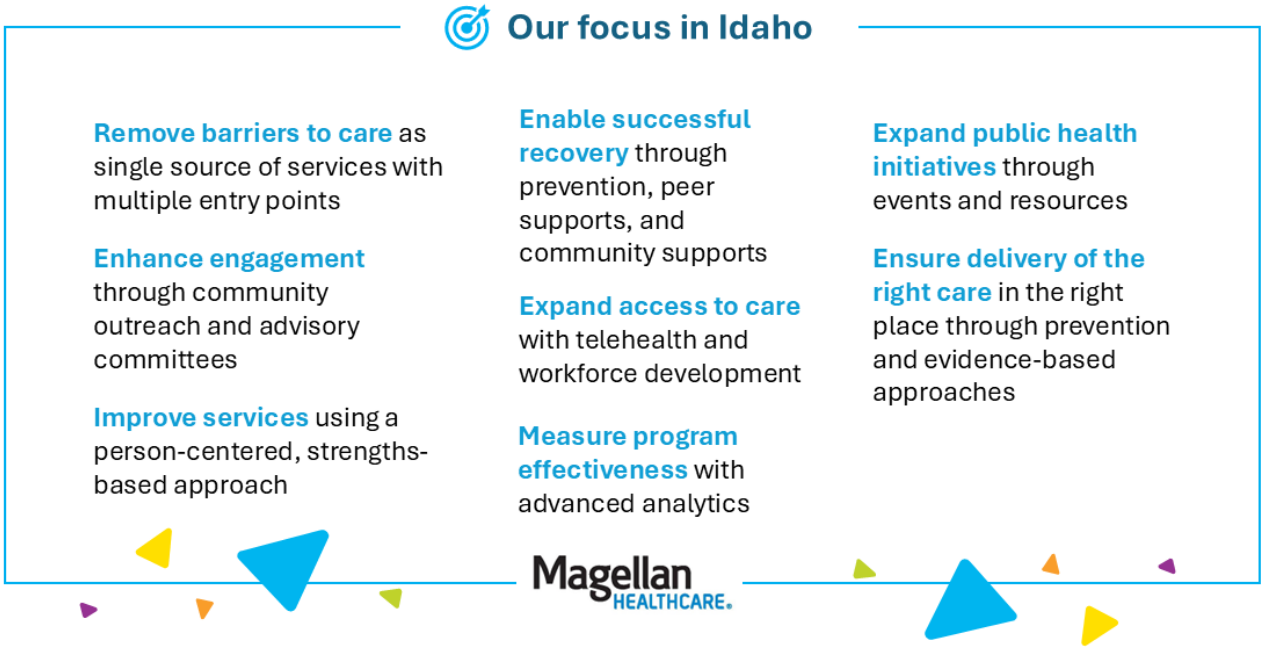
- The IBHP is no longer just for Medicaid. It also includes services for people with other types of insurance or no insurance who need help with their behavioral health.
- It includes both inpatient and outpatient services, not just outpatient.
- Family support partners and community groups are helping to give you more support in your recovery and well-being.
- You can now find more providers in more places, including telehealth.
- The crisis system is getting stronger with crisis centers and mobile response teams.
- Care management and coordination services are available for children and adults.

Who can get IBHP Services?

You are a member of the IBHP if you are on Medicaid or you qualify for services funded by other programs. For more information, see the Eligibility chapter.

About Magellan Healthcare

Magellan Healthcare (Magellan) is a managed behavioral healthcare organization (MBHO) with over 50 years of experience serving people with mental health and substance use disorders. Magellan administers the Idaho Behavioral Health Plan (IBHP).



You may never have mental health or substance use concerns. If you do, Magellan will help you access IBHP services if you are eligible. This includes care from a provider, hospital/facility, or community group. This handbook explains everything you need to know about the IBHP and how to get services.

Magellan works with network providers who will provide the care you need in the best setting for your situation. To find a list of our network providers, use our Provider Search Tool at MagellanofIdaho.com or by calling 1-855-202-0973 (TTY 711) and asking for a provider directory. Read more about network providers in the Getting Care chapter.

About this Member Handbook

Terms we use

In this handbook, we use the following terms to make it easy to read:

- "Member" refers to all IBHP members.
- "Medicaid Member" is used in this handbook if something only applies to people who get Medicaid.
- "You" refers to you as an adult or youth who gets IBHP services.
- "Your child" or "your youth" refers to a blood relative or a child/youth for whom you are responsible.
- "Family" refers to a group of blood relatives or others for whom you may be responsible or with who you may live.

For other definitions, please see the Definitions chapter.

Things we talk about

This handbook includes information about:

- Nondiscrimination and language assistance
- Member rights and responsibilities
- Important contacts
- Eligibility and screenings
- How to get care
- Covered services
- Complaints (grievances), Appeals and State Fair Hearings
- Additional services for members on Medicaid
- Advance directives
- Care management programs
- Youth Empowerment Services (YES), including Parenting with Love and Limits (PLL)
- Mental health and substance use disorder information
- And more

The Table of Contents gives a full, detailed list of things we talk about in this handbook.

Please read this entire member handbook so that you are familiar with the services available to you and your family. If anything in this handbook changes, we will notify you at least 30 days before the change happens. If you have any questions, please visit MagellanofIdaho.com or call 1-855-202-0973 (TTY 711).

Chapter 2: Nondiscrimination Notice and Access to Communication Services

Magellan Healthcare, Inc. (Magellan) does not discriminate on the basis of any protected class, per 45 CFR § 92.10.

Magellan provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services to communicate effectively, such as:

- Qualified sign language interpreters; and
- Written information in other formats (such as large print, audio, accessible electronic formats, braille).

Magellan provides language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters;
- Electronic and written translation services; and
- Information written in other languages.

Language assistance and reasonable modifications are provided free of charge and in a timely manner to ensure meaningful access and equal opportunity for individuals with disabilities or limited English proficiency. For assistance, please call Magellan's Member Services at 1-855-202-0973.

If you have trouble obtaining reasonable modifications, appropriate auxiliary aids and services, or language assistance services, you can contact Magellan's Section 1557 Coordinator in one of the following ways:

- **By phone** (1-800-424-7721 (TTY 711));
- **By email** (compliance@magellanhealth.com); or
- **By mail** (Section 1557 Coordinator, 13500 Riverport Drive, Maryland Heights, MO 63043).

If you believe that Magellan has failed to provide these services or discriminated against you per 45 CFR § 92.10, you can file a grievance in writing to Magellan's Section 1557 Coordinator at the email or mailing address listed above. If you need assistance filing a grievance or a copy of Magellan's grievance procedure, you can call 1-800-424-7721 (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf. Or you may file a complaint by phone (1-800-368-1019, 800-537-7697 (TDD)) or by mail at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Language Assistance Services and Alternate Formats

We provide free help and services to people with disabilities. We want you to be able to communicate with us easily. We offer:

- Qualified sign language interpreters.
- Written information in many formats. These may include:
    - Large print.
    - Audio.
    - Accessible electronic formats.
    - Other formats.

We also provide free language services to people whose first language is not English. We offer:

- Qualified interpreters.
- Information that is written in other languages.

Contact us at 1-855-202-0973 (TTY 711) if you need any of these services.

This information is also available through Magellan's website: https://www.magellanhealth.com/non-discrimination-and-language-assistance/.

Language	Message
Arabic	هام: يمكنك الحصول على مترجم فوري، دون أي تكلفة، للتحدث مع طبيبك أو خطتك الصحية. للحصول على مترجم فوري إلى لغتك أو طلب معلومات مكتوبة بلغتك دون أي تكلفة، يرجى الاتصال على الرقم المجاني/خدمة العملاء على الرقم 1-855-202-0973 TTY 711))
Armenian	ԿԱՐԵՎՈՐ. Դուք կարող եք անվճար օգտվել թարգմանչի ծառայությունից՝ ձեր բժշկի հետ կապվելու կամ առողջապահական ծրագրի համար դիմելու համար: Ձեր լեզվով թարգմանիչ խնդրելու կամ ձեր լեզվով գրավոր տեղեկատվության անվճար հարցում անելու համար խնդրում ենք զանգահարել անդամի/հաճախորդների սպասարկման անվճար համարով՝ **1-855-202-0973 (TTY՝ 711)**
Bassa	I bale we, tole mut u ye hola, a gwee mbarga inyu Magellan Healthcare, Inc., U gwee Kunde I kosna mahola ni biniiguene I hop wong nni nsaa wogui wo. 1-855-202-0973 (TTY: 711)
Bengali	যদি আপদি, অথবা আপদি অিয কাউকক সহায়তা করকেি, সম্পককে প্রশ্ন আকে Magellan Healthcare, Inc., d/b/a Magellan of Virginia, আপিার অদিকার আকে দবিা খরকে আপিার দিজস্ব ভাষাকত সাহাযয পাবার এবং তথয জাি্বার। 1-855-202-0973 (TTY: 711)
Chinese	**重要提示**：为**了**让**您更**轻**松地与您的医生或健康**计**划工作人**员沟通，我**们**免**费为**您提供口**译员。**如需使用您所用**语**言的免**费**口**译**服**务**或索取**书**面材料**，请拨**打免**费**会**员/**客户服**务电话 1-855-202-0973（TTY：711）
Amharic	እርስዎ ወይም እርስዎ የሚረዳዎት ሰው ስለ Magellan Healthcare, Inc. ጥያቄ ካሎት ያለ ምንም ክፍያ በቋንቋዎ እርዳታ እና መረጃ የማግኘት መብት አልዎት። እባክዎን ይደውሉ 1-855-202-0973 (TTY: 711)
French	Si vous, ou quelqu'un que vous aidez, avez des questions sur Magellan Healthcare, Inc., vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Veuillez appeler le 1-855-202-0973 (TTY : 711)
German	Wenn Sie oder jemand, dem Sie helfen, Fragen zu Magellan Healthcare, Inc. haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Bitte rufen Sie an 1-855-202-0973 (TTY: 711)
Hindi	यदि आप, या आप जिसका समर्थन कर रहे हैं, उसके पास मैगलन हेल्थकेयर, इंक. के बारे में प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। कृपया 1-855-202-0973 (TTY: 711) पर कॉल करें
Korean	귀하 또는 귀하가 돕고 있는 누군가가 Magellan Healthcare, Inc.에 대해 질문이 있는 경우, 귀하는 해당 도움과 정보를 귀하의 언어로 무료로 받을 권리가 있습니다. 1-855-202-0973(TTY: 711)으로 전화하세요.

Language	Message
Hmong	TSEEM CEEB: Koj tuaj yeem nrhiav tus neeg txhais lus dawb tham nrog koj tus kws kho mob lossis kev pab them nqi kho mob. Txhawm rau kom tau tus neeg txhais lus ua koj hom lus lossis thov cov ntaub ntawv sau ua koj hom lus dawb, thov hu rau koj Tus Tswvcuab / Tus Neeg Mob Tus Xov Tooj hu dawb ntawm 1-855-202-0973 (TTY: 711)
Igbo	Ọ bụrụ na gị, ma ọ bụ onye ị na-akwado, nwere ajụjụ gbasara Magellan Healthcare, Inc., ị nwere ohere ịrịọ maka amamihe na nka asụsụ gị. Biko kpọọ 1-855-202-0973 (TTY: 711)
Japanese	重要: 医師や健康保険プランについての相談には、無料で通訳をご利用いただけます。ご希望の言語での通訳を手配したり、お客様の言語で書かれた資料をリクエストするには、フリーダイヤルの会員/カスタマー サービス番号 1-855-202-0973 (TTY: 711) までお電話ください。
Khmer	សំខាន់៖ អ្នកអាចទទួលបានអ្នកបកប្រែដោយឥតគិតថ្លៃ ដើម្បីពិភាក្សាជាមួយវេជ្ជបណ្ឌិត ឬគម្រោងសុខភាពរបស់អ្នក។ ដើម្បីទទួលបានអ្នកបកប្រែជាភាសារបស់អ្នក ឬស្នើសុំព័ត៌មានឥតគិតថ្លៃជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខសមាជិកដោយមិនគិតថ្លៃ ឬសេវាបម្រើអតិថិជននៅ 1-855-202-0973 (TTY: 711)
Laotian	ສຳຄັນ: ເຈົ້າສາມາດຫານາຍພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າເພື່ອລົມກັບທ່ານໝໍ ຫຼືໝູ່ໃຫ້ບໍລິການແຜນສຸຂະພາບ. ຖ້າທ່ານຕ້ອງການນາຍແປພາສາໃນພາສາຂອງທ່ານ ຫຼືຖາມກ່ຽວກັບຂໍ້ມູນທີ່ຂຽນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ, ກະລຸນາໂທຫາເບີສະມາຊິກ/ບໍລິການລູກຄ້າຂອງທ່ານທີ່ເບີ 1-855-202-0973 (TTY: 711)
Navajo	**T’AA İYISÍÍ ÍLÍ:** Háida ná ata’ hodoolnih ninízingo doo bąąhílínígóó ne’azee’íí’íní doodaii’ nits’íís binahat’á bína’ídidíítkił. Nizaadjí ata’ hodoolnihígíí nínízingo doodaii’ naaltsoos nizaad bee hadilyaa’ígíí nízingo doo bąąh yílínígóó bína’adidííkił, t’áá shoqdí béésh hane’é binómbo neiltsoosígíí bee hodíílnih 1-855-202-0973 (TTY: 711)
Persian	نکته مهم: می توانید از خدمات مترجم رایگان برای صحبت با پزشک یا طرح مراقبتی خود استفاده کنید. برای دریافت خدمات مترجم به زبان خود یا پرس و جو در مورد دریافت اطلاعات نوشتاری رایگان به زبان خود، لطفاً با شماره تلفن رایگان خدمات اعضا/مشتری به شماره 1-855-202-0973 (TTY: 711 تماس بگیرید.)
Punjabi	ਮਹੱਤਵਪੂਰਨ: ਤੁਸੀਂ ਆਪਣੇ ਡਾਕਟਰ ਜਾਂ ਸਿਹਤ ਯੋਜਨਾ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਦੇ ਦੁਭਾਸ਼ੀਏ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਦੁਭਾਸ਼ੀਏ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਜਾਂ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਦੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਤੀ ਜਾਣਕਾਰੀ ਦੀ ਬੇਨਤੀ ਕਰਨ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਟੋਲ-ਫ੍ਰੀ ਮੈਂਬਰ/ਗਾਹਕ ਸੇਵਾ ਨੰਬਰ ਨੂੰ 1-855-202-0973 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Russian	ВАЖНЫЙ! Вы можете воспользоваться бесплатным переводчиком, чтобы поговорить со своим врачом или обсудить свой план медицинского страхования. Чтобы запросить услуги устного перевода на ваш язык или бесплатную письменную информацию на вашем языке, позвоните в отдел бесплатной линии/обслуживания участников по телефону 1-855-202-0973 (TTY: 711).

Language	Message
Spanish	Si usted, o alguien a quien está ayudando, tiene preguntas sobre Magellan Healthcare, Inc., tiene derecho a recibir ayuda e información en su idioma sin costo alguno. Llame al 1-855-202-0973 (TTY: 711)
Filipino (Tagalog)	MAHALAGA: Maaari kang makakuha ng interpreter nang libre upang makipag-usap sa iyong doktor o planong pangkalusugan. Upang makakuha ng interpreter o magtanong tungkol sa nakasulat na impormasyon sa iyong wika nang libre, mangyaring tawagan ang iyong walang bayad na numero ng miyembro/customer service sa 1-855-202-0973 (TTY: 711)
Thai	สิ่งสำคัญ: คุณสามารถขอบริการล่ามเพื่อพูดคุยกับแพทย์หรือผู้ให้บริการแผนสุขภาพของคุณได้โดยไม่เสียค่าใช้จ่าย ขอรับบริการล่ามในภาษาของคุณ หรือสอบถามเกี่ยวกับเอกสารในภาษาของคุณได้ฟรีโดยติดต่อหมายเลขโทรศัพท์/ฝ่ายบริการลูกค้าของเราที่ 1-855-202-0973 (TTY: 711)
Urdu	اہم: آپ اپنے ڈاکٹر یا ہیلتھ پلان سے بات کرنے کے لیے ایک مفت ترجمان حاصل کر سکتے ہیں۔ اپنی زبان میں مترجم حاصل کرنے یا اپنی زبان میں تحریری معلومات کی مفت درخواست کرنے کے لیے، براہ کرم اپنے ٹول فری ممبر/کسٹمر سروس نمبر 1-855-202-0973 (TTY: 711 پر کال کریں۔)
Vietnamese	Nếu bạn hoặc ai đó mà bạn đang giúp đỡ có thắc mắc về Magellan Healthcare, Inc., bạn có quyền nhận trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí. Vui lòng gọi 1-855-202-0973 (TTY: 711).
Yoruba	Ti iwọ, tabi ẹnikẹni ti o n ṣe iranlọwọ, ni awọn ibeere nipa Magellan Healthcare, Inc., o ni ẹtọ lati gba iranlọwọ ati alaye ni ede rẹ laisi idiyele. Jọwọ pe 1-855-202-0973 (TTY: 711).

Source: U.S. Department of Health and Human Services, Office for Civil Rights, August 2016

Chapter 3: Member Rights and Responsibilities

The Idaho Behavioral Health Plan (IBHP) is Idaho's program to help citizens with mental health and substance use disorders. The plan serves members of Medicaid and other Idahoans who qualify for services. Medicaid members have certain rights under the law. Magellan is extending some of these rights to members without Medicaid.

Member Rights

All IBHP members have the right to:

1) Get information required by the law
2) Get information about the Idaho Behavioral Health Plan by mail, email, on the phone, or on our website at no cost to you. This includes getting the Member Handbook by mail, email or on our website.
3) Get information about IBHP benefits you are eligible for and how to get those services
4) Get information about services that are not covered by the IBHP, or you are not eligible for and how to get those services
5) Know about services that Magellan does not cover because of moral or religious reasons and how to get those services
6) Be treated with respect, dignity, and respect for privacy by Magellan staff and network providers
7) Not be discriminated against for any reason, in compliance with Federal and state anti-discrimination laws including those cited in 42 CFR 438.100
8) Talk with providers and Magellan staff in private and have your information and records kept private by your provider and Magellan
9) Understand that if the law permits, your information and records may be released without your permission
10) Get IBHP services you are eligible for in a timely fashion
11) Get information and IBHP services you are eligible for in a way that respects your culture and language, regardless of cost or coverage
12) Give input on your plan of care at any time
13) Get oral interpretation help at no cost in a language you understand
14) Use auxiliary aids to help you communicate at no cost (TTY, TDD, ASL)
15) Get written information in prevalent languages at no cost
16) Get materials that are needed to get services or help you understand and access your benefits in alternate formats at no cost
17) Get information about:
    a) Magellan
    b) Our services
    c) Providers that can help you
    d) Your role in your health
    e) Your rights and responsibilities
18) Get information about Clinical Guidelines we use to help you get care
19) Pick any Magellan network provider that you want to treat you based on your preferences and switch if you want to
20) Ask any provider about their work history and training
21) Not be kept alone or forced to do something you do not want to do
22) Give input on these Rights and Responsibilities

23) Have providers make decisions about your care based on treatment needs
24) Get IBHP services you are eligible for according to Federal and State laws about your rights
25) Make decisions about your treatment
    a) If you cannot make them by yourself, you can have someone help you or do it for you.
    b) You can refuse treatment unless the law makes you get it.
26) Ask for and get a second opinion at no cost when you:
    a) Need more information about treatment
    b) Think the provider is not giving you the right care
27) Not be kept alone or held back because Magellan or a provider wants to:
    a) Force you to do something
    b) Discipline you
    c) Make things easier for a provider
    d) Punish you
28) File a Complaint about Magellan, a provider, or your care (see the Complaints, Appeals and State Fair Hearings Chapter for more information)
29) File an Appeal about an action or decision Magellan made (see the Complaints, Appeals and State Fair Hearings Chapter for more information)
30) Ask for a State Fair Hearing if you are not happy with the outcome of your appeal (see the Complaints, Appeals and State Fair Hearings Chapter for more information)
31) Ask for and get a copy of your records for free and ask for changes or corrections to them
32) Exercise your rights without it negatively affecting the way Magellan or network providers treat you
33) Get written information about psychiatric advance directives (Mental Health Declarations) and your rights under State law (see the Mental Health Declarations chapter for more information)
34) Get IBHP services you are eligible for whether or not you have completed an advance directive (Mental Health Declaration)
35) Get information you can understand from your providers and be able to talk to them about your options without any interference from Magellan or regard to cost or coverage
36) Get a written statement of Patient Rights and Responsibilities from your or your child's provider, before you or your child get mental health services, that has information on who to contact with questions, concerns, or complaints
37) To request reasonable accommodations if you have a visual, hearing, or physical disability to ensure you can get all services you are eligible for
38) Know that Magellan complies with applicable Federal and State laws including:
    a) Title VI of the Civil Rights Act of 1964
    b) The Age Discrimination Act of 1975
    c) The Rehabilitation Act of 1973
    d) Titles II and III of the Americans with Disabilities Act
    e) Other laws about privacy and confidentiality
39) Be protected by parity requirements for total lifetime and annual dollar limits, and requirements for financial requirements and treatment limitations
40) Not have to pay for services if:
    a) Magellan goes out of business
    b) The State of Idaho does not pay Magellan or a provider
    c) A provider bills you for amounts over what Magellan covers
41) Get conflict-free case management if you are eligible for case management
42) Get emergency help when and where you need it without Magellan's approval
43) Reject services

44) Talk to us and your child's providers about changes made to their care plan for visitation or care arrangements when placed out of the home, such as residential treatment or foster care
45) At the time of out-of-home placement (voluntary or involuntary), be informed through a service agreement, in terms you understand, of the rights and obligations of you, your child or ward, providers and Magellan while the child is there
46) Have a six (6)-month review for a child in out-of-home placement
47) If you or your child is admitted to a facility (voluntary or involuntary), be informed, orally and in writing, of your and your child's rights and obligations in terms you can understand
48) If you or your child have been taken to a social detoxification facility (where you/they can stay for up to 3 days), you/your child have the right to:
    a) Request and take a test to see if you are intoxicated or using a substance of abuse
    b) Be released if the tests show you are not
    c) Have the facility keep a record of your test results
49) If your child is in a facility, they have the right to:
    a) Be treated nicely in a clean and safe place
    b) Leave for a short time if it is safe for you/them to do so
    c) Not be restrained or secluded if you/they don't need to be
    d) Not get hit or otherwise abused
    e) Get enough food, liquid, and exercise
    f) Have visitors in private if appropriate
    g) Send and get mail and get help writing letters
    h) Talk on the phone in private and get help using the phone
    i) Call people who are far away if you/they can pay what it might cost
    j) Pray, meditate, or do other religious acts and not be punished
    k) Have personal belongings as long as they cannot be used to hurt you/your child
    l) Tell people what your/your child's rights are and not be punished
    m) Have a lawyer help you/your child
    n) Not take too many or unhelpful medicines
    o) Get schooling
50) If your child's admission to a facility was voluntary with your consent:
    a) Tell the facility if they can give your child medicine
    b) Tell the facility to stop giving your child medicine at any time unless it is an emergency
    c) Have your child's facility admission reviewed after 30 days
    d) Be notified seven (7) days in advance of your child's 30-day admission review
51) If your child goes to a facility because of an emergency, you/they have the right to:
    a) Be told by the provider what services they may need and how long they might take
    b) Be released to you within 24 hours, unless a court says your child needs an evaluation
    c) If a court says your child needs an evaluation, be told orally and in writing:
        i) Why the court ordered it
        ii) What might happen
        iii) Your right to talk to a lawyer
        iv) Your right to get treatment
52) If a court orders your child to go to a facility for 120 days, they have the right to:
    a) Talk to the court about it within three (3) days of the order
    b) Have a lawyer help them
    c) Have their lawyer go to the court without them
53) Have a lawyer help your child at any time and get free help from a lawyer if you/they can't pay for one

Member Responsibilities

Whether you are an adult or a youth, Magellan needs your help so that you get the services and supports you need. You have the responsibility to:

1. Get treatment you need from a provider
2. Respect other patients, provider staff, and provider workers
3. Give providers and Magellan information they and we need so you can get appropriate and quality care
4. Ask your providers questions about your care to help you understand your care
5. Follow the care plan that you agreed to with your provider and family/guardian
6. Tell your providers about medicine changes, including:
   a) Medicine given to you by others
   b) Over-the-Counter medicine
   c) Vitamins
   d) Herbs or other natural medicine
7. Keep your appointments
8. Call your provider as soon as you know you need to cancel a visit
9. Tell your provider if your care plan is not working for you
10. Tell your provider if you have problems paying for care
11. Report fraud and abuse to Magellan at 1-800-755-0850 (TTY 711) (see the Fraud, Waste and Abuse chapter for more information)
12. Tell Magellan if you are concerned about quality of care
13. Learn about Magellan coverage, including all covered and non-covered benefits and limits
14. Use only network providers unless Magellan approves an out-of-network provider
15. As a child, or parent/guardian of a child, review and sign acknowledgement of documents outlining specific rights during treatment

If you have any questions about these Rights and Responsibilities, please call us at 1-800-424-7721 (TTY 711). If you believe your Rights have been violated, you can contact us by mail, phone, or email:

Mail: Magellan Healthcare, Inc.
Civil Rights Coordinator
Corporate Compliance Department
8621 Robert Fulton Drive
Columbia, MD 21046

Phone: 1-800-424-7721 (TTY 711)

Email: compliance@magellanhealth.com

Chapter 4: Important Contact Information

Magellan Information

Who to Contact	How to Contact
Magellan Healthcare of Idaho Behavioral Health Access	**MagellanofIdaho.com** 1-855-202-0973 (TTY 711)
Magellan Member Questions ***(This inbox is for Magellan members and their families to submit questions about the Idaho Behavioral Health Plan.)***	MagellanIDmfam@MagellanHealth.com

Urgent and Crisis Help

Who to Contact	How to Contact
Emergency	911
Magellan Behavioral Health Access	1-855-202-0973 (TTY 711)
Idaho Crisis and Suicide Hotline	988 (call or text)
Idaho 2-1-1 Care Line	2-1-1 or 1-800-926-2588 (TTY 208-332-7205)
Report Child Abuse	1-855-552-KIDS (5437)
Report Adult/Elder Abuse	2-1-1 or 1-800-926-2588 (TTY 208-332-7205)

Idaho Resources

Who to Contact	How to Contact
Idaho Department of Health & Welfare (IDHW)	healthandwelfare.idaho.gov
Idaho Behavioral Health Plan Governance Bureau (Magellan Contract Management Team)	ibhp@dhw.idaho.gov 1-866-681-7062 (TTY 711)
Idaho Vocational Rehabilitation	vr.idaho.gov
Idaho Services for the Aging	aging.idaho.gov 2-1-1 or 1-800-926-2588 (TTY 208-332-7205)

Mental Health Resources

Who to Contact	How to Contact
Idaho National Alliance on Mental Illness	namiidaho.org 1-866-326-2485 (TTY 711)
Depression and Bipolar Support Alliance	www.dbsalliance.org
Youth Empowerment Services	yes.idaho.gov yes@dhw.idaho.gov

	208-364-1910 (TTY 711)
FYIdaho (Families and Youth of Idaho)	fyidaho.org

Substance Use Disorder Resources

Who to Contact	How to Contact
Idaho Information About Substance Use Disorder	healthandwelfare.idaho.gov/services- programs/behavioral-health/about-substance-use- disorder
Substance Abuse and Mental Health Services Administration	www.samhsa.gov 1-800-662-4357 (TTY 1-800-487-4889)
Recovery Idaho	www.recoveryidaho.org
Idaho Recovery Advocacy Project	www.recoveryvoicesidaho.org

Recovery Community Centers

Who to Contact	How to Contact
PEER Wellness Center Recovery Community Center in Boise	www.peerwellnesscenter.org 208-991-3681
The ROC Recovery Community Center in McCall and Council	www.theroc.center McCall: 208-278-7977 Council: 208-500-3035
Gem County Recovery Community Center Recovery Community Center in Emmett	www.facebook.com/GemCountyRecovery 208-398-5151
Recovery in Motion Recovery Community Center in Twin Falls	recoveryinmotionrcc.org 208-712-2173
Latah Recovery Center Recovery Community Center in Moscow	latahrecoverycenter.org 208-883-1045
Center for Hope Recovery Community Center with multiple locations in southeast Idaho	www.centerforhopeif.org Idaho Falls: 208-538-1888 Pocatello: 208-417-1749 Soda Springs: 208-216-7310 American Falls: 208-226-4873

First Step 4 Life Recovery Community Center in Lewiston	www.fs4lidaho.org Lewiston 208-717-3881 Orofino 208-476-1303
Kootenai Recovery Community Center in Coeur d'Alene	www.kootenairecovery.org 1-208-932-8005

Medicaid Help

Who to Contact	How to Contact
Idaho Medicaid	**Program Information & Income Limits:** healthandwelfare.idaho.gov/services- programs/medicaid-health Apply for Medicaid: http://idalink.idaho.gov 1-877-456-1233 (TTY 711) MyBenefits@dhw.idaho.gov
Liberty Healthcare Corporation (Medicaid Independent Assessor for Medicaid Youth Empowerment Services and Developmental Disability services eligibility)	idahoias.com 1-877-305-3469 (TTY 711)
Medicaid Dental – Idaho Smiles	www.mcnaid.net 1-855-233-6262 (TTY 711)
Medicaid Physical Healthcare Services	idparticipantservices@gainwelltechnologies.com 1-866-686-4752 (TTY 711)
Medicaid Adult Developmental Disabilities Services	Visit this page and find phone numbers for your region: healthandwelfare.idaho.gov/services- programs/medicaid-health/services-adults- developmental-disabilities
Medicaid Children's Developmental Disabilities Services	healthandwelfare.idaho.gov/services- programs/medicaid-health/about-childrens- developmental-disabilities 1-877-333-9681 (TTY 711)
Medicaid Pharmacy Program	Member line: 1-888-773-9466

Medicaid Transportation Help

Who to Contact	How to Contact
Medicaid– Non-Emergency Medical Transportation Services	www.mtm-inc.net/idaho/members/ 1-877-503-1261 (TTY 711)

Other Healthcare Help

Who to Contact	How to Contact
Magellan Healthcare of Idaho Contact us if you need behavioral health services and are not eligible for Medicaid	MagellanofIdaho.com 1-855-202-0973 (TTY 711)
Your Health Idaho (Find Health Insurance)	www.yourhealthidaho.org 1-855-944-3246 (TTY 711)

Interpreter/Translation Services

Who to Contact	How to Contact
Idaho Relay Service	hamiltonrelay.com/idaho/index.html TTY 711 or 1-800-377-3529
Voice	1-800-377-1363
Speech-to-Speech	1-888-791-3004
Visually Assisted Speech-to-Speech (VA STS)	1-800-855-9400
Spanish	1-866-252-0684

Chapter 5: Eligibility

If you have Medicaid

People with Medicaid are automatically enrolled in the IBHP. If you get Medicaid, you do not have to pay Magellan for behavioral health services. You may have copayments for your medical services or a premium for your Medicaid coverage depending on your eligibility. For more information, please see the Idaho Medicaid Health Plan Booklet at this website: Idaho Medicaid Health Plan Booklet.

People with Medicaid may not disenroll from the IBHP, but if you/your child lose Medicaid eligibility, you/your child might be automatically disenrolled.

To keep getting Medicaid, you will be asked to reconfirm your eligibility every once in a while. This is called re-evaluation or recertification. When your household is due for recertification, the IDHW will notify you and give you the forms you need to complete. If you still meet the eligibility requirements at the time of your re-evaluation, you will continue to receive Medicaid. To find out when you need to recertify or to update your name, address or other contact information, or your income, call IDHW's Self-Reliance customer service line at 1-877-456-1233 (TTY 711). Be sure to keep your contact information updated with the IDHW at all times.

If you lose Medicaid Coverage While in Treatment

If you are no longer eligible for Medicaid while you are in treatment, please call Magellan as soon as possible at 1-855-202-0973 (TTY 711). We will do an eligibility screening and see if there is money from other programs to complete your care. Priority is given to members who actively participate in their treatment over time.

Getting YES Services Through the Medicaid YES Program

Below is information on how to gain eligibility for the Medicaid Youth Empowerment Services (YES) Program and when you may want to apply. More information on what Youth Empowerment Services can be found in Chapter 11 of this handbook. Once you know your youth needs YES services, the next steps depend on whether your youth already has Medicaid.

Getting YES Services Through Medicaid

Once you learn that your youth needs YES services, your next step will depend on your youth's needs. Your youth may be able to get services through the Medicaid YES Program or other Medicaid programs.

If your youth already has Medicaid

- Your youth gets YES services through Medicaid. Visit a Magellan network provider for your youth's care. If you need help finding the right provider for your youth's needs, call Magellan at 1-855-202-0973 (TTY 711).
- If your youth needs respite services through Medicaid, they will need to complete an independent assessment with Liberty Healthcare. This assessment is needed to qualify for the Medicaid YES Program and to be able to access respite services through Medicaid. See the "Independent Assessments with Liberty Healthcare's Idaho Independent Assessment Services" section below.

If your youth does not already have Medicaid

Apply for Medicaid. If your family is over income for traditional Medicaid, then complete an independent assessment with Liberty Healthcare to see if your youth has SED and may qualify for the Medicaid YES

Program. See the "Independent Assessments with Liberty Healthcare's Idaho Independent Assessment Services" section below.

Independent Assessments with Liberty Healthcare's Idaho Independent Assessment Services

Your youth only needs to get an independent assessment with Liberty Healthcare if:

- They have Medicaid and need Medicaid respite services
- They need to get Medicaid and don't qualify for traditional Medicaid because of the family income

If your youth already has Medicaid and doesn't need respite, they do not need an independent assessment with Liberty Healthcare. They are free to visit any Magellan network provider for care. You or they can also call Magellan at 1-855-202-0793 (TTY 711).

Independent assessments with Liberty Healthcare include a CDA and CANS assessment to see if your youth has SED. To schedule an appointment, contact Liberty Idaho IAS at:

- **Email:** IdahoYES@LibertyHealth.com
- **Phone**: 1-877-305-3469 (TTY 711) or 208-258-7980 (TTY 711)
- **Web:** IdahoIAS.com
- **Fax:** 208-258-7985

When you first call Liberty Healthcare, you will talk to a customer service specialist. They will gather basic information about your youth and family. Within one (1) business day, an Independent Assessor will call you to:

- Talk about the assessment process: Take this time to share sensitive information without your youth present.
- Set a date, time, and place for the assessment: Your family will choose a place for the assessment. Most assessments are virtual, but you can ask for the assessment to be in person. If you choose for the assessment to be in person, choose a place where your youth and family will feel safe and can speak freely. It can be in a home or another community-based location where you can have a private discussion.

During the assessment, your youth and family will share your stories. Keep in mind:

- Your youth does not need to be present the whole time.
- Your youth may leave for parts of the discussion.
- Your youth may ask to talk to the Assessor in private.

The Assessor will call you within one (1) business day of the meeting. They will tell you the results of the assessment and if your youth has SED. You can ask any questions about the results or how the SED decision was made.

If the assessor determines that your youth has SED:

- **If your youth already has Medicaid**, the Independent Assessor will notify the state so that they can update your Medicaid eligibility. Your next step is to have your youth visit a Magellan network provider or call Magellan for help at 1-855-202-0973 (TTY 711).
- **If your youth does not already have Medicaid**, the next step is to apply for Medicaid for your youth. See the next section on how to apply for Medicaid. You should also call Magellan at 1-855-202-0973 (TTY 711). We can help you while you wait for your youth's letter of eligibility.

How to Apply for Medicaid

You can apply for Medicaid for your youth through Self-Reliance in one of four (4) ways:

- Online at idalink.idaho.gov. Please ignore any preliminary eligibility determinations displayed online. Instead, wait for your youth's Notice of Eligibility to arrive in the mail, which takes about five (5) business days.
- By Phone: 1-877-456-1233 (TTY 711)
- By Mail: Download application forms (English or Spanish, in PDF format) at healthandwelfare.idaho.gov/services-programs/medicaid-health/apply-medicaid-0.
- In Person at your local Department of Health and Welfare office.

Remember to tell Self-Reliance that the Independent Assessor/Liberty Healthcare determined that your youth has SED and qualifies for the Medicaid YES Program.

If you do not have Medicaid

Idaho residents who do not have Medicaid may be enrolled in the IBHP if they:

- Are age 18 or over with a Serious Mental Illness (SMI) or a Serious and Persistent Mental Illness (SPMI), depending on your income
- Are an adult or adolescent member of a priority population who meets diagnostic criteria for a substance use disorder and specifications for care, depending on your income
- Have been ordered by the court to get mental health services
- Are under age 18, with a mental health diagnosis and substantial functional impairment (called Serious Emotional Disturbance or SED). For non-Medicaid members, a cost share may apply, see Cost Share section on page 26.

You may not disenroll from the IBHP, but if you no longer meet these criteria, you, or your child might be automatically disenrolled.

Who is not Eligible for the IBHP

You are not eligible for IBHP services if you:

- Do not live in Idaho
- Only have Medicare Savings Program coverage*
- Are an undocumented immigrant or are otherwise not legally living in the U.S.
- Are dually eligible for Medicare and Medicaid in one of these plans:*
    - Medicare-Medicaid Coordinated Plan (MMCP)
    - Idaho Medicaid Plus (IMPlus) plan

*Unless you are receiving an IBHP service that is not covered by Medicaid.

If you do not have Medicaid, you are not eligible for IBHP services if you:

- Have any of these conditions but do not have a mental health or substance use disorder:
    - Neurological disorder
    - Neurocognitive disorder
    - Developmental disability
    - Physical disability

- Have a medical disorder that causes psychiatric symptoms, unless you also have a mental health or substance use disorder

How to find out if you are Eligible for IBHP Services

If you don't have Medicaid but think you might qualify for it, apply at this website: https://idalink.idaho.gov. You can also call 1-866-456-1233 (TTY 711) or email MyBenefits@dhw.idaho.gov. To learn more about different Medicaid programs, visit this website: healthandwelfare.idaho.gov/services-programs/medicaid-health.

If you haven't applied for Medicaid, are in the middle of applying, or were denied Medicaid recently, you may still get some IBHP services that are paid for by other programs. You can complete an eligibility screening to see if you can get these services. An eligibility screening is a set of questions Magellan asks to see who is eligible to get IBHP services. You can do an eligibility screening by:

- Calling us at 1-855-202-0973 (TTY 711)

If your treatment is ordered by the court, or in other specific situations that will be directed by the IDHW, an eligibility screening will still need to be completed.

If we find that you are eligible for services paid for by other programs:

- We will help you choose a provider to receive a full assessment. The provider will be in a location that meets your needs and travel preferences. Your provider should give you an appointment for an assessment within 5 days unless this does not meet your timeframe.
- We will pay for your services for up to 30 calendar days while you apply for Medicaid and/or wait for your application to be processed.
- If your application for Medicaid is approved, you will get Medicaid services.
- If your application for Medicaid is denied, you must call Magellan at 1-855-202-0973 (TTY 711). You need to give us your proof of denial so that you can get services paid for by other programs after the first 30 days. Magellan may reach out to you during this time to see if you have the proof of denial. If you get it before they call you, please call us at soon as possible at 1-855-202-0973 (TTY 711).
- If you do not provide the proof of denial within 30 days, Magellan cannot continue to provide your services.
- Whether or not you have Medicaid, if you stay engaged in active treatment, you can continue to get services paid for by other programs as long as you are eligible.

Please note: The money for these services paid for by other programs is limited each year. If there is no money left for these services when you apply, we will give you names of organizations that can help you.

If we find that you are not eligible for services:

- We will tell you and give you names of organizations that can help you.
- You can appeal our decision (see the next section).
- If you have other insurance, you can call them to see what they will pay for.

How to Appeal an Eligibility Decision

If Magellan says you are not eligible for IBHP services and you think we made a mistake, you may ask for an Appeal. You must submit your Appeal request, whether orally or in writing, to Magellan within sixty (60) calendar days from the date on the Notice of Adverse Eligibility Decision letter (denial letter). Magellan will notify you, your authorized representative (if applicable), and your provider who will be providing the care that is the subject of your appeal. Timeframes of appeal decision are below.

You can have someone else act on your behalf. If someone else appeals for you, you must give them written permission by completing the *Authorization to Release Protected Health Information (PHI)* form and sending it to us. If the person acting on your behalf is your provider, an AUD is not required. You can complete this form online at MagellanofIdaho.com. Look in the Member Handbook and Forms section. You can also download the form from that page to print and fill out.

How do you ask for an appeal?
There are four (4) ways you can ask for an appeal:

- **Call** Magellan at **1-855-202-0973 (TTY 711)**
- **Fax** the *Member Appeal Request Form* to: **1-888-656-9795**
- **Email** the *Member Appeal Request Form* to: IDAC@MagellanHealth.com
- **Mail** the *Member Appeal Request Form* to:

Magellan Healthcare, Inc.
Attention: Idaho Quality Department
P.O. Box 2188
Maryland Heights, MO 63043

You can find the *Member Appeal Request Form* at MagellanofIdaho.com in the Member Handbooks and Forms section.

If you appeal in writing by fax, email, or mail, please send a copy of the Notice of Adverse Eligibility Decision letter you received. You can use the *Member Appeal Request Form* on MagellanofIdaho.com or write a letter that includes:

- The name of the person appealing
- The address and telephone number of the person appealing
- The reasons why you are requesting the Appeal
- Whether you are requesting standard or expedited (fast) Appeal
- Whether you want to keep getting services during the Appeal process

When we receive your Appeal, we will tell you and your provider that we received it by sending you a letter in the mail within five (5) business days.

How long does it take to make a decision about your Appeal?

Expedited (fast) Appeal: Magellan will determine if you meet the criteria for an expedited Appeal within 72 hours. We will contact you if more time is needed.

Standard Appeal: We will make a decision within thirty (30) days of getting your Appeal. We will contact you if more time is needed.

If we need more time to review your Appeal, we can ask the Idaho Department of Health and Welfare (IDHW) for fourteen (14) more calendar days. If we need more time, we will tell you about this request by phone and letter within two (2) calendar days of contacting the IDHW. If the IDHW agrees with our request, we will tell you in writing.

Submitting an Appeal and Fair Hearing Request to IDHW
If you disagree with Magellan's decision about your eligibility Appeal, or if we miss our deadline to make a decision about your Appeal, you have the right to submit an Appeal to IDHW and ask for a State Fair Hearing. You can only ask for a State Fair Hearing once you have finished the Appeal process with Magellan.

You can ask for a State Fair Hearing if:

- You have completed the Appeal process with Magellan and you are still dissatisfied with our decision on your Appeal; or
- You did not receive a Notice of Appeal Resolution Letter within 72 hours from receipt of Appeal for expedited (fast) Appeal; or
- You did not receive a Notice of Appeal Resolution Letter within 30 calendar days from receipt of Appeal for standard Appeal; or
- You did not receive a Notice of Appeal Extension telling you that we needed an additional 14 calendar days to finish your expedited (fast) or standard Appeal request.

What should I send with my State Fair Hearing request?
You may send additional information with your Fair Hearing request. Additional information is not a requirement. You do not have to wait to have the records to request a State Fair Hearing.

Examples of additional information are medical records, doctor's notes, or financial records that support your reasons for the State Fair Hearing request. **Keep your own copies of any documents you send**.

You, your provider, or a person you trust can submit the Appeal and State Fair Hearing request to the IDHW. The Office of the Attorney General will hold the hearing. State Fair Hearings are always over the phone. During the hearing, IDHW will be asked to explain why Magellan's decision was correct. You will be asked to tell the state why you disagree with Magellan's Appeal decision. Your provider or a person you trust can help you and attend the hearing.

After the hearing, the hearing officer will give you, your provider, and IDHW a final decision within thirty (30) days from the date of the hearing. If the Hearing Officer's decision is that Magellan's decision was correct, you may have to pay for services you continued to get during the Appeal and State Fair Hearing process.

You, your provider, or someone you trust may ask for a State Fair Hearing by submitting an Appeal to the IDHW. There are five (5) ways to ask for a State Fair Hearing:

- **Mail**:

  Idaho Behavioral Health Plan Governance Bureau
  PO Box 83720
  Boise, ID 83720-0009

- **Deliver to:** Your local Health & Welfare office
- **Email**: IBHPAppeals@dhw.idaho.gov

- **Fax**: 1-208-364-1811
- **Phone**: 1-866-681-7062 (TTY 711)

You or someone you trust can ask for a free copy of the criteria, guidelines, or any other information we use to make our eligibility decision by calling 1-855-202-0973 (TTY 711). If you have any questions about this decision, please call Magellan 1-855-202-0973 (TTY 711), Monday – Friday, 8:00 a.m. to 6:00 p.m., Mountain Time.

Cost Sharing Requirement

Other State Funding (OSF) helps Idaho residents who do not have Medicaid pay for certain mental health or substance use services when no other coverage is available.

What is changing?

Because of a new state law (HB 220), some members must now share in the cost of their care.

- During your eligibility screening, you will be asked to share basic income information.
- You may need to pay up to 5% of your household income toward behavioral health services before OSF can help.
- Hardship exceptions are available if paying this amount would cause financial difficulty.
    - If approved, OSF services may be covered for up to one year.
- Members already approved for OSF services will not be affected until their next yearly renewal.

These changes help make sure OSF funds are used fairly and are available to people who need them most.

How to get Other Insurance if you don't Qualify for Medicaid

If you do not qualify for Medicaid, you may still be able to get health insurance that covers mental health and substance use disorder services through Your Health Idaho.

Your Health Idaho is Idaho's official health insurance marketplace. It helps individuals and families:

- Find health plans that include behavioral health services
- Compare plans and costs
- See if they qualify for financial help to lower monthly payments and out-of-pocket costs

This is the only place in Idaho where you can get financial help to pay for private health insurance.

How to Get Help

- Online: Visit yourhealthidaho.org
- Phone: Call 1-855-944-3246 (TTY 711)

Chapter 6: How to get Care

Magellan will help you get the right kind of care based on what your needs are. We work with people and groups who may care for you in an office, a hospital, a treatment facility, your home, or your community. The people who care for you are called providers. Providers are doctors, hospitals, organizations, or individuals who have licenses or other permissions to offer healthcare services and supports.

If you have a Medical Emergency

Emergency services are inpatient and outpatient services that are needed to evaluate and stabilize a person. An **emergency medical condition** is something so bad that a person with no medical training would say someone's life or long-term health is at risk.
If you have a medical emergency:

- Call 911, or
- Go to the nearest emergency room or urgent care center.

You do not have to get approval from Magellan to get emergency services. You may use any hospital or other setting for emergency care.

If you have a Mental Health or Substance Use Emergency (Crisis)

A **mental health crisis** is when a person does something unexpected or suddenly acts in a way that:

- Puts them at risk of hurting themselves or others, and/or
- Prevents them from functioning or being able to care for themselves

If you need mental health crisis help, call or text 988 to reach the Idaho Crisis and Suicide Hotline 24 hours a day, 7 days a week.

If you or someone you know is in immediate danger of harm to self or others, go to the nearest crisis center or emergency room.

You do not have to get approval from Magellan to get mental health crisis services. You may use any crisis center, hospital, or other setting for mental health crisis care. Any Idaho resident can get crisis help for free, regardless of health insurance coverage.

If you go to a crisis center or emergency room, try to be prepared:

- Bring a list of the medicines you are taking. Include prescriptions, over-the-counter drugs, vitamins, and herbal supplements.
- Take your Medicaid and/or other insurance ID cards, and information.
- If you have a guardian, take their name, phone number, and address.
- Tell the people treating you about your mental health or substance use concerns. This information will help them give you proper care.
- Tell them the name of your primary care provider and any mental health or substance use disorder providers you are seeing.

- Give them a copy of your psychiatric advance directive (Mental Health Declaration) and/or your crisis and safety plan if you have either. You can learn about psychiatric advance directives and crisis and safety plans in the Mental Health Declarations chapter.

If you don't know if you need emergency/crisis help, call Magellan at 1-855-202-0973 (TTY 711), 24 hours a day, 7 days a week.

Emergency Medical Transportation

Emergency transportation by an ambulance is covered by the Idaho Medicaid Plan. If you need an ambulance, call 911 or your local ambulance provider.

What to do After a Mental Health/Substance Use Crisis

Please call Magellan as soon as you can after the crisis.

- If you are in the hospital, we will work with you and your care team on a discharge plan. The plan will include the care you need after you leave the hospital. It will talk about follow-up appointments. It may talk about medicines you need or community resources.
- If you are not in the hospital, we will help you get an appointment with a provider and plan for more follow-up care.

After-Hours and Urgent Care

Urgent care is non-emergency healthcare for a person who needs to be seen quickly but can't get an appointment with their regular provider. Urgent care is needed when you have an illness or situation that could quickly become an emergency or crisis. It can include care, lab work, and urgent medicines. Magellan providers must provide care within 24 hours for urgent situations, and within 7 days for routine appointments and specialty referrals. **You do not have to get approval from Magellan to get after-hours care or urgent care for mental health or substance use problems.**

How to get After-Hours/Urgent Care

If you have an urgent care need and cannot see your regular provider, call Magellan at 1-855-202-0973 (TTY 711), 24 hours a day, 7 days a week.

Getting IBHP services

If you or your child needs mental health or substance use care, start by looking for a network provider who can help. Visit MagellanofIdaho.com and click on "Find a Provider." This directory is updated each day. As long as the care you want does not require a pre-authorization, you can see any network provider. You can read more about network providers and pre-authorization in the next sections.

You can also call Magellan at 1-855-202-0973 (TTY 711) to:

- Get help finding the right provider for your needs
- Ask for a printed copy of the provider directory

Network Providers and Non-Network Providers

A Magellan **network provider** (also called in-network provider) is one who agrees with Magellan to provide services for IBHP and signs a contract with us. These providers are in Magellan's **provider network**. Magellan's provider network is a large group of providers, hospitals, facilities, and other organizations who have agreed

with Magellan to provide services for the IBHP and signs a contract with us. You can see any network provider and change to a new one at any time unless a court tells you that you have to stay with the one you have.

A **non-network provider** (also called out-of-network provider) is a provider who is not in Magellan's provider network. If you need to visit a non-network provider, call Magellan at 1-855-202-0973 (TTY 711).

If you have Medicaid:

- You will not have to pay anything when you visit a Magellan network provider for Medicaid behavioral health services.
- When you become a Magellan Member, if you have been seeing a non-network provider, you may continue to see them for a certain amount of time. Call Magellan at 1-855-202-0973 (TTY 711) for more information.
- There may be a time when you need to use a provider, hospital, or facility that is not in our network. If this happens, call Magellan at 1-855-202-0973 (TTY 711).

If you do not have Medicaid, you may have to pay for some care from network providers and non-network providers. This is called a cost share. See the Eligibility chapter, for more information.

Referrals

You do not need a referral from a primary care provider (PCP) to get mental health and substance use disorder services. A PCP is a family doctor or other provider who is responsible for your overall care. When you get physical healthcare, your PCP may need to refer you to a specialist. You do not need a PCP to refer you to a mental health or substance use disorder specialist. You can decide if you want to get services and then go to a network provider for help. If you do have a referral from your PCP, bring it with you to your first appointment. Your provider will want to see what your PCP recommends.

Pre-Authorization

You might need a pre-authorization to get certain mental health or substance use disorder care. A pre-authorization (also called prior authorization) is an approval that may be needed for you to get a service or medicine. See the Covered Services chapters to see what care needs pre-authorization. If your provider thinks you need a service or medicine, they will ask Magellan for approval. We will review the request to see if it is medically necessary for you. **You do not need a pre-authorization to get emergency services or help with a mental health crisis.**

What does "Medically Necessary" mean?

"Medically necessary" services and supports must meet professionally recognized standards and be supported by your behavioral health and medical records. Services and supports are considered medically necessary if:

- They prevent, diagnose, or treat health conditions that cause pain, limit how your body works, change how your body looks, or put your life in danger,
  and
- There are no other services available or better to meet your needs that are less restrictive or costly
  and
- Are considered safe, effective, and meet acceptable standards of medical practice.

For youth under age 21 who have Medicaid, services and supports are covered under a benefit called Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

These services may include health care, tests, treatment, and other supports needed to help your youth stay healthy and develop well. Services may be able to be covered even if they are not listed in the Medicaid State Plan, as long as they are medically necessary. This means services may be able to be covered even if they are not normally covered by Medicaid, if they meet the criteria for medical necessity.

Under EPSDT, services are considered medically necessary when they are needed to:

- Find, treat, improve, or manage physical or mental health conditions
- Correct or reduce health problems found during screenings

IDAPA Reference Links

- 16.03.26.005.21
- 16.03.26.006.15

We use Medical Necessity Guidelines to see if a service is right for you. If you would like a copy of these Guidelines, visit MagellanofIdaho.com or call us at 1-855-202-0973 (TTY 711).

How to ask for Pre-Authorization

If a pre-authorization is required for care your provider thinks you need, they will write the request. They may need information from you to complete the request. If you have a case manager or care manager, they may talk to them. Your provider will send all the required information to Magellan for us to review.

Magellan Review of Pre-Authorization Requests

Magellan will review the pre-authorization request and the information your provider submitted. If we have enough information to make a decision, we will tell you and your provider our decision.

If Magellan does not have enough information, we will tell your provider. We will give your provider some time to send us the new information. We will tell you and your provider Magellan's decision once we have reviewed the new information.

You and your provider will get written notices telling you if the request is approved or not. If the request is not approved, it is called an Adverse Benefit Determination (ABD). An ABD is when a requested service or change in service is not approved, or only partly approved. An ABD can also happen if a provider doesn't act on a request for services quickly enough.

If your Pre-Authorization Request is not Approved

If a service is not approved or only partly approved, we will send you and your provider an Adverse Benefit Determination Notice (ABD Notice). An ABD Notice is a letter a member or a provider gets when a requested service or change in service is not approved, or only partly approved. An ABD Notice can also be sent if a provider doesn't act on a request for services quickly enough.

The ABD Notice will explain why a service is not approved. If you disagree with the ABD Notice, you can appeal. An appeal request form and appeal instructions are included with the ABD Notice.

For information on how to appeal a decision, see the Complaints, Appeals and Fair Hearings chapter of this handbook.

If you need help understanding the pre-authorization process, talk to your provider or call Magellan at 1-855-202-0973 (TTY 711).

Chapter 8: Covered Services for Adults

The services listed below are covered for adults ages 18 and older, unless there is a note with an age limit.

- If Medicaid covers the cost, you can get this service at no cost if you are on Medicaid.
- If Other State Funds (OSF) covers the cost, you may be able to get this service at no or low cost through other state funds. You do not have to be on Medicaid to be eligible for the service. These benefits are funded through the Idaho Department of Health and Welfare. Funding is limited and may only be used until funding has run out.

If a service requires a **Pre-Authorization**, your provider needs to ask Magellan for approval (pre-authorization or prior authorization) for you to get the service. If there is a Yes, your provider needs to ask Magellan for approval. If there is a No, your provider does not need to ask Magellan for approval.

To get help with any of these benefits, or to have a list of providers mailed to you, please call Magellan at 1-855-202-0973 (TTY 711), 24 hours a day, 7 days a week.

Services to Understand your Needs

Alcohol and Drug Assessment

Description

Used to see if you have a substance use concern. It helps providers know the best way to help you.

- **What it is:** A conversation with a provider to see if alcohol or drug use may be affecting your health.
- **Who this may help:** People who are unsure if they have a substance use concern or want help deciding next steps.
- **What to know:** Helps guide treatment choices.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Alcohol and Drug Testing

Description

Tests to see if your hair, urine, or saliva shows that there is alcohol or drugs in your body.

- **What it is:** Tests of urine, hair, or saliva to check for alcohol or drugs in your system.
- **Who this may help:** People in treatment or monitoring programs.
- **What to know:** Often used to support recovery or treatment planning.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, until the 24 unit threshold is met.

Comprehensive Diagnostic Assessment (CDA)

Description

The CDA helps providers understand your mental health and substance use concerns and develop a care plan. It includes a review of your health history and any family-related issues. A CDA needs to be completed every twelve (12) months. It can be updated more often if needed.

- **What it is:** A detailed review of your mental health and substance use needs.
- **Who this may help:** People starting services or whose needs have changed.
- **What to know:** Required at least once every 12 months.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Functional Assessments

Description

Functional assessments measure your ability to do things needed for daily living. It measures your strengths and needs.

- **What it is:** An evaluation of how you manage daily life tasks.
- **Who this may help:** People who need help living independently or managing daily routines.
- **What to know:** Looks at strengths and support needs.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Psychological Testing

Description

Formal sets of written, visual, or verbal tests that are given by a psychologist. They help providers understand how you think, feel, and behave. They can also help determine your strengths, challenges, personality and how you handle situations.

- **What it is:** Tests that help providers understand how you think, feel, and behave.
- **Who this may help:** People who need clarity about diagnoses, learning needs, or emotional concerns.
- **What to know:** Given by a psychologist.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, until 14 hour threshold is met.

Neuropsychological Testing

Description

Formal sets of tests that help detect brain damage, injuries, or other issues. They can reveal challenges in how the brain functions. These tests are given by a psychologist.

- **What it is:** Specialized testing to understand how the brain is working.
- **Who this may help:** People with brain injuries, memory concerns, or complex conditions.
- **What to know:** Helps guide treatment planning.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, until 14 hour threshold is met.

Therapy and Counseling Services

Individual Psychotherapy

Description

If you have a mental health or substance use concern, you can talk with a trained therapist to explore and address emotional, mental, and behavioral challenges. It provides a safe space to discuss concerns, understand feelings, and develop coping strategies to improve overall wellbeing.

- **What it is:** One-on-one therapy with a trained professional.
- **Who this may help:** People with emotional, mental health, or substance use concerns.
- **What to know:** Helps build coping skills and improve wellbeing.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Group Psychotherapy

Description

If you have a mental health or substance use concern, you can meet with a group of three or more people with similar concerns. You and the other group members will talk and support each other. You may practice coping skills to learn how to manage issues. The group is led by a behavioral health expert who helps you be safe.

- **What it is:** Therapy with others who have similar concerns.
- **Who this may help:** People who benefit from peer support and shared learning.
- **What to know:** Led by a trained provider.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Family Psychotherapy

Description

If you have mental health concerns, you and your family can talk with a behavioral health expert who will help you and your family learn coping and other skills.

- **What it is:** Therapy sessions with family members.
- **Who this may help:** People whose mental health affects family relationships.
- **What to know:** Helps families learn coping and communication skills.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Multiple-Family Group Psychotherapy

Description

If you have a mental health concern, you and your family can meet with other families who face similar challenges. In a group setting with a trained professional, you and others discuss and work on emotional concerns. The goal is to help you and your family grow, handle your emotions better, and improve your daily life skills.

- **What it is:** Therapy with several families together.
- **Who this may help:** Families facing similar mental health challenges.
- **What to know:** Focuses on emotional growth and daily life skills.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Not covered
- **Pre-Auth Required:** No

Family Psychoeducation

Description

If you have Serious Mental Illness (SMI)* or Serious and Persistent Mental Illness (SPMI)** you and your family can get information that can help you understand your needs and strengths. This service is to help you learn about and understand your condition, so you can manage and make decisions in an informed way. Depending on what you need help with, you can come to sessions with just your family or a group of families that share the same experiences.

**In order to be considered as having an SMI, a member must 1) have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and 2) have a functional impairment that substantially interferes with or limits one (1) or more major life activities.*

***In order to be considered as having an SPMI, a member must 1) meet the criteria for SMI, 2) have at least one (1) additional functional impairment, and 3) have a diagnosis under DSM-5 with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder.*

- **What it is:** Education for you and your family about serious mental illness.
- **Who this may help:** People with SMI or SPMI and their families.
- **What to know:** Helps families understand conditions and treatment options.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Not covered
- **Pre-Auth Required:** No

Care Coordination and Skill Building

Case Management – Mental Health

Description

Case management is a collaborative process with a behavioral health professional. A case manager helps facilitate and advocate for options and services to meet your needs. If you have mental health concerns, a trained mental health expert can help you access and coordinate care for your physical and mental health. They can also help you with community-living needs.

- **What it is:** Support from a professional who helps coordinate services.
- **Who this may help:** People who need help navigating care or community resources.
- **What to know:** Focuses on mental and physical health needs.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Case Management – Substance Use

Description

Case management is a collaborative process with a behavioral health professional. A case manager helps facilitate and advocate for options and services to meet your needs. If you have substance use concerns, a trained expert can help you access and coordinate your care for your physical and mental health. They can also help you with community-living needs.

- **What it is:** Support to coordinate care for substance use recovery.
- **Who this may help:** People needing help managing treatment and recovery services.
- **What to know:** Can also help with housing and daily living needs.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Individualized Skills-Building Treatment Plan

Description

A trained clinician and a skills helper work with you and your family to create a personalized treatment plan. The approach focuses on your strengths and helps you meet goals.

- **What it is:** A personalized plan focused on your strengths and goals.
- **Who this may help:** People who need help building daily living or coping skills.
- **What to know:** Created with a clinician and skills helper.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Skills-Building / Community-Based Rehabilitative Services (CBRS)

Description

If you have a mental health concern, you might be able to get CBRS at home or in the community. Providers use special techniques to help you improve behavior, social skills, communication, and daily living skills. It can help boost your abilities and confidence. It can help reduce mental health symptoms.

- **What it is:** Support to build social, communication, and daily living skills.
- **Who this may help:** People whose mental health affects everyday functioning.
- **What to know:** Can be provided at home or in the community.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Life Skills

Description

If you are in recovery from substance use concern, life skills can help you cope with the demands and challenges of life. Programs can help you enhance personal or family relationships, reduce work or family conflict, and adopt healthy, recovery-oriented behaviors.

- **What it is:** Training to manage daily responsibilities during recovery.
- **Who this may help:** People recovering from substance use concerns.
- **What to know:** Focuses on healthy, recovery-oriented behaviors.

Member Eligibility

- **Medicaid:** Not covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Substance Use Recovery Supports

Medication-Assisted Treatment (MAT)

Description

Medication-assisted treatment (MAT) is the use of medications, sometimes in combination with counseling and behavioral therapies, to treat substance use disorders. MAT helps treat opioid use disorder and alcohol use disorder and can help you to sustain recovery.

- **What it is:** Medication combined with counseling for substance use disorders.
- **Who this may help:** People with opioid or alcohol use disorders.
- **What to know:** Supports long-term recovery.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funding:** Covered
- **Pre-Auth Required:** No

Recovery Coaching

Description

If you are recovering from a substance use concern, you can get support from a Certified Recovery Coach (CRC) or a Certified Peer Recovery Coach (CPRC).* These coaches are your advocate, guide, leader, and mentor. They help you get connected to services and connect you to the recovery community. They help you create a recovery and resiliency plan that meets your needs. If you have a setback in your recovery, they can help you re-engage in supports and treatments. If you work with a CRC/CPRC, you may have fewer and less severe relapses.

**The difference between a CRC and a CPRC is that a CRC is not required to be in recovery themselves. CPRCs are all in recovery themselves.*

- **What it is:** Support from a certified recovery coach or peer.
- **Who this may help:** People in recovery who want guidance and encouragement.
- **What to know:** Helps connect you to recovery supports.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Group Aftercare

Description

After you have successfully completed treatment for a substance use concern, you can meet with a group of people on a regular basis. These people are going through the same kinds of things you are going through. The group members support each other in recovery.

- **What it is:** Ongoing group support after completing treatment.
- **Who this may help:** People maintaining recovery after treatment.
- **What to know:** Focuses on peer support.

Member Eligibility

- **Medicaid:** Not covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Outpatient Substance Use Disorder Psychotherapy

Description

If you have a substance use concern, you can meet with a therapist for help. You will learn how to:

- Stop using substances and stay substance free
- Change behaviors
- Repair relationships
- Make new friends who don't use substances
- Create a recovery lifestyle

You can meet with a therapist by yourself or in a group.

- **What it is:** Therapy focused on stopping substance use and building recovery.
- **Who this may help:** People working toward long-term recovery.
- **What to know:** Can be individual or group-based.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Crisis and Urgent Support

Crisis Call Center (988)

Description

You can call 988 24 hours a day, 7 days a week, if you are having a behavioral health crisis.* This service gives you immediate help over the phone, text, or chat with trained professionals. Staff will listen and connect callers to the right levels of care. The crisis call center is available for all Idahoans.

**A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do. See Getting Care chapter for more information.*

- **What it is:** 24/7 phone, text, or chat support during a crisis.
- **Who this may help:** Anyone experiencing a mental health or substance use crisis.
- **What to know:** Available to all Idahoans.

Member Eligibility

Coverage: This service is available to all Idahoans free of charge.

Crisis Intervention

Description

With crisis* intervention services, you can talk to a behavioral health expert 24 hours a day, 7 days a week. The person will work with you to manage the crisis and make a plan to improve your situation.

**A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do. See Getting Care chapter for more information.*

- **What it is:** Immediate support from a behavioral health professional.
- **Who this may help:** People needing help managing a crisis right away.
- **What to know:** Available 24/7.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Crisis Psychotherapy

Description

Crisis* psychotherapy is for when you have a behavioral health crisis but are not at risk of hurting yourself or others. You talk with a trained therapist to explore and address the issues that led to your crisis. The goal is to help you get stable quickly.

**A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do. See Getting Care chapter for more information.*

- **What it is:** Short-term therapy during a crisis.
- **Who this may help:** People in crisis who are not at risk of harming themselves or others.
- **What to know:** Focuses on quick stabilization.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Crisis Centers

Description

Crisis* Centers offer you in-person help if you are having a mental health or substance use crisis. You may stay at a Center for up to 23 hours and 59 minutes. This is available for all Idahoans.

**A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do. See Getting Care chapter for more information.*

- **What it is:** In-person crisis support for up to 23 hours and 59 minutes.
- **Who this may help:** People needing immediate, face-to-face help.
- **What to know:** Available statewide.

Member Eligibility

Coverage: This service is available to all Idahoans free of charge.

Mobile Crisis Response Team

Description

Mobile response is a brief community-based intervention to help you if you are in a mental health crisis.* Teams identify your stressors and focus on your strengths and natural supports to de-escalate the crisis and prevent future crises. Mobile Response will be delivered in the community. This is available for all Idahoans.

**A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do. See Getting Care chapter for more information.*

- **What it is:** Crisis help delivered in the community.
- **Who this may help:** People who need in-person crisis support where they are.
- **What to know:** Helps prevent hospitalization.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Higher Levels of Care

Intensive Outpatient Program (IOP)

Description

This is a structured program for you if you have mental health or substance use symptoms that can be managed in a level of care that is less intensive than partial hospitalization but higher than basic outpatient care. Services include:

- Assessment and treatment planning
- Psychotherapy and/or psychoeducation
- Skill-building activities
- 24-hour crisis services
- Psychiatric evaluation
- Medication management
- Substance use screening and monitoring, and drug testing (as appropriate)
- Physical exam
- Care coordination/transition management/discharge planning
- For eating disorders:
    - Health assessment and monitoring
    - Dietary and nutrition services

You may also get these services outside the program:

- Separate case management
- Respite
- Peer support
- Recovery coaching
- Psychological/neuropsychological testing

- **What it is:** Structured treatment several days a week while living at home.
- **Who this may help:** People needing more support than weekly therapy.
- **What to know:** Includes therapy, skill-building, and care coordination.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Partial Hospitalization Program (PHP)

Description

This is a structured program for you if you have mental health or substance use symptoms that can be managed in a level of care that is less intensive hospitalization but higher than intensive outpatient care. You attend this structured program for 20 or more hours a week. You do not spend the night in the hospital. Services include:

- Assessment and treatment planning
- Psychotherapy and/or psychoeducation
- Skill-building activities
- 24-hour crisis services
- Psychiatric evaluation
- Medication management

- Substance use screening and monitoring, and drug testing (as appropriate)
- Physical exam
- Care coordination/transition management/discharge planning
- For eating disorders:
    - Health assessment and monitoring
- Dietary and nutrition services

- **What it is:** Day-long treatment without overnight stays.
- **Who this may help:** People needing intensive care but not hospitalization.
- **What to know:** Typically 20+ hours per week.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Residential Treatment

Description

If you have a mental health and/or substance use concern and your psychiatric, behavioral, or cognitive problems are severe that you need 24-hour care, you could go to a residential treatment center. A residential treatment center is not a hospital. Services include:

- Psychiatric care
- Psychological care
- Therapeutic and behavior modification
- Psychotherapy
- Nursing care
- Family visits
- Psychoeducation

- **What it is:** 24-hour care in a non-hospital setting.
- **Who this may help:** People with severe mental health or substance use needs.
- **What to know:** Includes therapy, medical care, and education.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Inpatient Care – Mental Health

Description

If you have a mental health concern (with or without a co-occurring substance use concern), and your thoughts, mood, perception, or behavior is substantially impaired, you may need to be admitted to the hospital as inpatient. Inpatient care is when you get covered services in a hospital and stay there overnight for at least one day.

If you do not have Medicaid, other state funds will cover inpatient care only if you are involuntarily admitted.

- **What it is:** Overnight hospital care for serious mental health concerns.
- **Who this may help:** People whose symptoms severely affect safety or functioning.
- **What to know:** Requires prior approval.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Inpatient Care – Substance Use

Description

If you have a substance use concern and need medically managed withdrawal treatment and related care, you may need to be admitted to the hospital as inpatient. Inpatient care is when you get covered services in a hospital and stay there overnight for at least one day.

- **What it is:** Hospital care for medically managed withdrawal.
- **Who this may help:** People needing medical support during detox.
- **What to know:** Requires prior approval.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Not covered
- **Pre-Auth Required:** Yes

Specialized Programs

Early Serious Mental Illness (ESMI) – STAR Program

Description

If you start to have signs of serious mental illness that interferes with your life, you may have ESMI.* The STAR program is for people who:

- Are between 15 and 30 years old
- Have experienced ESMI within the past two (2) years
- Have not received treatment
- Meet the criteria in the most recent version of *The Diagnostic and Statistical Manual of Mental Disorders*

Services include:

- Assessments
- Treatment plans
- Psychoeducation
- Crisis intervention
- Case management and coordination
- Psychotherapy (individual and group)
- Peer support
- Medication management
- Education and career help

**ESMI is a condition that affects an individual, regardless of their age, and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current version of The Diagnostic and Statistical Manual of Mental Disorders as published by the American Psychiatric Association (APA). For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk for not achieving the expected level of interpersonal, academic, or occupational functioning. This definition is not intended to include conditions that are attributable to the psychologic effects of a substance, substance use disorder, are attributable to an intellectual developmental disorder or another medical condition. The term ESMI is intended for the initial period of onset of the symptoms.*

- **What it is:** Early treatment for new serious mental illness symptoms.
- **Who this may help:** People ages 15–30 with recent onset symptoms.
- **What to know:** Focuses on recovery, education, and work goals.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Homes with Adult Residential Treatment (HART)

Description

If you have Serious and Persistent Mental Illness (SPMI)* or more than one mental health concern, you may be able to live in a HART home. HART is a program where people with the same conditions live together in the community. In a HART home, you will get medically necessary services that may include:

- Comprehensive diagnostic assessment
- Peer support

- Case management
- Crisis response and intervention
- Individualized skills building treatment plan
- Psychotherapy (individual and group)
- Medication management
- Skills building/CBRS
- Skills training and development
- Treatment planning

**In order to be considered as having an SPMI, a member must 1) meet the criteria for Serious Mental Illness, 2) have at least one (1) additional functional impairment, and 3) have a diagnosis under DSM-5 with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder.*

- **What it is:** Community housing with treatment services.
- **Who this may help:** People with serious and persistent mental illness.
- **What to know:** Includes therapy, skills training, and medication support.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Housing and Practical Supports

Safe and Sober Housing (SSH)

Description

If you are in recovery from a substance use concern and in active treatment or waiting for active treatment, you may be able to live in an SSH. SSH provides a safe, clean, and sober place for you to continue your recovery. A house manager who may or may not live in the house is available to support you 24 hours a day, 7 days a week. You would need to pay a fee for amenities and utilities.

SSH is different than Enhanced SSH in these ways:

- In SSH, the house manager does not live in the house all the time. In ESSH, they do.
- SSH is for people in recovery and active treatment or waiting for active treatment. ESSH is for people who are leaving inpatient or residential treatment.

- **What it is:** Sober housing while in treatment or waiting for treatment.
- **Who this may help:** People in recovery needing stable housing.
- **What to know:** Residents pay some living costs.

Member Eligibility

- **Medicaid:** Not covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Enhanced Safe and Sober Housing (ESSH)

Description

If you are in recovery from substance use concerns and are leaving a psychiatric hospital or other facility, you might be able to get ESSH. ESSH provides a safe, clean, and sober place where you can continue your recovery. Houses have a substance use disorder-qualified house manager who lives there 24 hours a day, 7 days a week. You get recovery coaching, medication monitoring, and extra support for SUD- and mental health-related issues.

ESSH is different than regular Safe and Sober Housing (SSH) in these ways:

- In ESSH, the house manager lives in the house all the time. In SSH, they do not.
- ESSH is for people who are leaving inpatient or residential treatment. SSH is for people in recovery and active treatment or waiting for active treatment.

- **What it is:** Sober housing with 24/7 on-site support.
- **Who this may help:** People leaving inpatient or residential treatment.
- **What to know:** Includes recovery coaching and medication monitoring.

Medicaid Eligibility

- **Medicaid:** Not covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Basic Housing Essentials

Description

If you live in Enhanced Safe and Sober Housing, you can get basic housing essentials like bedding, towels, soap, toothpaste, etc.

- **What it is:** Basic items like bedding and hygiene supplies.
- **Who this may help:** People living in ESSH.
- **What to know:** Prior approval required.

Member Eligibility

- **Medicaid:** Not covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Childcare During Appointments

Description

If you have substance use concerns and need to go to an appointment or a treatment facility, you could get free or low-cost childcare while you are there.

- **What it is:** Help paying for childcare during treatment visits.
- **Who this may help:** Parents receiving substance use treatment.
- **What to know:** Available through Other State Funds.

Member Eligibility

- **Medicaid:** Not covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Transportation for Substance Use Disorder Treatment

Description

If you have substance use concerns and do not have a way to get to treatment appointments, you can get free or low-cost travel. If you are in overnight care, you can also get free or low-cost travel for your child to visit you. To get transportation, call Magellan at 1-855-202-0973 (TTY 711) 24 hours a day, 7 days a week.

- **What it is:** Help getting to treatment appointments.
- **Who this may help:** People without reliable transportation.
- **What to know:** Call Magellan to arrange.

Member Eligibility

- **Medicaid:** Not covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Medication Services

Medication Management

Description

A doctor or nurse meets with you to discuss the medicines you take and order new ones you might need.

- **What it is:** Visits to review and manage medications.
- **Who this may help:** People taking medications for mental health or substance use.
- **What to know:** Helps ensure medications are safe and effective.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Therapeutic Injection

Description

A doctor or nurse may give you medicine you need in a shot form. Injections may help people with long-term conditions. They can lead to better results and consistent use. Sometimes injections are the best way to get certain medicines.

- **What it is:** Medication given by injection.
- **Who this may help:** People who need long-acting medications.
- **What to know:** Often improves consistency.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Transcranial Magnetic Stimulation (TMS)

Description

TMS uses a magnetic field to influence brain activity. It can help if you have depression, obsessive-compulsive disorder, or another condition that has not improved with treatment. It is not invasive. The side effects are usually mild and temporary. TMS takes place in an office, not a hospital, and does not involve anesthesia.

- **What it is:** Non-invasive treatment using magnetic pulses.
- **Who this may help:** People with depression or OCD that has not improved with treatment.
- **What to know:** Office-based, no anesthesia required.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Chapter 9: Covered Services for Youth

The services listed below are covered for eligible youth and include details for who will pay for the service.

- If **Medicaid** covers the cost, your youth can get this service through the end of the month of their 18th birthday at no cost if they have Medicaid. They may also be able to get this service through the end of the month of their 21st birthday via the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. **All services through EPSDT require pre-authorization.** For more information on this benefit, please see the Medicaid Member Benefits chapter of this handbook.
- If **Other State Funds** cover the cost, your youth may be able to get this service up to their 18th birthday at no or low cost through other state funds. These benefits are funded through the Idaho Department of Health and Welfare. Funding is limited and may only be used until funding has run out.

If a service requires a **Pre-Authorization**, your youth's provider will need to ask Magellan for approval (pre-authorization or prior authorization) for them to get the service.

To get help with any of these benefits, or to have a list of providers mailed to you, please call Magellan at 1-855-202-0973 (TTY 711).

Youth Empowerment Services
Youth Empowerment Services (YES) is Idaho's children's mental health system of care. It is for youth under age 18 who are at risk for or who have Serious Emotional Disturbance (SED). YES helps these youth and their families get access to services and supports. Through YES, there are clear pathways to services. You can find more information about YES in Youth Empowerment Services (YES) and Other Help for Youth chapter of this handbook, on the yes.idaho.gov website, and in the YES Practice Manual (posted on the yes.idaho.gov website.

Services to Understand your Needs

Alcohol and Drug Assessment

Description
Used to see if your youth has a substance use concern. It helps providers know the best way to help them. Results will not impact your youth's eligibility for services.

- **What it is:** A conversation with a provider to see if your youth may have a substance use concern.
- **Who this may help:** Youth who may be experimenting with or affected by alcohol or drugs.
- **What to know:** Results do not affect eligibility for services.

Member Eligibility
- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Alcohol and Drug Testing

Description

Tests to see if your youth's hair, urine, or saliva shows that there is alcohol or drugs in their body.

- **What it is:** Tests of hair, urine, or saliva to check for alcohol or drugs.
- **Who this may help:** Youth in treatment or monitoring programs.
- **What to know:** Prior authorization is needed after 24 tests in a calendar year.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, unless your youth has already had 24 units/tests in the calendar year.

Child and Adolescent Needs and Strengths (CANS) Assessment

Description

The CANS is a functional assessment tool for youth under 18 years old. All IBHP members under 18, both Medicaid members and other eligible members, must have a CANS assessment. The CANS is required to be updated at least every 90 days to track the child's/youth's progress. The CANS and the CDA will identify if a youth has serious emotional disturbance (SED). For more information on SED and the CANS, see the Youth Empowerment Services (YES) and Other Help for Youth chapter of this handbook.

- **What it is:** A required assessment for youth under age 18 that looks at strengths and needs.
- **Who this may help:** All IBHP youth members.
- **What to know:** Must be updated at least every 90 days.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Comprehensive Diagnostic Assessment (CDA)

Description

A CDA helps providers understand your youth's mental health and substance use concerns and is used to develop a care plan. It includes a review of your youth's health history and any family-related issues. A CDA needs to be completed every twelve (12) months. It can be updated more often if needed. The CANS and the CDA will identify if a youth has serious emotional disturbance (SED). For more information on SED and the CANS, see the Youth Empowerment Services (YES) and Other Help for Youth chapter of this handbook.

- **What it is:** A detailed review of your youth's mental health and substance use needs.
- **Who this may help:** Youth starting services or whose needs have changed.
- **What to know:** Required every 12 months and may be updated sooner if needed.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Functional Assessments

Description

Functional assessments measure your youth's ability to do things needed for daily living. It measures your youth's strengths and needs.

- **What it is:** An evaluation of how your youth manages daily life activities.
- **Who this may help:** Youth who struggle with everyday tasks or independence.
- **What to know:** Helps guide treatment planning.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Early Child Assessment

Description

This is an assessment a clinician does for children under age 6 to see if they show signs of mental health concerns.

- **What it is:** An assessment for children under age 6 to identify early mental health concerns.
- **Who this may help:** Young children showing emotional or behavioral challenges.
- **What to know:** Helps support early intervention.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Psychological Testing

Description

Formal sets of written, visual or verbal tests that are given by a psychologist. They help providers understand how your youth thinks, feels, and behaves. They can also help determine your youth's strengths, challenges, personality and how they handle situations.

Maximum of 14 hours of psychological testing per member per calendar year

- **What it is:** Tests to understand how your youth thinks, feels, and behaves.
- **Who this may help:** Youth needing diagnostic clarity or learning support.
- **What to know:** Limited to 14 hours per calendar year.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, until 14 hour threshold is met.

Neuropsychological Testing

Description

Formal sets of tests that help detect brain damage, injuries or other issues. They can reveal challenges in how the brain functions. These tests are given by a psychologist.

Maximum of 14 units of neuropsychological testing per member per calendar year

- **What it is:** Testing to understand how your youth's brain is functioning.
- **Who this may help:** Youth with brain injuries, learning concerns, or complex needs.
- **What to know:** Limited to 14 units per calendar year.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, until 14 hour threshold is met.

Therapy and Counseling Services

Individual Psychotherapy

Description

Your youth can talk with a trained therapist to explore and address emotional, mental, and behavioral concerns. Therapy provides a safe space for your youth to understand feelings and develop coping strategies to improve overall wellbeing. They can meet with a provider with expertise with their concerns.

- **What it is:** One-on-one therapy with a trained provider.
- **Who this may help:** Youth with emotional, mental health, or substance use concerns.
- **What to know:** Providers can match expertise to your youth's needs.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Group Psychotherapy

Description

If you have a mental health or substance use concern, you can meet with a group of three or more people with similar concerns. You and the other group members will talk and support each other. You may practice coping skills to learn how to manage issues. The group is led by a behavioral health expert who helps you be safe.

- **What it is:** Therapy with other youth facing similar challenges.
- **Who this may help:** Youth who benefit from peer interaction and shared learning.
- **What to know:** Led by a trained provider to ensure safety.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Family Psychotherapy

Description

Your youth and family can talk with a behavioral health expert about concerns you all have. Your all will learn coping skills to help manage them. You can meet with a provider with expertise with your youth's concerns.

- **What it is:** Therapy involving your youth and family members.
- **Who this may help:** Families working through mental health challenges together.
- **What to know:** Focuses on coping and communication skills.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Multiple-Family Group Psychotherapy

Description

If your youth has mental health concerns, your youth and family can meet with other families who face similar challenges. In a group setting with a trained professional, your family discusses and works on emotional concerns with other families. The goal is to help your youth and family grow, handle your emotions better, and improve daily life skills.

- **What it is:** Therapy with several families at the same time.
- **Who this may help:** Families facing similar mental health concerns.
- **What to know:** Helps improve emotional regulation and daily life skills.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Not covered
- **Pre-Auth Required:** No

Family Psychoeducation

Description

Your youth and family can get information that can help understand your youth's and family's needs and strengths. This service is to help you learn about and understand your youth's concerns, so you all can manage and make decisions in an informed way. Depending on what your youth or family needs help with, your youth can come to sessions with just your family or a group of families that share the same experiences.

- **What it is:** Education to help families understand mental health needs and strengths.
- **Who this may help:** Families wanting to better support their youth.
- **What to know:** May include single-family or multi-family sessions.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Care Coordination and Skill Building

Case Management

Description

Case management is a collaborative process with a trained behavioral health professional. A case manager helps facilitate and advocate for options and services to meet your youth's needs. They can help your youth access and coordinate care for their physical and mental health. They can also help your youth with community-living needs and connect your family to services.

- **What it is:** Help from a professional who coordinates care and services.
- **Who this may help:** Youth with complex mental health or substance use needs.
- **What to know:** Prior authorization required after 240 units per year.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, unless your youth has already had 240 units of case management in the calendar year.

Child and Family Team (CFT)

Description

A CFT is a group of people your youth and family choose to help and support you while your youth gets treatment. At a minimum, the team includes the youth, family, and their primary mental health provider. It can also include friends, neighbors, coaches, instructors, religious leaders, and other community members and professionals. **For more information about CFTs, see the Youth Empowerment Services (YES) and Other Help for Youth and Care Coordination chapters of this handbook.**

- **What it is:** A team chosen by your youth and family to support treatment.
- **Who this may help:** Youth who benefit from coordinated, team-based care.
- **What to know:** Includes family, providers, and trusted community members.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Intensive Care Coordination (ICC)

Description

Intensive Care Coordination (ICC) helps manage care and create a plan that works for you or your youth. A Care Coordinator listens to your needs, brings together people who support you, and helps build a plan that can change as needs change. **For more information about ICC, see the Care Management chapter of this handbook.**

- **What it is:** A higher level of care coordination that builds a flexible, team-based plan.
- **Who this may help:** Youth with high or complex mental health needs.
- **What to know:** Focuses on keeping youth safe and supported at home and in the community.

Idaho Wraparound Intensive Services (WInS)

Description

Idaho WInS is a family-driven program for youth with serious emotional problems. It also helps youth who are returning home from or at risk of needing out-of-home placement. It is a structured, evidence-based, high-fidelity form of Intensive Care Coordination delivered by providers. Idaho WInS allows your youth to get services at home and in the community. The services are "wrapped around" your family to keep your youth at home and your family intact. Idaho WInS is part of the YES system of care and is the Idaho model of Wraparound. **For more information about ICC, see the Care Management chapter of this handbook.**

Just like other youth services, youth on Medicaid can get this benefit through the month of their 21st birthday with the Early and Periodic Screening, Diagnostic, and Testing (EPSDT) benefit.

- **What it is:** A family-driven, wraparound program for youth with serious emotional needs.
- **Who this may help:** Youth at risk of out-of-home placement or returning home.
- **What to know:** Part of the YES System of Care.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, unless youth gets service through EPSDT

Family Peer Support

Description

If your youth has serious emotional disturbance (SED), a mental health diagnosis, or a mental health and substance use diagnosis, you can get help from a Certified Family Support Partner (CFSP). CFSPs have experience parenting youth with mental health and substance use concerns. They know what your youth and family are going through, so you feel less alone. CFSPs encourage and empower families to identify and use strengths through the recovery process.

- **What it is:** Support from a Certified Family Support Partner who has lived experience.
- **Who this may help:** Families of youth with mental health or substance use concerns.
- **What to know:** Prior authorization required after 416 units per year.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, unless your family has already had 416 units of family peer support in the calendar year.

Youth Peer Support

Description

If your youth has serious emotional disturbance (SED), a mental health diagnosis, or a mental health and substance use diagnosis, they can get youth peer support. It is provided by a Certified Peer Support Specialist (CPSS) who has had Youth Peer Support Training. Specialists have personal experience with recovery from mental health and/or substance use concerns. Your youth can get one-on-one support or meet with a group. Youth support helps your youth:

- Know they are not alone

- Get involved in their treatment
- Set recovery goals
- Amplify their voice in decision making

If your youth is under age 12, see the Family Peer Support benefit.

- **What it is:** Support from a trained peer with lived recovery experience.
- **Who this may help:** Youth ages 12–17 with SED, mental health, or substance use needs.
- **What to know:** Helps youth build confidence, voice, and resilience.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, unless youth has already had 416 units of peer support in the calendar year

Skills-Building and Day Programs

Individualized Skills-Building Treatment Plan

Description

A trained clinician and a skills builder work with your youth and family to create a personalized treatment plan. The approach focuses on your youth's strengths and helps them meet goals.

- **What it is:** A personalized plan focused on strengths and goals.
- **Who this may help:** Youth who need help building daily life skills.
- **What to know:** Created with a clinician and skills builder.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Skills-Building / Community-Based Rehabilitative Services (CBRS)

Description

If your youth has mental health concerns, they might be able to get CBRS at home or in the community. Providers use special techniques to help your youth improve behavior, social skills, communication, and daily living skills. It can help boost your youth's abilities and confidence and reduce mental health symptoms.

- **What it is:** Skill development services delivered at home or in the community.
- **Who this may help:** Youth whose mental health affects daily functioning.
- **What to know:** Prior authorization required after 308 units per year.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, unless youth has already had 308 units of CBRS in a calendar year

Skills Training and Development (STAD) / Partial Care

Description

If your youth has mental health concerns that make it hard for them to do everyday tasks, this service can help. Your youth will work in a group to learn important daily living skills.

- **What it is:** Group-based skill building for daily living tasks.
- **Who this may help:** Youth who struggle with everyday activities.
- **What to know:** Focuses on practical, functional skills.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Therapeutic After School and Summer Program (TASSP)

Description

TASSP is a range of therapeutic, recreational, and social activities for youth. TASSP helps them with social, communication, behavior, and basic living skills. Youth also get help with psychosocial and problem-solving skills. TASSP helps youth improve functioning at home, school, and in their community. Services are provided after school, on school breaks, and in the summer and can include you and your youth's family.

Youth who have Medicaid can get TASSP services through the EPSDT program through the end of the month of their 21st birthday.

- **What it is:** Therapeutic activities outside school hours.
- **Who this may help:** Youth needing help with social, emotional, or behavioral skills.
- **What to know:** Available after school, during breaks, and in summer.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, unless youth gets service through EPSDT

Youth Day Treatment

Description

Day treatment is a program where youth with serious emotional disturbance get one-on-one or group treatment. Services can include assessments, therapy, medication management and skill building. Youth spend three (3) to five (5) hours per day, four (4) to five (5) days a week in day treatment.

- **What it is:** Structured daytime treatment several days per week.
- **Who this may help:** Youth with serious emotional disturbance.
- **What to know:** Includes therapy, medication support, and skill building.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Crisis and Urgent Support

Crisis Call Center (988)

Description

If your youth is having a behavioral health crisis*, you or they can call 988 or text 988 24 hours a day, 7 days a week to talk to a live person at the Idaho Crisis and Suicide Hotline. You/they can also call your youth's treatment provider if the provider has after-hours services. This service gives you/your youth immediate help from trained professionals. Staff listen and connect callers to the right levels of care.

**A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do. See Getting Care chapter for more information.*

- **What it is:** 24/7 phone or text support during a crisis.
- **Who this may help:** Any youth or family needing immediate help.
- **What to know:** Available to all Idahoans.

Member Eligibility

Coverage: This service is available to all Idahoans free of charge.

Crisis Intervention

Description

With crisis* intervention services, you or your youth can talk to a behavioral health expert 24 hours a day, 7 days a week. The person will work with you or your youth to manage the crisis and make a plan to improve your youth's situation.

**A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do. See Getting Care chapter for more information.*

- **What it is:** Immediate help from a behavioral health professional.
- **Who this may help:** Youth experiencing sudden emotional or behavioral distress.
- **What to know:** Available 24/7.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Crisis Psychotherapy

Description

Crisis* psychotherapy is available when your youth has a behavioral health crisis but is not at risk of hurting themselves or others. They talk with a trained therapist to explore and address the issues that led to their crisis. The goal is to help your youth get stabilized quickly.

**A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do. See Getting Care chapter for more information.*

- **What it is:** Short-term therapy during a crisis.

- **Who this may help:** Youth who are distressed but not at risk of harm.
- **What to know:** Focuses on quick stabilization.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Crisis Centers

Description

Youth Crisis Centers (YCC) are safe places for youth, ages 12-17, to go to by choice if they are having emotional distress, psychiatric symptoms, substance use challenges, or other life stressors. Each YCC is expanding to include youth ages 5-17; call your local YCC for details. Your youth may stay at a Crisis Center for up to 23 hours and 59 minutes. A list of youth crisis centers can be found at this link.

**A crisis is when you or someone you know is having sudden and severe mental health concerns, and you are unsure of what to do. See Getting Care chapter for more information.*

- **What it is:** Safe, voluntary places for youth in crisis.
- **Who this may help:** Youth ages 12–17 (some centers serve ages 5–17).
- **What to know:** Stays up to 23 hours and 59 minutes.

Member Eligibility

Coverage: This service is available to all Idahoans free of charge.

Mobile Crisis Response Team

Description

Mobile response is a brief face-to-face community-based intervention to help your youth wherever they are if they are in crisis. Teams identify your youth's stressors and focus on their strengths and natural supports to de-escalate the crisis and prevent future crises. Mobile response is delivered in the community. Teams are dispatched by calling 988 or texting 988 - the Idaho Crisis and Suicide Hotline. This is available for all Idahoans.

- **What it is:** Crisis help delivered in the community.
- **Who this may help:** People who need in-person crisis support where they are.
- **What to know:** Helps prevent hospitalization.

Member Eligibility

Coverage: This service is available to all Idahoans free of charge.

Higher Levels of Care

Intensive Outpatient Program (IOP)

Description

This is a structured program for your youth if they have mental health or substance use symptoms that can be managed in a level of care that is less intensive than partial hospitalization but higher than regular outpatient treatment. Services include:

- Assessment and treatment planning
- Psychotherapy and/or psychoeducation
- Skill-building activities
- 24-hour crisis services
- Psychiatric evaluation
- Medication management
- Substance use screening and monitoring, and drug testing (as appropriate)
- Physical exam completed within the first week of treatment
- Care coordination/transition management/discharge planning
- For eating disorders:
    - Health assessment and monitoring
    - Dietary and nutrition services

Your youth can get these services outside the program:

- Separate case management
- Respite
- Peer support
- Recovery coaching
- Psychological/neuropsychological testing

- **What it is:** Structured treatment while living at home.
- **Who this may help:** Youth needing more than weekly therapy.
- **What to know:** Includes therapy, medication support, and coordination.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Partial Hospitalization Program (PHP)

Description

If your youth has mental health or substance use concerns that can be managed in a level of care that is less intensive than inpatient hospitalization but higher than intensive outpatient, they may be able to attend a PHP for 20 or more hours a week. Your youth's provider will determine if your youth's age and concerns are appropriate for PHP. Your youth will not spend the night in the hospital. Services include:

- Assessment and treatment planning
- Psychotherapy and/or psychoeducation
- Skill-building activities
- 24-hour crisis services
- Psychiatric evaluation
- Medication management

- Substance use screening and monitoring, and drug testing (as appropriate)
- Physical exam
- Care coordination/transition management/discharge planning
- For eating disorders:
    - Health assessment and monitoring
    - Dietary and nutrition services

- **What it is:** Daytime treatment without overnight stays.
- **Who this may help:** Youth needing intensive support but not hospitalization.
- **What to know:** Requires prior authorization.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Residential Treatment

Description

If your youth has a mental health concern and their psychiatric, behavioral, or cognitive problems so severe that they need 24-hour care, they could go to a residential treatment center. A residential treatment center is not a hospital. Services include:

- Psychiatric care
- Psychological care
- Therapeutic and behavior modification
- Psychotherapy
- Nursing care
- Family visits
- Psychoeducation

- **What it is:** 24-hour care in a non-hospital setting.
- **Who this may help:** Youth with severe mental health needs.
- **What to know:** Requires prior authorization after 14 hour threshold is met.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, until 14 hour threshold is met.

Psychiatric Residential Treatment Facility (PRTF)

Description

A Psychiatric Residential Treatment Facility (PRTF) is a place where youth stay overnight to get strong mental health support. It is not a hospital, but youth get care 24 hours a day in a safe and structured setting. A doctor is in charge of the care youth receive.

Some youth need this level of care when their symptoms are very serious and treatment at home or in the community is not enough to help them stay safe or make progress. This is one of the highest levels of treatment for youth.

- **What it is:** A place to live while getting daily mental health treatment.
- **Who this may help:** Youth who need a lot of support to stay safe and work toward recovery.
- **What to know:** Care includes therapy, school, family involvement, and planning for life after treatment.

Member Eligibility

- **Medicaid:** Covered through the end of the month when the youth turns 21 through the EPSDT benefit.
- **Other State Funds:** May help youth up to age 18 who are eligible. Funds are limited and may run out.
- **Pre-Auth Required:** No, until 14 hour threshold is met.

Inpatient Care – Mental Health

Description

If your youth has mental health concerns (with or without a co-occurring substance use concerns), and their thoughts, mood, perception, or behavior is substantially impaired, they may need to be admitted to the hospital for inpatient services. Your youth will get covered services in a hospital and stay there overnight.

If your youth does not have Medicaid, other state funds will cover inpatient care only if your youth is involuntarily admitted.

- **What it is:** Hospital care with overnight stays.
- **Who this may help:** Youth whose symptoms severely affect safety or functioning.
- **What to know:** Other State Funds only cover involuntary admissions.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered for involuntary admissions
- **Pre-Auth Required:** Yes

Inpatient Care – Substance Use

Description

If your youth has substance use concerns and needs medically managed withdrawal treatment and related care, they may need to be admitted to the hospital for inpatient services. Your youth will get covered services in a hospital and stay there overnight for at least one day.

- **What it is:** Hospital care for medically managed withdrawal.
- **Who this may help:** Youth needing medical detox support.
- **What to know:** Requires pre-authorization.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Not covered
- **Pre-Auth Required:** Yes

Specialized Programs

Early Serious Mental Illness (ESMI) – STAR Program

Description

If your youth starts to have signs of serious mental illness that interferes with their life, they may have ESMI.* The STAR program is for people who:

- Are between 15 and 30 years old
- Have experienced ESMI within the past two (2) years
- Have not received treatment
- Meet the criteria in the most recent version of The Diagnostic and Statistical Manual of Mental Disorders

Services include:

- Assessments
- Treatment plans
- Psychoeducation
- Crisis intervention
- Case management and coordination
- Psychotherapy (individual and group)
- Peer support
- Medication management
- Education and career help

**ESMI is a condition that affects an individual, regardless of their age, and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current version of The Diagnostic and Statistical Manual of Mental Disorders as published by the American Psychiatric Association (APA). For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk for not achieving the expected level of interpersonal, academic, or occupational functioning. This definition is not intended to include conditions that are attributable to the psychologic effects of a substance, substance use disorder, are attributable to an intellectual developmental disorder or another medical condition. The term ESMI is intended for the initial period of onset of the symptoms.*

- **What it is:** Early treatment for serious mental illness.
- **Who this may help:** Youth ages 15–18 and then 19-30 with recent symptom onset.
- **What to know:** Focuses on recovery, education, and work goals.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Intensive Home- and Community-Based Services (IHCBS)

Description

Your youth may get IHCBS if they:

- Are at risk of out-of-home placement
- Are transitioning back to live with their families
- Have significant behavioral health needs

Services can include therapy, behavior modification, and parent education and training.

- **What it is:** Intensive services delivered at home or in the community.
- **Who this may help:** Youth at risk of out-of-home placement.
- **What to know:** Requires prior authorization.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** Yes

Parenting with Love and Limits® (PLL)

Description

If your youth is aged 10 through 17* and has a serious emotional disturbance or substance use disorder diagnosis, this program can help your family. PLL helps parents re-establish adult authority with consistent limits. It helps families reclaim loving relationships. It combines individual and group therapy and lets families meet other families with the same needs.

Youth who have Medicaid can get PLL services through the EPSDT program through the end of the month of their 21st birthday.

- **What it is:** A family therapy program for youth ages 10–17.
- **Who this may help:** Families managing serious emotional or substance use concerns.
- **What to know:** Prior authorization required after 12 weeks.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, until 12 week threshold, per calendar year, is met.

Respite

Description

Respite is only available to families with youth who have been evaluated through the independent assessment process, diagnosed with Serious Emotional Disturbance and enrolled in the Medicaid YES Program. Respite care is short-term or temporary care for your youth so you can take a break from caregiving. It can last up to 72 consecutive hours when not delivered in a community setting. It can last up to 10 consecutive hours when delivered in a community setting. Respite is not to be used in place of childcare. Only IBHP network providers who have completed Magellan's Respite training can provide this service.

Youth get a maximum of 300 hours per year of respite.

Respite may be available to youth who are not enrolled in the YES Program via the vouchered respite program. Information about the program can be found at bpahealth.com/respite-care .

- **What it is:** Short-term care so caregivers can take a break.
- **Who this may help:** Families of youth enrolled in the Medicaid YES Program.

- **What to know:** Up to 300 hours per year.

Medicaid Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Not covered. For information about the Vouchered Respite program, covered by BPA Health, visit: https://www.bpahealth.com/respite-care/.
- **Pre-Auth Required:** No

Medication Management

Description

A doctor or nurse meets with your youth to discuss the medicines they take and order new ones they might need.

- **What it is:** Visits to review and manage medications.
- **Who this may help:** Youth taking mental health or substance use medications.
- **What to know:** Helps ensure medications are safe and effective.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Therapeutic Injection

Description

A doctor or nurse may give your youth medicine they need in a shot form. Injections may help people with long-term mental health conditions. They can lead to better results and consistent use. Sometimes injections are the best way to get certain medicines.

- **What it is:** Medication given by injection.
- **Who this may help:** Youth needing long-acting medications.
- **What to know:** Often improves consistency.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Language Interpretation and Translation Services

Description

If English is not your youth's or your primary language, or they/you are hearing impaired, they/you can get free oral translation or American Sign Language services when they/you are speaking to Magellan or providers. To get services, please call Magellan at 1-855-202-0973 (TTY 711).

Members who are hearing impaired can also use Idaho Relay Services at TTY 711 or:

- Voice: 1-800-377-1363
- Speech-to-Speech: 1-888-791-3004
- Visually Assisted Speech-to-Speech (VA STS): 1-800-855-9400
- Spanish: 1-866-252-0684

Written materials can be translated to another language and provided in alternate formats such as audio, large print, or Braille. For help with written materials, please call Magellan at 1-855-202-0973 (TTY 711).

- **What it is:** Free language and accessibility support.
- **Who this may help:** Families who need interpretation or alternate formats.
- **What to know:** Call Magellan for help.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No

Health and Behavioral Assessment and Intervention (HBAI)

Description

HBAI takes place in a medical clinic. A provider may complete mental health, substance use, and physical health screenings or tests. These assessments help determine what services and supports your youth may need.

- **What it is:** Health and behavior assessments completed in a medical setting.
- **Who this may help:** Youth who may need mental health, substance use, or physical health services.
- **What to know:** Assessments help identify your youth's needs and guide next steps in care.

Member Eligibility

- **Medicaid:** Covered
- **Other State Funds:** Covered
- **Pre-Auth Required:** No, unless your youth has already used 60 units of HBAI during the calendar year

Chapter 10: Medicaid Member Benefits

Medicaid Members have benefits they can use to help them get Idaho Behavioral Health Plan services. See below for details. For more information about these services, please call the Idaho Department of Health and Welfare Division of Medicaid at 1-877-456-1233 (TTY 711).

Behavioral Healthcare for Youth ages 18 to 21 Through EPSDT

As defined in IDAPA 16.03.26.005.21 and 16.03.26.350, youth who have Medicaid can get mental health and substance use disorder care up until their 21st birthday through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit.

The EPSDT benefit allows youth under 21 to receive medically necessary services that exceed the limits of the Idaho Medicaid plan such as those that may not normally be covered or services from providers who are out of network if they are the only available provider. The EPSDT benefit is provided to ensure physical conditions or mental illnesses, which can affect a youth's growth or development are found and treated early. EPSDT includes:

- Screening services (well-child checks, vaccines, and lead and developmental screenings)
- Lab tests
- Health education
- Vision services
- Dental services
- Hearing services
- Rehabilitative services
- Personal care services
- Diagnostic Services
- Treatment (physical or mental illnesses or conditions)
- Transportation to and from medical appointments

To get EPSDT services, talk to your young adult's provider. They must get a pre-authorization from Magellan for your child to get EPSDT services.

For more information:

- Visit healthandwelfare.idaho.gov/services-programs/medicaid-health/early-periodic-screening-diagnostic-and-treatment-epsdt
- Call the Idaho Department of Health and Welfare Division of Medicaid at 1-877-456-1233 (TTY 711)
- Call Magellan at 1-855-202-0973 (TTY 711)

Family planning

IBHP members who have Medicaid can get free family planning services and supplies. You do not need a referral from your primary care provider (PCP). You can get family planning services from your PCP or a clinic that accepts Medicaid. The provider/clinic does not need to be in the Magellan network. **Magellan cannot require you to get a referral before you choose a family planning provider.**

Medicine

Over-the-counter and prescription medicines are not covered by the IBHP, but may be covered by Medicaid. For more information, Medicaid members can call the Idaho Medicaid Pharmacy Program at 1-866-827-9967 (TTY 711).

If you do not have Medicaid and need help paying for prescription or over-the-counter medicines, Idaho 211 may be able to help.

Idaho 211 is a free resource line, connecting you to local programs and services, such as:

- Help paying for medicines
- Low-cost or free health care
- Food, housing, and utility assistance
- Transportation and other community supports

How to contact Idaho 211

- Call: 211 (TTY 711)
- Online: 211-Idaho.communityos.org

Some types of medicines and some brand-name prescription drugs covered require pre-authorization. Your provider or pharmacy will know which medicines need pre-authorization and will ask for it for you.

Non-Emergency Medical Transportation

How to get Non-Emergency Medical Transportation

Medicaid members who have an appointment with a behavioral health provider but do not have a way to get there can request transportation through MTM. MTM is Medicaid's contractor for non-emergency medical transportation (NEMT). For more information about non-emergency medical transportation for Medicaid members, please visit: www.mtm-inc.net/idaho/.

- Trips can be scheduled for appointments twenty-four (24) hours a day, seven (7) days a week.
- You must schedule your trip at least two (2) business days before your appointment, unless your trip is urgent, or you are discharged from a hospital.
- Call MTM twenty-four (24) hours a day, seven (7) days a week at 1-877-503-1261 (toll free) to request transportation, including gas mileage reimbursement. You can also use the MTM Link web portal or mobile app to request a ride at any time. For more information about MTM Link, please visit https://www.mtm-inc.net/mtm-link/**.**

Gas mileage reimbursement in a private vehicle

Medicaid members who have a car to drive to behavioral health provider appointments may be reimbursed for mileage through MTM. A friend or family member who takes you may also be reimbursed. Call MTM at 1-877-503-1261 (TTY 711). For more information about reimbursement, please visit: https://www.mtm-inc.net/idaho/members.

Complaints about the NEMT service

If you have a comment or complaint about NEMT, please call MTM at 1-866-436-045**7** (toll free) or visit https://www.mtm-inc.net/contact/.

Chapter 11: Youth Empowerment Services (YES) and Other Help for Youth

This chapter explains the Youth Empowerment Services system of care, Magellan's transition to independence program, and other services and resources for youth.

Youth Empowerment Services

Youth Empowerment Services (YES) is Idaho's children's mental health system of care. It is for youth under age 18 who are at risk for or who have Serious Emotional Disturbance (SED). YES helps these youth and their families get access to services and supports. Through YES, there are clear pathways to services. Youth ages 18 to 21 who have Medicaid or CHIP can get similar services through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. See the Medicaid Member Benefits chapter for more information about EPSDT. You can find more information about YES in the following sections, on the yes.idaho.gov website, and in the YES Practice Manual (posted on the yes.idaho.gov website.

Eligibility for Youth Empowerment Services

To participate in the YES System of Care, a youth must:

- Be a resident of Idaho, and
- Be under the age of 18, and
- Have or be at risk for a diagnosis of Serious Emotional Disturbance (SED), which includes a behavioral health diagnosis and at least one (1) functional impairment identified on a Child and Adolescent Needs and Strengths (CANS) assessment.

Information on how youth can be screened for YES eligibility can be found later in this chapter.

What is Serious Emotional Disturbance (SED)?

Idaho Code 16-2403(15) defines SED as a diagnosis of "an emotional or behavioral disorder, or a neuropsychiatric condition which results in a serious disability, and which requires sustained treatment interventions, and causes the child's functioning to be impaired in thought, perception, affect or behavior. A disorder shall be considered to 'result in a serious disability' if it causes substantial impairment of functioning in family, school, or community." This means that to have a diagnosis of SED, the youth has both a behavioral health diagnosis and a functional impairment.

Providers and assessors use the Comprehensive Diagnostic Assessment (CDA) and Child and Adolescent Needs and Strengths (CANS) assessment tool to see if a youth has Serious Emotional Disturbance. The CDA helps providers understand a youth's mental state and if they are willing to take part in treatment. It includes a review of the youth's health history and any family-related issues. The CANS measures a youth's and family's needs and strengths. The CANS is used to identify a youth's level of functioning. Results help guide treatment-planning decisions.

About the YES System of Care

The YES system of care is a continuum of services and supports that are organized into a network where:

- Youth and families are empowered to make choices about the youth's care

- Youth and families partner with providers and public agencies
- Youth and family cultural and linguistic needs are met

The YES website at yes.idaho.gov has information on the YES system of care. It has specific information for youth, families, providers, and community members. It also as the YES Practice Manual, which helps people understand the different parts of the YES system of care. Links to other resources and YES partner agencies are also on the site.

The YES Principles of Care and Practice Model

All YES planning and services adhere to the following **YES Principles of Care**:

1. **Family centered** – emphasizes each family's strengths and resources
2. **Family and youth voice and choice** – prioritizes the youth's and family's preferences in all stages of care
3. **Strengths based** – identifies and builds on strengths to improve functioning
4. **Individualized** – customizes care for each youth and family
5. **Team based** – brings youth, families, and informal supports together with professionals to identify the youth and family's strengths and needs, and create, implement, and revise a coordinated care plan
6. **Community-based service array** – provides local services chosen by the youth and family
7. **Collaboration** – brings families, informal supports, providers, and agencies together to meet identified goals
8. **Unconditional** – commits to achieving the goals of the coordinated care plan
9. **Culturally competent** – considers the family's unique needs and preferences
10. **Early identification and intervention** – identifies mental health concerns and provides access to services and supports as soon as a need is identified
11. **Outcome based** – contains measurable goals to assess change

The YES system of care includes needs identification, treatment planning, and care. The process follows the **6-part YES Practice Model**:

1. **Engagement** – actively involving your child and family in the creation and implementation of their coordinated care plan
2. **Assessment** – gathering and evaluating information to create your child's coordinated care plan
3. **Care planning and implementation** – identifying and providing appropriate services and supports for your child in a coordinated care plan
4. **Teaming** – collaborating with your child and family, providers, and community partners to create a coordinated care plan
5. **Monitoring and adapting** – evaluating and updating the services and supports in your child's coordinated care plan
6. **Transition** – altering levels of care and support in your child's coordinated care plan as needed

YES Services and Supports

Eligible youth can get the following services and supports:

- *Behavioral Intervention
- CANS Assessment
- Care/Treatment Planning and Child and Family Teams (CFT)
- Case Consultation
- Comprehensive Diagnostic Assessment
- Crisis Services (including Youth Crisis Centers)
- Day Treatment
- Family Psychoeducation
- Family Peer Support Services
- Flexible Funds
- Inpatient Care
- Residential Treatment Services
- Intensive Care Coordination (ICC)
- Intensive Home and Community-Based Services (IHCBS)
- Intensive Outpatient Programs (IOP)
- Medication Management
- Partial Hospitalization Programs (PHP)
- Psychological and Neuropsychological Testing
- Psychotherapy (Individual, Group, and Family)
- Respite Care
- Skills Building/Community-Based Rehabilitative Services (CBRS)
- Skills Training and Development (STAD)
- Therapeutic After-School and Summer Programs (TASSP)
- *Treatment Foster Care
- Wraparound Intensive Services (WInS)
- Youth Peer Support

**These services are not covered by Magellan*

All services should integrate SUD treatment for individuals with both a behavioral health and SUD diagnosis.

Some of these services require prior authorization or additional screening for youth to get them. See the Covered Services chapter for details.

Does your Youth need YES Services?

If you are unsure if your youth needs behavioral health services, there are a few things you and your youth can do:

- Complete the YES Screener (Children's Mental Health Screener). The YES Screener identifies mental health needs your youth may have. Anyone can complete this screener. You can use the one at www.IdahoCMHScreener.com. You can also link to it from MagellanofIdaho.com. The results will tell you what to do next. If the results say to call Magellan, call us at 1-855-202-0973 (TTY 711).
- Your youth can use the Mental Health Checklist for Youth. Any youth can use this to see if they may benefit from a full mental health assessment from a mental health provider. They can find the checklist at yes.idaho.gov/wp-content/uploads/2021/03/MHChecklist.pdf. They can also link to it from MagellanofIdaho.com. If they check one or more boxes on the checklist, have them call Magellan at 1-855-202-0973 (TTY 711) for help.
- Use the Youth Mental Health Checklist for Families. Anyone can use this to see if a youth may benefit from a full mental health assessment from a mental health provider. You can find the checklist at yes.idaho.gov/wp-content/uploads/2021/03/MHChecklist.pdf. You can also link to it from MagellanofIdaho.com. If you check one or more boxes on the checklist, call Magellan at 1-855-202-0973 (TTY 711) for help.
- Visit a Magellan network provider for an assessment.

- Call Magellan at 1-855-202-0973 (TTY 711) and we will help you.

Getting YES Services Through Medicaid

Once you learn that your youth needs YES services, your next step will depend on your youth's needs. Your youth may be able to get services through the Medicaid YES Program or other Medicaid programs.

If your youth already has Medicaid

- Your youth gets YES services through Medicaid. Visit a Magellan network provider for your youth's care. If you need help finding the right provider for your youth's needs, call Magellan at 1-855-202-0973 (TTY 711).
- If your youth needs respite services through Medicaid, they will need to complete an independent assessment with Liberty Healthcare. This assessment is needed to qualify for the Medicaid YES Program and to be able to access respite services through Medicaid. See the "Independent Assessments with Liberty Healthcare's Idaho Independent Assessment Services" section below.

If your youth does not already have Medicaid

Apply for Medicaid. If your family is over income for traditional Medicaid, then complete an independent assessment with Liberty Healthcare to see if your youth has SED and may qualify for the Medicaid YES Program. See the "Independent Assessments with Liberty Healthcare's Idaho Independent Assessment Services" section below.

Independent Assessments with Liberty Healthcare's Idaho Independent Assessment Services

Your youth only needs to get an independent assessment with Liberty Healthcare if:

- They have Medicaid and need Medicaid respite services
- They need to get Medicaid and don't qualify for traditional Medicaid because of the family income

If your youth already has Medicaid and doesn't need respite, they do not need an independent assessment with Liberty Healthcare. They are free to visit any Magellan network provider for care. You or they can also call Magellan at 1-855-202-0793 (TTY 711).

Independent assessments with Liberty Healthcare include a CDA and CANS assessment to see if your youth has SED. To schedule an appointment, contact Liberty Idaho IAS at:

- **Email:** IdahoYES@LibertyHealth.com
- **Phone**: 1-877-305-3469 (TTY 711) or 208-258-7980 (TTY 711)
- **Web:** IdahoIAS.com
- **Fax:** 208-258-7985

When you first call Liberty Healthcare, you will talk to a customer service specialist. They will gather basic information about your youth and family. Within one (1) business day, an Independent Assessor will call you to:

- Talk about the assessment process: Take this time to share sensitive information without your youth present.
- Set a date, time, and place for the assessment: Your family will choose a place for the assessment. Most assessments are virtual, but you can ask for the assessment to be in person. If you choose for the assessment to be in person, choose a place where your youth and family will feel safe and can speak freely. It can be in a home or another community-based location where you can have a private discussion.

During the assessment, your youth and family will share your stories. Keep in mind:

- Your youth does not need to be present the whole time.
- Your youth may leave for parts of the discussion.
- Your youth may ask to talk to the Assessor in private.

The Assessor will call you within one (1) business day of the meeting. They will tell you the results of the assessment and if your youth has SED. You can ask any questions about the results or how the SED decision was made.

If the assessor determines that your youth has SED:

- **If your youth already has Medicaid**, the Independent Assessor will notify the state so that they can update your Medicaid eligibility. Your next step is to have your youth visit a Magellan network provider or call Magellan for help at 1-855-202-0973 (TTY 711).
- **If your youth does not already have Medicaid**, the next step is to apply for Medicaid for your youth. See the next section on how to apply for Medicaid. You should also call Magellan at 1-855-202-0973 (TTY 711). We can help you while you wait for your youth's letter of eligibility.

How to Apply for Medicaid

You can apply for Medicaid for your youth through Self-Reliance in one of four (4) ways:

- Online at idalink.idaho.gov. Please ignore any preliminary eligibility determinations displayed online. Instead, wait for your youth's Notice of Eligibility to arrive in the mail, which takes about five (5) business days.
- By Phone: 1-877-456-1233 (TTY 711)
- By Mail: Download application forms (English or Spanish, in PDF format) at healthandwelfare.idaho.gov/services-programs/medicaid-health/apply-medicaid-0.
- In Person at your local Department of Health and Welfare office.

Remember to tell Self-Reliance that the Independent Assessor/Liberty Healthcare determined that your youth has SED and qualifies for the Medicaid YES Program.

Will you have to pay for YES Services?

- If your youth has benefits through regular Medicaid, CHIP, or Katie Beckett* programs, you will not need to pay for YES services.
- If your youth has Medicaid through the Medicaid YES Program and your income is below 185% of the Federal Poverty Guidelines (FPG), you will not need to pay for YES services.
- If your youth has Medicaid through the Medicaid YES Program and your income is between 185% and 300% of the FPG, you will need to pay a $15.00 per month premium for Medicaid. You will get a statement each month telling you how to pay.
    - If your youth is also enrolled in other programs with premiums (CHIP or Katie Beckett), then you will not have to pay the YES premium.
    - Hardship waivers are available if you cannot pay the premium.
- If your income is above 300% of the FPG and your youth is not eligible for Medicaid, call Magellan at 1-855-202-0973 (TTY 711). They may qualify for services under other state funding (OSF). If they do, you may have to pay a portion of your youth's services, called a "cost share."

**Katie Beckett is a Medicaid program for children living at home with long-term disabilities or complex medical needs, who may be eligible for Medicaid services even if their family income is above Medicaid federal poverty guidelines.*

How to Keep Getting Services Through the Medicaid YES Program

If your youth has Medicaid through the Medicaid YES program, there are requirements that must be met so that they can continue getting respite and get Medicaid through the Medicaid YES program:

- You and your youth must participate in your youth's Person-Centered Services Plan (PCSP) within the first 90 days of being enrolled in the Medicaid YES Program.
- Your youth must work with Magellan and/or their provider to complete a Person-Centered Services Plan (PCSP) each year.
- Your youth must use Medicaid-paid Respite at least once during the year.
- Your youth must complete an independent assessment with Liberty Healthcare within 364 days of the previous one.

Liberty Healthcare will contact you 60 days before your youth's yearly assessment due date to repeat the process.

How to Stop Getting Services Through the Medicaid YES Program

Your youth is free to disenroll from Medicaid YES Program services if:

- They no longer want or need respite services through Medicaid
- They no longer want or need Medicaid at the increased income limits

To disenroll, contact the Division of Self-Reliance at 1-877-456-1233 (TTY 711.) You can also tell Liberty Healthcare that you no longer wish to be a part of the program and they will notify Medicaid.

Getting Started with YES

When you call Magellan after your youth's assessment and/or they get enrolled in Medicaid, we will ask you a few questions to understand your youth's and family's needs. We will help you find a primary mental health provider for your youth if you need one. Then we will talk to you about your Child and Family Team.

Child and Family Team

Youth getting YES services have a formal Child and Family Team (CFT) as a covered service. This means you do not have to pay for your youth's providers to attend the CFT meetings.

At a minimum, the CFT includes your youth, your family, and your youth's primary mental health provider. The CFT can also include:

- Other health providers
- A school representative
- Friends
- Neighbors
- Coaches
- Religious leaders
- Other community members the youth and family trust

CFTs are formed during the care planning process and continue while the youth is getting services. Your youth's CFT will decide where and how often to hold meetings based on your youth's and family's needs. Meetings occur more often during the initial plan development, when there are changes in goals or needs, and during transitions. The team works together to:

- Recognize and encourage the youth's and family's strengths
- Identify the needs of the youth and family
- Learn what the youth and family want to accomplish
- Set realistic short- and long-term goals
- Build on the strengths of the youth and family to make needed changes

Each CFT works through the six-part YES Practice Model and follows the 11 YES Principles of Care throughout the process. The youth, family, and their CFT use the results of the CANS and work together to create a coordinated care plan. If the youth is on the Medicaid YES Program, the plan is called a person-centered service plan and must include Respite. All coordinated care plans should include a crisis plan and a safety plan that help your youth and family:

- Avoid crises
- Address safety concerns during crises
- Predict potential crises
- Identify ways to minimize crises

CFTs may operate differently based on the needs of your youth. The frequency of team meetings and intensity of work depends on the needs of your youth and family. It also depends on the type of care coordination your youth may need.

Care Coordination

Your youth has care coordination available to them while engaged with YES services. If you would like care coordination for your youth, their behavioral health provider and Magellan will help determine the right level of support. For more information on care coordination and other services, please see the Care Management chapter.

Transition to Independence for Youth ages 16 and Up

If your youth is at least 16, they can participate in our Transition to Independence Program (TIP). With TIP, Magellan works with your youth, family, and CFT to develop a plan for the youth to become an independent adult. We will help them set and achieve short- and long-term goals. Goals can include, but are not limited to:

- Successful transition to adult behavioral health services
- Wellness and prevention self-care
- Employment and education
- Housing and community living
- Life and self-management skills

Magellan will continue to support your youth as they transition to adult services. A Magellan Family Support Navigator can help you and your family as well, as you all prepare for the transition.

School-Based 504 or Special Education Services

If you think your youth may have a disability or need special help due to their SED, the Idaho State Department of Education has programs you should look into:

- **If your youth is below the age of three (3):** Contact the Infant Toddler Program at one of the following:
    - **Phone:** 208-334-5514
    - **Email:** itpreferral@dhw.idaho.gov
- Tell them everything you can about your youth. You have the right to request an evaluation and have the Program consider any information that you provide related to your concerns about your youth. If you ask for an evaluation, case manager will help you through the process. They will either meet with you to determine which assessments are needed or provide a written explanation why they can or will not conduct an evaluation.

  The Infant Toddler Program can link your youth to services that help their physical, cognitive, and social-emotional development. It can also support your family. If your youth is eligible, the Program will work with you to create an Individualized Family Service Program (IFSP). The IFSP will help your family support your youth's learning during daily routines.

- **If your youth is aged three (3) through 21:** Contact their school or school district and tell them everything you can about your youth. Tell them you think your youth may need accommodations and/or special instruction in school. You have the right to request an evaluation and have the district consider any information that you provide related to your concerns about your youth. Your district should have an assigned staff member who can help. They may be called a special education, 504, or special services director. If you ask for an evaluation, the district will help you through the process. They will either meet with you to determine what assessments need to be conducted or provide a written explanation justifying their refusal to conduct an evaluation.

  If your youth is eligible for a 504 Plan or an Individualized Education Program (IEP), they will receive accommodations and/or special instruction. These will support access to the general education curriculum and peers at an appropriate level. The 504 or IEP team will determine the appropriate level. This team will include you or your young adult student. Be sure to tell Magellan about your youth's 504 or IEP.

  If your youth gets Medicaid, the district may be able to bill for certain services with your permission. If this is the case, the district will walk you through the process. Your youth's services are never dependent on the district's ability to bill Medicaid. You can find more information about school-based Medicaid services at idahotc.com/Topics/SBM.

Other help for Youth and Families

It can be hard to find the right help for your youth's and family's needs. Below are a few helpful resources:

- **Magellan Family Support Navigator:** This person is a Certified Family Support Partner (CFSP). CFSPs have experience with:
    - Raising a child with mental health challenges
    - Working with multiple child-serving systems
    - Helping families develop resiliency needed for recovery

  CFSPs offer hope and encouragement. They share their experience and knowledge. They will help you find resources that meet your needs.

- **Idaho Parents Unlimited (IPUL)**: IPUL is Idaho's Advocacy, Education, and Support contractor. They help families of children and youth with disabilities thrive by providing training, information and support with a focus on special education, health, and the arts.. For support, contact IPUL at:
    - **Phone:** 208-342-5884
    - **Email:** parents@ipulidaho.org
    - **Website:** www.ipulidaho.org
    - **Mission statement:** We help families of children and youth with disabilities thrive by providing training, information and support with a focus on special education, health, and the arts.

- **National Alliance on Mental Illness (NAMI)**: Education for youth, adults, and families, classes on how to support a loved one with a mental health concern and help for college students. Visit namiidaho.org or your local NAMI affiliate:

NAMI Far North Serving: Idaho panhandle	P.O. Box 2415 Sandpoint, ID 83864 Phone: 208-597-2047 Email: namifarnorth2003@gmail.com www.namifarnorth.org
NAMI Coeur d'Alene Serving: Kootenai Valley	P.O. Box 1082 Coeur d'Alene, ID 83816 Phone: 208-416-4718 cdanami.org
NAMI Treasure Valley Serving: Treasure Valley (Mountain Home to Ontario, OR)	P.O. Box 9492 Boise, ID 83707 Phone: 208-801-1609 Email: admin@tvnami.org www.namitreasurevalley.org
NAMI Wood River Valley Serving: Hailey, Sun Valley, and Ketchum area	1005 Warm Springs Rd Ketchum, ID 83340 Phone: 208-928-4236 Email: info@namiwrv.org www.namiwrv.org
NAMI Upper Valley Idaho Serving: Bonneville, Bingham, Jefferson, Madison, Custer, Butte, Teton, Fremont, Clark, and Lemhi Counties	PO Box 2462 Idaho Falls, ID 83403 Phone: 208-243-0952 Email: namiuppervalley@aol.com www.namiuv.com

Chapter 12: Care Management

Magellan is here to help you get the care you need. Our approach includes education about mental health and substance use concerns. We can also help you if you begin to have mental health or substance use disorder symptoms. This can help keep symptoms from getting worse. If you are in a hospital or facility, we will help you get ready for a lower level of care.

What is Care Management?

Care Management is the system of medical and psychosocial management including, but not limited to:

- Utilization management
- Care coordination
- Discharge planning following restrictive levels of care
- Continuity of care
- Care transitions
- Quality management
- Service verification

Care management includes outcome-focused, strength-based, and non-judgmental activities. It helps you and your family by locating, accessing, coordinating, and monitoring mental health, physical health, and social services.

Care Management also includes other services and supports that can help meet your basic human needs, such as advocacy, information, and resources. Care Management can ensure you get the right services from the right places and prevent you from getting duplicate or unnecessary services. Care Management services can empower you to manage your behavioral health and change and improve your life.

Some care management services are covered by the Idaho Behavioral Health Plan and delivered by network providers. Other services are provided by Magellan staff.

Prevention

Good behavioral health begins with understanding mental health and substance use disorders. You can learn about these conditions and how to help yourself on Magellan's member website at MagellanofIdaho.com. If you think you have symptoms of a mental health or substance use disorder, see a Magellan network provider. You can also call Magellan at 1-855-202-0973 (TTY 711). See the Covered Services and Getting Care chapters for more information.

Magellan Care Coordination

Care Coordination is available to all IBHP members with mental health or substance use concerns. Care Coordination is provided by trained Magellan Care Coordinators. They will:

- Help you get the right assessments
- Link you to services and supports
- Help you navigate behavioral healthcare in Idaho

If assessments or diagnoses show your needs are more complex, you may be eligible for Case Management or Intensive Care Coordination, described below. For assistance with a self-referral, please contact the Magellan at 1-855-202-0973 (TTY 711).

Case Management

Case Management is available to all IBHP members with a mental health and/or substance use disorder diagnosis. It is a covered benefit delivered by Magellan network providers. Case Management is an outcome-focused, strengths-based, collaborative process. The provider assesses, plans, links, coordinates, and monitors options and services that address your needs and strengths. For help finding a Magellan network provider, please use one of the following options:

- **Online:** Magellan provider search tool
- **Phone:** 1-855-202-0973 (TTY 711)

Case Managers will:

- Work with you to assess your needs
- Help you learn about, gain, and maintain access to services and providers
- Work with you and your care team to develop a Case Management plan
- Ensure that you participate in activities that support you in meeting goals
- Help you learn to access services and resources independently

Intensive Care Coordination

Intensive Care Coordination (ICC) is available to all members with a mental health and/or substance use disorder diagnosis who meet certain criteria based on assessments. You can refer yourself to be assessed for Intensive Care Coordination. Your family member, a community member, or your provider can also refer you.

ICC Care Managers are healthcare professionals who:

- Listen to you and take the time to understand your needs
- Answer questions about your health and benefits
- Help you make a coordinated care plan to reach your goals
- Help you find providers and services
- Help coordinate your care
- Connect you to community resources
- Share helpful information with you

All Magellan ICC Care Managers are licensed behavioral health professionals. Your ICC Care Manager will help you build a team who can support you. This team can include family, friends, providers, or people from your school or community. You choose who you want on your team. You are at the center of the team and your needs always come first. Your team will help you develop a plan based on your desires and goals. They will also help you meet your goals.

When an ICC receives your referral, they will contact you within 5 business days from the referral date:

- They will contact you/your parent or guardian by phone, mail, or fax, and/or
- They will contact you indirectly through your doctor, therapist, or other member of your care team.

They will try to contact you/your parent or guardian, or a member of your care team, three (3) separate times within two (2) weeks, on different days, at different times.

If you agree to participate in the intensive care coordination program, your ICC will:

- Work with you to complete a comprehensive assessment within the first 30 days of your agreement to participate. This assessment must be completed within 60 days of your agreement to participate.
- Collect clinical information from your care team, family members, and other supportive people to develop a plan of care.
- Contact you/your parent or guardian at least every 30 days.
- For youth, work with a youth's clinician to update the CANS at least every 90 days or more frequently, if necessary.
- Facilitate Child and Family Team (CFT) meetings.

If you/your parent or guardian consent, the ICC will share your completed plan of care with your primary care provider and any other people you identify.

Intensive Care Coordination for Adults

Intensive Care Coordination is available for adults ages 18 and over with Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) who are:

- Transitioning from an acute psychiatric hospital or state hospital,
- In or transitioning from residential care, and/or
- Involved in multiple systems related to their mental health needs

Adult Intensive Care Coordination is delivered by Magellan staff. You will work with the same Magellan Intensive Care Coordinator (ICC) as you work through treatment. They will develop a coordinated care plan with you and others you choose to help you. They or your primary behavioral health provider will facilitate team meetings that include you and/or your family, other providers, and others you choose to help you. The team meetings will ensure collaborative communication and decision-making across health and human service systems.

Intensive Care Coordination for Youth

Intensive Care Coordination is appropriate for youth ages 17 and under who:

- **Have** a Child and Adolescent Needs and Strengths (CANS) Assessment Score of 2 or 3; or
- **Have** a high risk of needing to live outside the home because of mental health needs; or
- **Have** been in three or more foster care placements in the past 24 months due to mental health needs; or
- **Have** involvement with multiple child-serving systems because of mental health needs; or
- **Have** been under age 12 and hospitalized or detained in the past six months due to mental health needs; or
- **Have** been hospitalized more than once for mental health needs in the past 12 months; or
- **Have** a current out-of-home placement due to mental health needs but could safely return home or to the community within 90 days if the right supports were in place.

Youth in Intensive Care Coordination have an ICC care manager who works with them through treatment. The ICC care manager coordinates multiple services that are delivered in a therapeutic manner. Your youth gets services in accordance with their changing needs and strengths. The ICC care manager is also responsible for promoting integrated services, with links between child-serving agencies and programs. Services are accessed,

coordinated, and delivered consistent with the YES Principles of Care and Practice Model. The ICC care manager will also facilitate Child and Family Team (CFT) meetings.

Child and Family Team (CFT)

A Child and Family Team (CFT) is a group of people you and your youth choose to help support treatment. At a minimum, the team includes the youth, family, and the youth's main mental health provider. The team may also include:

- Friends or neighbors
- Coaches or instructors
- Religious or cultural leaders
- Other community members or professionals

The ICC care manager helps organize and support the CFT so services are shared, coordinated, and work well together. All services are planned and provided using the YES Principles of Care and Practice Model, which focus on teamwork, family voice, and youth-centered care.

Depending on the level of need and youth and family preferences, ICC services can be provided to youth by a Magellan YES Intensive Care Coordinator (YES ICC) or through the Wraparound Intensive Services (WInS) covered benefit by a Magellan network provider.

Wraparound Intensive Services (WInS)

WInS is a high-fidelity form of intensive care coordination. It is an intensive, individualized care planning process that involves a team of professionals and natural supports collaborating to create a tailored plan for children and youth with complex needs. This approach emphasizes family and youth voice, cultural competence, and community-based services to promote positive outcomes. It offers regular opportunities for youth and families to provide feedback on their experience. Wraparound is an intensive planning process that typically is 12-14 months in length.

WInS is available for youth ages 18 and under who have each of the following:

- **Have** a Child and Adolescent Needs and Strengths (CANS) Assessment Score of 2 or 3;
- **Have** involvement with at least one other child-serving system related to behavioral health;
- **Have** youth and family interest in participating in the wraparound care planning process; and
- **Have** a need for intensive care coordination or limited progress with current coordination efforts.

Additional indicators for WInS are as follows, but not limited to:

- Be at risk of needing out-of-home placement; and/or
- Need to transition from a higher level of behavioral health such as:
    - Intensive home and community-based services
    - Intensive Outpatient (IOP)
    - Partial Hospitalization (PHP)
    - Hospitalization
    - Residential Care

Your youth's behavioral health provider and Magellan will help you determine which program best meets your youth's and family's needs. Your youth can get ICC or WInS, but not both.

Care Coordination Diagram

Intensive Care Coordination (ICC)

Service provided by Magellan

This service is **for all ages.** Intensive Care Coordination (ICC) helps manage care and create a plan that works for you. The Care Coordinator listens to your needs, brings together input from others who support you, and builds a flexible plan that can grow and change as your needs do.

ICC is for youth* who:

- **Have** a Child and Adolescent Needs and Strengths (CANS) Assessment Score of 2 or 3; or
- **Have** a high risk of needing to live outside the home because of mental health needs; or
- **Have** been in three or more foster care placements in the past 24 months due to mental health needs; or
- **Have** involvement with multiple child-serving systems because of mental health needs; or
- **Have** been under age 12 and hospitalized or detained in the past six months due to mental health needs; or
- **Have** been hospitalized more than once for mental health needs in the past 12 months; or
- **Have** a current out-of-home placement due to mental health needs but could safely return home or to the community within 90 days if the right supports were in place.

How to refer?

Intensive Care Coordination Referral Form: magellanofidaho.com/web/magellan-of-idaho/w/member-handbook-and-forms-2

Phone: 855-202-0973

*If you are over 18 years old, check the Magellan Provider Handbook for criteria.

Wraparound Intensive Services (WInS)

Service provided by Community Providers & Department of Health & Welfare's Center of Excellence (CoE)

This service is for **youth under 18**. WInS is a special type of intensive care coordination. It's a personalized planning process where a team of professionals and support people work together to create a care plan for children and youth with complex needs. This approach focuses on listening to families and youth, respecting cultural needs, and using community-based services to support positive results. Families and youth are encouraged to share their thoughts and ideas during the process. Wraparound usually takes about 12 to 14 months.

WInS is for youth who:

- **Have** a Child and Adolescent Needs and Strengths (CANS) Assessment Score of 2 or 3;
- **Have** involvement with at least one other child-serving system related to behavioral health.;
- **Have** youth and family interest in participating in the wraparound care planning process.; and
  Have a need for intensive care coordination or limited progress with current coordination efforts.

In addition, the youth may:

- Be at risk of needing out-of-home placement; and/or
- Need to transition from a higher level of behavioral health such as:
  - Intensive home and community-based services
  - Intensive Outpatient (IOP)
  - Partial Hospitalization (PHP)
  - Hospitalization
  - Residential Care

How to find a provider?

Provider Directory: magellanofidaho.com/provider-network
Referral Form: magellanofidaho.com/web/magellan-of-idaho/w/provider-forms

Phone: 855-202-0973*
Wraparound CoE Email: WraparoundCoE@dhw.idaho.gov

*Magellan can help find a Wraparound Provider.

Case Management *Services provided by Community Providers*

This service is for all ages. Case Management helps people and their families get the support they need. Case Managers work with you to make a plan for care and connect you to services that can help. They make sure you get the right help at the right time. Case Managers also gather important information, set up services, and check in with you to make sure everything is going well.

What is the criteria?

This service can help you connect to the resources and support you need.

How to find a provider?

Provider Directory: magellanofidaho.com/providernetwork

Phone: 855-202-0973*

*Magellan can help find a case manager.

Care Transition Support

All IBHP members are eligible for care transition support when leaving a hospital or facility. A Magellan clinical team member will work with you and your providers to set up the right care and services for you before you are discharged. This will help ensure you keep getting the care you need. You can also receive transitional case management from a community case manager up to 180 days before your discharge.

Recovery Coaching, Youth Peer Support, and Family Peer Support

Peer support services are provided by community providers who have lived experience navigating their own mental health and/or substance use challenges, or helping a loved one navigate their mental health and/or substance use challenges. They can relate to what you are going through, help you advocate for your needs, and walk alongside you in your journey.

You can get Recovery Coaching, Youth Peer Support, and Family Support services through the following covered benefits if you or your youth have a mental health or substance use diagnosis. These services are delivered by Magellan network providers:

- Recovery Coaching for adults with substance use or co-occurring mental health and substance use diagnoses
- Youth Peer Support for youth ages 12-17 with Serious Emotional Disturbance (SED), mental health diagnoses, or co-occurring mental health and substance use diagnoses (and for Medicaid members 18-21 under the EPSDT benefit described in Chapter 10)
- Family Peer Support for parents or caregivers of youth with SED, mental health diagnoses, or co-occurring mental health and substance use diagnoses

For more information on these benefits, see the Covered Services chapters.

Magellan Recovery Support Navigators and Family Support Navigators

Adults and parents/caregivers of youth in Magellan's Intensive Care Coordination program can get help from our Recovery Support Navigators and Family Support Navigators. These are Magellan team members who have lived experience.

Recovery Support Navigators (RSNs) are Certified Peer Support Specialists (CPSS) who help adults living with mental health and/or substance use concerns. These Navigators are Magellan employees. They are in recovery from mental health and/or substance use concerns and can understand what you are going through.

Family Support Navigators (FSNs) are Certified Family Support Partners (CFSP) who help parents and caregivers of youth and young adults living with mental health and/or substance use concerns. These Navigators are Magellan employees. They have experience caring for youth and/or young adults who live with mental health and/or substance use concerns.

All Navigators will:

- Develop a supportive relationship with you
- Help you find and access community resources
- Help you learn about and develop a plan for wellness goals
- Help you explore and build resilience to sustain your wellness

Chapter 13: Complaints, Quality of Care Concerns, Appeals, and State Fair Hearings

You have the right to disagree with decisions made by Magellan or the IDHW. You also have the right to disagree with services you got or that are recommended. There are ways to tell us and the state about this: Complaints, Appeals, and State Fair Hearings. Each of these is explained below.

You can file a Complaint at any time. If you want to file an Appeal or a State Fair Hearing, you must meet certain timelines. These timelines will be explained in more detail below.

You will not be penalized for filing a Complaint or Appeal or ask for a State Fair Hearing. You will still be entitled to the benefits you are eligible for.

Complaints (Grievances)

If you are upset about the care you got, how someone treated you, or not having your rights respected, you can send a Complaint (also called a Grievance) to Magellan. You can also send a Complaint if you are upset about Magellan extending time to make a pre-authorization decision or other actions by Magellan. You can file a Complaint at any time. You can file a Complaint orally or in writing. You should never be retaliated against for filing a complaint.

Examples of Complaints:

- You feel that you did not receive good service from your provider.
- You feel that you were not treated with respect or dignity.
- You feel that you are not getting the services you need from Magellan or the IDHW.

We will not tell anyone about your Complaint without your permission, unless we are required to by law, or unless another person or a provider is involved in your Complaint. If you file a Complaint, Magellan will not withhold care. You will still get the care that you need. You may ask for copies of your Complaint at any time.

You can file a Complaint with Magellan at any time. Your provider, or another person you give permission to, can also file a Complaint on your behalf. You have the right to ask Magellan for help when filing your Complaint.

When you file a Complaint, please include the following information:

1. Your first and last name
2. Your street address
3. Your city, state, and ZIP code
4. Your telephone number
5. A description of your Complaint with any information that helps Magellan understand the issue

If your Complaint is about YES services, you do not have to provide your name, address or any information about yourself or your youth. You can file a Complaint anonymously.

You can file your Complaint in one of these four (4) ways:

1. Call Magellan at 1-855-202-0973 (TTY 711) between 8:00 a.m. and 6:00 p.m. Mountain Time.
    - A member services representative will help you submit the Complaint.
    - If you do not speak English, an interpreter will help you.
    - If member services cannot resolve your Complaint, it will be sent to the Complaint team.
2. Fax your Complaint to Magellan at 1-888-656-9795.
3. Email your Complaint to IDAC@magellanhealth.com
4. Mail your Complaint to:
    Magellan Healthcare, Inc.
    Attn: Idaho Quality Department PO Box 2188
    Maryland Heights, MO 63043

We will send you a letter in the mail within five (5) business days of receiving your Complaint. The letter will tell you we received your Complaint and are working on it. If we need more information, we may need to call you. We will work to resolve your Complaint within ten (10) business days from the date we received your Complaint. Some Complaints may need a more in-depth investigation. If we can't resolve your Complaint within ten (10) business days, we will tell you.

Once we resolve your Complaint, we will send you a letter. It will explain:

- The answer to your Complaint
- The information we used to answer your Complaint
- What we did to answer your Complaint

The letter will also state we have finished working on your Complaint.

Quality of Care (QOC) Concerns

The QOC process is designed with member safety as a priority. A QOC concern can be initiated by anyone. This can include a member, a member's authorized representative, a stakeholder, a state agency, a provider, or a Magellan staff member.

How to Submit a Quality of Care Concern

You can submit a Quality of Care concern in one of these ways:

- **Members:** Call the Magellan Member Services line – **1-855-202-0973 (TTY 711)**
- **Providers:** Call the Magellan Provider Services line – **1-855-202-0983 (TTY 711)**
- **Email:** IdahoQualityDepartment@MagellanHealth.com

Information to Include

When you submit a Quality of Care concern, please include:

- The date or dates of service
- A clear description of what happened
- The name of the provider or program, if known
- Any other details that help explain your experience

Providing clear details helps Magellan review your concern more quickly.

What Happens Next?

After Magellan receives your concern:

- We will review the information provided
- We may contact you or the provider to ask for more details, if needed
- We will take appropriate steps to address the concern

If you have questions about submitting a Quality of Care concern, call Magellan Member Services for help.

Magellan will provide a written acknowledgement within (5) business days of receipt of QOC concern.

Appeals

Appeals are related to your benefits. Magellan wants you to have the care you need. You have the right to disagree with any of our decisions or actions that affect your healthcare. You may file what is called an Appeal when you are unhappy with a decision Magellan made about your benefits. An Appeal is a request that Magellan review an Adverse Benefit Determination (ABD). If Magellan makes an ABD, we send you and your provider a letter. This is called an ABD Notice. You may file an Appeal when:

- Magellan denied or limited a service that you or your provider requested (level of service, medical necessity, appropriateness, setting, or effectiveness of covered benefit).
- Magellan reduced or suspended a service that had already been pre-authorized.
- Magellan did not pay your provider for a service.
- Magellan did not provide timely service.
- Magellan did not respond quickly enough to a grievance or appeal.
- Magellan denied a member's request to get care outside of the network.
- Magellan denied a request to dispute financial liability.

You, or someone you trust and give permission to, can ask for a free copy of the criteria, guidelines, or any other information Magellan used to make the decision by calling 1-855-202-0973 (TTY).

If you want to submit an Appeal, you must do so within sixty (60) calendar days of the date of the ABD Notice. You have the right to ask Magellan for help with the Appeal. You, your provider, or someone you give permission to, can file an Appeal over the phone or in writing.

Continuation of Benefits and Services

If you are on Medicaid and getting services or benefits now and you appeal before the date they will end or within ten (10) calendar days from the date the ABD notice was mailed, then you may continue receiving the benefits and services until Magellan makes a final decision. This does not apply if a provider appeals. If the decision does not change, then Magellan may try to recover the cost of any extra services provided.

Two kinds of Appeals: Standard or Expedited (fast)

Standard Appeal

The standard appeal process requires Magellan to issue a decision within thirty (30) calendar days from the date the appeal is received. Magellan may request more information and will let you know if more time is needed.

Expedited (fast) Appeal

You should request an expedited (fast) Appeal if waiting thirty (30) calendar days for a decision could:

- Jeopardize your or your child's life or health, or

- Jeopardize your or your child's ability to attain, maintain or regain maximum function

You can ask for an expedited Appeal for yourself or your child. If you need an expedited Appeal, explain why, and if possible, ask your provider to send a letter explaining why. If you have questions about an expedited Appeal, contact Magellan. Magellan will determine if you meet the criteria for an expedited Appeal and tell you our decision within 72 hours. We will contact you if more time is needed.

If Magellan determines an expedited appeal is not necessary, the appeal request will be conducted as a standard appeal review timeline of thirty (30) days.

Whether you submit a standard or expedited Appeal, Magellan will not tell anyone about it without your permission, unless we are required to by law, or unless another person or a provider is involved in your Appeal. You will not be penalized for filing an Appeal. You will still get the care you need. Magellan is not allowed to stop your care if you file an Appeal. You may ask for copies of your Appeal at any time.

How to file an Appeal
Your Appeal must include the following information:

1. Your personal information:
    - First and last name
    - Your member ID number
    - Your date of birth
    - Your street address
    - Your city, state, and ZIP code
    - Your telephone number
2. Information that you think supports your Appeal
3. Why you disagree with Magellan's decision
4. The name of any person filing an Appeal for you, along with your signature that gives that person permission to do so

You can file your Appeal in one of these three (3) ways:

1. Call Magellan at 1-855-202-0973 (TTY 711) between 8:00 a.m. and 6:00 p.m. Mountain Time.
    - A member services representative will help you submit the Appeal.
    - If you do not speak English, an interpreter will help you.
2. Fax your Appeal to Magellan at 1-888-656-9795
3. Mail your appeal to:
   Magellan Healthcare, Inc.
   Attn: Idaho Quality Department
   PO Box 2188
   Maryland Heights, MO 63043

You can find the Member Appeal Request form on the Member Handbooks and Forms page on MagellanofIdaho.com.
When we receive your Appeal, we will tell you and your provider that we received it by sending you a letter in the mail within five (5) business days.

We will tell you and your provider the Appeal decision within thirty (30) calendar days of when we received your Appeal. This is the standard review timeline. We will send both of you a letter in the mail.

If we need more time to review your Appeal, we can ask the IDHW for fourteen (14) more calendar days. If we need more time, we will tell you about this request by phone and letter within two (2) calendar days of contacting the IDHW. If the IDHW agrees with our request, we will tell you in writing.

What happens if Magellan misses an appeal deadline?
If Magellan misses either appeal deadline (standard or expedited), you may request a State Fair Hearing within 120 days of the Appeal decision. Please see below State Fair Hearing section for more information.

For YES appeals, please visit: yes.idaho.gov/wp-content/uploads/2024/12/YESAppealsTrifold.pdf__;!!A_Yfr0wlxos!yokzBMlwnB1bX1nbr8klqb1bzT6JBmJxCtONXyUM--e4Y3DMyeR_jiiakJZccZQU3Lg3ppAg3sE5L93ZSvzpu1i7dqF41yM$

State Fair Hearings

If you disagree with the outcome of the appeal to Magellan or Magellan misses their deadline to make a decision about your Appeal, you have the right to submit an appeal to IDHW and ask for a State Fair Hearing. You can only ask for a State Fair Hearing once you have finished the Appeal process with Magellan.

You can ask for a Fair Hearing if:

- You have completed the Appeal process with Magellan and you are still dissatisfied with our decision on your Appeal; or
- You did not receive a Notice of Appeal Resolution Letter within 72 hours from receipt of Appeal for Expedited (fast) Appeal; or
- You did not receive a Notice of Appeal Resolution Letter within 30 calendar days from receipt of Appeal for Standard Appeal.

You have 120 days from the date of the Appeal decision letter to ask for a State Fair Hearing from IDHW. The Appeal decision letter will tell you how you can keep getting the services while you go through the appeal and state fair hearing process with IDHW. You may have to pay for any services you kept getting if the outcome of the State Fair Hearing agrees Magellan made the right decision. If you want to keep getting these services, you must request the State Fair Hearing within ten (10) days of the date on Magellan's Appeal decision letter.

You may send additional information with your Fair Hearing request. Additional information is not a requirement. You do not have to wait to have the records to request a Fair Hearing.

Examples of additional information are medical records, doctor's notes, or financial records that support the reasons for the Fair Hearing request. Keep your own copies of any documents you send.

You, your provider, or a person you trust can send the IDHW appeal and State Fair Hearing request. The Office of Administrative Hearings (OAH) will hold the hearing. State Fair Hearings are always over the phone. The OAH will send a letter to you and IDHW with a date, time, and information on how to attend the hearing. They letter will also explain how to send any supporting documentation (called 'exhibits') and a witness list, if you choose. You have the right to have any witnesses or authorized representatives present during the hearing to support you. During the hearing, IDHW will be asked to explain why Magellan's decision was correct. You will

be asked to tell the state why you disagree with Magellan's decision. Your provider or a person you trust can help you and attend the hearing.

After the hearing, the hearing officer will give you, your provider, and IDHW a preliminary decision in writing within thirty (30) days from the date of the hearing. The decision will also explain how to ask for further review of the decision before it becomes final. If the decision is that Magellan's decision was correct, you may have to pay for the services if you continued to get during the appeal and State Fair Hearing process.

You, your provider, or someone you trust may ask for a State Fair Hearing by sending an appeal to the IDHW. There are five (5) ways to ask for a State Fair Hearing:

1. Call the IDHW at 1-866-681-7062 (TTY 711) and tell the person that you want a State Fair Hearing
2. Fax your request to 208-364-1811
3. Email your request to IBHPAppeals@dhw.idaho.gov
4. Deliver your request to your local Health and Welfare office; find one at healthandwelfare.idaho.gov/offices
5. Mail your request to:
   Idaho Behavioral Health Plan Governance Bureau
   PO Box 83720
   Boise, ID 83720-0009

For more support with and information about appeals for youth, visit yes.idaho.gov/appeals.

Chapter 14: Mental Health Condition Information

Behavioral health is the promotion of mental health, recovery, and freedom from addiction. It includes care and services for people with mental health conditions and substance use conditions to help them and their families build resiliency and wellbeing.

Behavioral healthcare is the set of services and supports for people with mental health and substance use conditions.

This chapter talks about mental health and substance use conditions, treatments, providers, and recovery. Most of this information is adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA) website or Medlineplus.gov. SAMHSA is a federal government agency that helps reduce the impact of mental health and substance use disorders. Medlineplus.gov is the public information from the National Institutes of Health National Library of Medicine.

What is Mental Health?

Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices.

Mental health is important at every stage of life, from childhood and teen years through adulthood. Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. If that happened, you would not be alone. One in five people live with a mental health condition.

Magellan Healthcare is here to help you. For more information about mental health conditions, visit https://www.samhsa.gov/mental-health/what-is-mental-health/conditions.

What is a Mental Health Condition?

A mental health condition may create challenges for a person's thinking, mood, and/or actions. Conditions can range from mild to severe.

Many factors contribute to mental health conditions, including:

- Life experiences, such as trauma or abuse
- Family history of mental health problems

People with a mental health condition may also have a substance use condition, and people with a substance use condition may also struggle with their mental health. This is called having co-occurring conditions.

Serious Mental Health Conditions

Some mental health conditions, either alone or combined with other conditions, can make it hard for someone to be successful at home, at school, at work, or in the community. This is called functional impairment. Functional impairment is when a person has difficulties that substantially interfere with or limit their basic daily living skills, instrumental living skills, or interactions with family, friends, work, or the community. Instrumental living skills include maintaining a household, managing money, getting around the

community, and taking prescribed medication. There are three ways the IBHP categorizes and defines these more serious conditions:

Serious Emotional Disturbance (SED): Serious emotional disturbance (SED) is a term used when youth under the age of 18 have both a behavioral health diagnosis and a functional impairment as identified by the Child and Adolescent Needs and Strengths (CANS) functional assessment tool.

Idaho Code § 16-2403 defines SED as SED is a diagnosable mental health, emotional or behavioral disorder, or a neuropsychiatric condition which results in a serious disability, and which requires sustained treatment interventions, and causes a child's functioning to be impaired in thought, perception, affect or behavior. A disorder must be considered to "result in a serious disability" if it causes substantial impairment of functioning in a family, school, or community. A SUD (substance use disorder) does not constitute, by itself, an SED, although it may coexist with SED.

There are IBHP services for children with SED. See the Covered Services for Youth and Youth Empowerment Services chapters.

Serious Mental Illness (SMI): Any of the following psychiatric illnesses as defined by the American psychiatric association in the diagnostic and statistical manual of mental disorders (DSM-IV-TR):

(i) Schizophrenia;
(ii) Paranoia and other psychotic disorders;
(iii) Bipolar disorders (mixed, manic, and depressive);
(iv) Major depressive disorders (single episode or recurrent);
(v) Schizoaffective disorders (bipolar or depressive);
(vi) Panic disorders; and
(vii) Obsessive-compulsive disorders.

There are IBHP services for people with SMI. See the Covered Services for Adults chapter.

Serious and Persistent Mental Illness (SPMI): Primary diagnosis under DSM-IV-TR of Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified (NOS) for a maximum of one hundred twenty (120) days without a conclusive diagnosis. The psychiatric disorder must be of sufficient severity to cause a substantial disturbance in role performance or coping skills in at least two (2) of the following functional areas in the last six (6) months:

a. Vocational or educational, or both.
b. Financial.
c. Social relationships or support, or both.
d. Family.
e. Basic daily living skills.
f. Housing.
g. Community or legal, or both.
h. Health or medical, or both.

There are IBHP services for people with SPMI. See the Covered Services for Adults chapter.

Chapter 15: Substance Use Disorder Information

What is a Substance Use Disorder?

A substance use disorder (SUD) occurs when regular use of alcohol and/or drugs causes clinically significant harm. Harm can include health problems or disability. It can also mean not being able to meet responsibilities at work, school, or home. A SUD is a treatable condition that affects a person's brain and behavior. A person may become unable to control their substance use. Symptoms can be moderate to severe.

Addiction can be a chronic disorder. When people are addicted, they can't stop seeking and using substances even when they lead to bad things. The substance used may change brain circuits involved in reward, stress, and self-control. Those changes may last a long time after a person has stopped using the substance.

People with a SUD may also have a mental health condition, and people with mental health conditions may also struggle with substance use. When this occurs, the person is considered to have a co-occurring condition.

Commonly Misused Substances

Opiates and other narcotics are powerful painkillers that can cause drowsiness, and sometimes intense feelings of well-being, elation, happiness, excitement, and joy. These include heroin, opium, codeine, and narcotic pain medicines (Oxycontin®, Percocet®, Fentanyl) that may be prescribed by a doctor or bought illegally.

Stimulants are drugs that stimulate the brain and nervous system. They include cocaine, methamphetamine, and amphetamine. They also include non-amphetamine products used to treat attention deficit hyperactivity disorder. A person can start needing higher amounts of these drugs over time to feel the same effect.

Depressants cause drowsiness and reduce anxiety. They include alcohol, barbiturates, benzodiazepines (Valium, Ativan, Xanax), chloral hydrate, and paraldehyde. Using these substances can lead to addiction.

Hallucinogens: LSD, mescaline, psilocybin ("mushrooms"), and phencyclidine (PCP, or "angel dust") can cause a person to see things that are not there (hallucinations) and can lead to psychological addiction.

Marijuana: Also known as pot, cannabis or hashish, marijuana is legal in some states for medicinal or recreational use; however, just like other legal drugs of abuse, using it can lead to addiction and other substance use concerns.

Inhalants: Inhalants are volatile substances. They produce vapors that can be inhaled to make people feel different. Even though some substances in other categories can be inhaled, the substances called inhalants are rarely, if ever, taken any other way. Inhalants can be found in hundreds of legal products. There are four general categories of inhalants:

- Volatile solvents, like paint thinners, drycleaning fluids, glue, and felt-tip markers
- Aerosols, like hair sprays, vegetable oil sprays, and fabric protector sprays
- Gases, like nitrous oxide in whipped cream dispensers

- Nitrites, chemicals used in air fresheners, leather cleaners, and nail polish

Club drugs: Club drugs are a group of psychoactive drugs. They act on the central nervous system and can cause changes in mood, awareness, and behavior. These drugs are often used at bars, concerts, nightclubs, and parties. Club drugs, like most drugs, have nicknames that change over time or are different in different areas of the country. The most commonly used club drugs include:

- MDMA (Methylenedioxymethamphetamine), also called Ecstasy and Molly
- GHB (Gamma-hydroxybutyrate), also known as G and Liquid Ecstasy
- Ketamine, also known as Special K and K
- Rohypnol, also known as Roofies
- Methamphetamine, also known as Speed, Ice, and Meth
- LSD (Lysergic Acid Diethylamide), also known as Acid

Some of these drugs are approved for certain medical uses. Other uses of these drugs are misuse. (Source: medlineplus.gov/clubdrugs.html)

Opioid Use Disorder

An opioid is a drug that helps stop pain. Opioids include medicine that people get with a prescription, like fentanyl, oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, and morphine. They also include drugs like heroin.

Whether people get a prescription for opioids or get the substances another way, they can be at risk for opioid use disorder (OUD). OUD is the use of opioids to the point of harm or distress. Formerly called opioid addiction, opioid abuse, or opioid dependence, OUD occurs when opioid use causes significant impairment and distress. A diagnosis of OUD is based on specific criteria such as unsuccessful efforts to cut down or control use or use resulting in a failure to fulfill obligations at work, school, or home, among other criteria. For more information, visit https://www.cdc.gov/overdose-prevention/prevention/preventing-opioid-use-disorder.html

Chapter 16: Fraud, Waste and Abuse

What is Fraud, Waste, and Abuse?

Fraud is when someone lies or does something illegal on purpose to get care, give someone else care, or get paid for care that is wrong or was not given.

Waste is when someone knowingly or unknowingly gives or gets healthcare that is not needed, or misuses resources related to healthcare.

Abuse is when providers do not follow good financial, business, or care practices. Abuse can end up harming the member. It can also end up costing public programs extra money.

What are Examples of Fraud, Waste and Abuse?

Examples of Fraud:

- A provider bills Magellan for services, equipment, or medicine you did not get.
- A member gives their insurance ID card to someone else to use.

Examples of Waste:

- A provider uses the wrong code on a claim.
- A provider orders the same test for a member that another provider ordered.

Examples of Abuse:

- A provider keeps writing prescriptions without checking if a member still needs the medicine.
- A provider keeps testing a member for flu when the member does not show flu symptoms.

How to Report Fraud, Waste or Abuse

If you think someone is using your or another member's insurance ID card or is changing what is on a prescription, contact Magellan to report it. If you think a provider is ordering tests you don't need or billing Magellan or you for services you didn't get, contact Magellan to report it.

Report suspected fraud, waste, or abuse to Magellan's Special Investigations Unit (SIU) by:

- Calling our SIU hotline at 1-800-755-0850 (TTY 711)
- Emailing our SIU at SIU@MagellanHealth.com

You can also report your concerns to Magellan's Corporate Compliance hotline. The hotline is available 24 hours a day, 7 days a week. An outside vendor receives the calls and callers can remain anonymous. All cases will be investigated and will remain confidential.

- Call Magellan's Corporate Compliance hotline at 1-800-915-2108 (TTY 711)
- Email Magellan's Corporate Compliance Unit at Compliance@MagellanHealth.com

You can also report your suspicions to the Idaho Department of Health and Welfare by:

- Visiting www.healthandwelfare.idaho.gov/crisis-services/report-fraud
- Emailing prvfraud@dhw.idaho.gov
- Faxing 208-334-2026
- Mailing to:
  Idaho Department of Health and Welfare Medicaid Program Integrity Unit
  P.O. Box 83720
  Boise, Idaho 83720-0036
- Calling 208-334-5754

When reporting a provider, include as much information as you can:

- Name, address, and phone number
- Name and address of facility
- Type of provider
- Names and phone numbers of other witnesses
- Dates and summaries of events When reporting a member, include:
- The person's name
- The person's date of birth, if known
- The city where the person lives
- Details about the fraud, waste, or abuse

Even if you do not have all the information, you should still file a report.

Chapter 17: Mental Health Declarations

A Mental Health Declaration, sometimes called a Psychiatric Advanced Directive (PAD), is a document that you create to tell providers if you want or do not want these treatments:

- Psychotropic medicine
- Admission to a treatment facility, nursing home or assisted living home for no more than 17 days

You do not have to make a Mental Health Declaration. You will still get care without one.

When you write your Mental Health Declaration, you will need to choose one person to serve as your agent. It is a good idea to pick another person as a backup. An agent is an adult you choose and trust to make mental healthcare decisions for you. Your agent can't be a provider or work for your provider or facility. Agents make sure your Mental Health Declaration or Psychiatric Advanced Directive is followed if you are not able to make sure on your own.

A Mental Health Declaration is in place once you deliver it to your provider. Your provider has to add it to your medical record. Your provider still has to talk to you and get your approval for care, unless you are:

- Incapable of getting and evaluating what providers are saying, or
- Incapable of making and communicating decisions for yourself

There are only three (3) ways you can be considered incapable of one of the above:

- A court order in a guardianship hearing says you are, or
- Two (2) physicians that include a psychiatrist say you are, or
- A physician and a professional mental health clinician say you are

How to get help with a Mental Health Declaration or Psychiatric Advanced Directive

If you want to have a Mental Health Declaration and need help making one, here are some resources:

- The National Resource Center on Psychiatric Advance Directives at nrc-pad.org/states/Idaho-forms has forms and instructions.
- The Copeland Center has a course, webinar recordings, and resources at https://copelandcenter.com/doors-wellbeing/psychiatric-advance-directives.
- SAMHSA has a Practical Guide to Psychiatric Advanced Directives at https://library.samhsa.gov/product/practical-guide-psychiatric-advance-directives/pep19-pl-guide-4.

If the laws about Mental Health Declarations are changed, we will tell you in writing within 90 days of when we find out. For information on Magellan's policies on Mental Health Declarations, call us at 1-855-202-0973 (TTY 711).

What to do if a Provider does not Follow your Mental Health Declaration

A provider may give you mental health treatment that goes against your Mental Health Declaration, but only in one of the following situations:

- You are committed to a treatment facility under section 18-212 or 66-329, Idaho Code

- In cases of emergency endangering life or health

If a provider does not follow your Mental Health Declaration, you may file a Complaint. Please see the Complaints, Appeals and State Fair Hearings chapter for information on how to file one.

Chapter 18: Definitions

Term	Definition
Adverse Benefit Determination (ABD)	An Adverse Benefit Determination (ABD) is when Magellan: • Denies (turns down) services or approves fewer services than you or your provider wanted • Reduces, suspends, or terminates a previously approved service • Denies part of or all of a payment to your provider after they care for you • An ABD can also happen if your provider doesn't act on a request for services quickly enough.
Adverse Benefit Determination Notice (ABD Notice)	An ABD Notice is a letter you and your provider get when Magellan: • Denies (turns down) services or approves fewer services than you or your provider wanted • Reduces, suspends, or terminates a previously approved service • Denies part of or all of a payment to your provider after they care for you Your provider can get an ABD notice if they don't act on a request for services quickly enough. The ABD will explain why a service is not approved or why a service has changed. If you disagree with the ABD, you can appeal. An appeal request form and appeal instructions are included with the ABD.
Alcohol and Drug Screening	A test to see if a member's hair, urine, or saliva shows that there is alcohol or drugs in their body.
Appeal	An appeal is a request that Magellan reconsider an Adverse Benefit Determination (ABD). You may file an Appeal when Magellan: • Denies (turns down) services or approves fewer services than you or your provider wanted • Reduces, suspends, or terminates a previously approved service • Does not decide about your services by a certain date • Denies part of or all of a payment to your provider after they care for you
Assessment	An assessment is a survey or a combination of surveys and tests that help the member, their provider, and Magellan know if the member has any mental health or substance use needs and how to treat them.
Authorized Representative	A person you choose and trust to act for you.
Behavioral Health	Behavioral health is the promotion of mental health, recovery, and freedom from addiction. It includes care and services for people with a mental health or substance use disorder, including recovery support.
Behavioral Health Services	Behavioral health services help people with mental health or substance use disorders.

Term	Definition
Care Management	Care Management is the system of medical and psychosocial management including, but not limited to: • Utilization management • Care coordination • Discharge planning following restrictive levels of care • Continuity of care • Care transition • Quality management • Service verification Care management includes outcome-focused, strength-based, and non-judgmental activities. It helps you and your family by locating, accessing, coordinating, and monitoring mental health, physical health, and social services. Care Management also includes other services and supports that can help meet your basic human needs, such as advocacy, information, and resources. Care Management can ensure you get the right services from the right places and prevent you from getting duplicate or unnecessary services. All of these services can empower you to manage your behavioral health, change and improve your life.
Care Planning	Care Planning is a collaborative process. You, your family, and others discuss, agree, create, and review a plan of care for how to meet goals you set. This can happen through a team meeting with you and your providers, family, and other helpful people (referred to as the child and family team for youth) where a coordinated care plan (such as a Person-Centered Service Plan) is completed.
Case Management	Case Management is a collaborative process of planning, facilitating, and advocating for options and services to meet your needs. This is done through communication and other resources to promote high-quality, cost-effective outcomes. Qualified staff provide Case Management services to help you get timely access to all the services you need.
Child and Adolescent Needs and Strengths (CANS) Functional Assessment Tool	The CANS is a functional assessment tool for children/youth under 18 years old. All IBHP members under 18, including both Medicaid members and other eligible members, must have a CANS. The CANS is required at least every 90 days to track the child's/youth's progress.
Child Family Team (CFT)	A CFT is a group of individuals the youth and family select to help and support them while the youth receives treatment. At a minimum, the team includes the youth, family, and their primary mental health providers, but may also include friends, neighbors, coaches, instructors, religious leaders, and other community members.
Children's Health Insurance Program (CHIP)	Health coverage for youth under age 19 whose family income is too high to qualify for traditional Medicaid. There may be a small monthly premium for each child enrolled in CHIP.
Claim	A Claim is a request for payment for benefits received or services rendered.

Term	Definition
Class Member	A youth under age 18 who lives in Idaho and has Serious Emotional Disturbance (SED), which means they have a mental health diagnosis and a substantial functional impairment as measured by the CANS.
Code of Federal Regulations (CFR)	The CFR is the official set of rules published in the Federal Register by the departments and agencies of the Federal Government. It can be found at: http://ecfr.gov.
Complaint/ Grievance	A Complaint (Grievance) is what you send Magellan if you are upset about or unhappy with: • A provider or their staff • A Magellan or Idaho state employee • The benefit plan • The Idaho behavioral health system in general • The care you got • How someone treated you • Not having your rights respected • When Magellan asks for more time to make a pre-authorization decision
Continuum of Care	Continuum of Care is a full range of services organized into a coordinated and integrated network. The Continuum meets the many and changing needs of people with mental health or substance use disorders and their families. All IBHP providers support and connect with local community partners, including family-run organizations, youth support groups, and natural helpers such as faith-based organizations, to ensure continuity of services and appropriate aftercare supports.
Contract	The Contract is a legal agreement between the IDHW, IDJC, and Magellan that outlines what Magellan must do to manage the Idaho Behavioral Health Plan.
Contract Manager	A Contract Manager is the person(s) assigned by the IDHW to: • Watch Magellan's progress • Solve problems • Manage document reviews • Manage IDHW support of the project The term "Contract Manager" includes, except as otherwise provided in the IBHP Contract, an authorized person the Contract Manager assigns to help them. The IDHW may change the designated Contract Manager at any time by telling Magellan as required in the Contract.
Contractor	The Contractor is the vendor who bid on the Idaho Behavioral Health Plan program and was chosen to manage it. Magellan is the Contractor for the IBHP.
Co-Occurring Disorders (COD)	When a person has a mental health disorder and a substance use disorder.

Term	Definition
Coordinated Specialty Care (CSC)	CSC is a recovery-oriented treatment program for people with first-episode psychosis (FEP). CSC promotes shared decision-making and uses a team of specialists who work with you to create a personal treatment plan. The specialists offer: • Psychotherapy • Medication management geared to FEP • Family education and support • Case management • Work or education support, depending on your needs and preferences You and the team work together to make treatment decisions, involving your family as much as possible. The goal is to link you with a CSC team as soon as possible after psychotic symptoms begin.
Co-payment	A co-payment is the amount of money you need to pay a provider for part of your IBHP services. Medicaid members will not have a co-payment for IBHP services.
Crisis	A crisis is when a person does something unexpected or suddenly acts in a way that: • Puts them at risk of hurting themselves or others, and/or • Prevents them from functioning or being able to care for themselves
Crisis Centers	Crisis Centers offer you emergency mental/behavioral health services. You can go there if you are having a substance use or mental health crisis. You may stay at a Crisis Center for up to 23 hours and 59 minutes. Crisis Centers coordinate with law enforcement and other community partners. They help people in crisis get the help they need without going to the ER or being taken to jail. You can walk into or be referred/transported to a Crisis Center.
Crisis Stabilization	Crisis Stabilization is immediate help people get for a crisis to keep them and others safe.
Crisis System	An organized set of people, places, and services that work together to meet the urgent and emergent mental health and substance use crisis needs in Idaho.
Cultural and Linguistic Competence	The United States DHHS, Office of Minority Health defines Cultural and Linguistic Competence as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. “Competence” implies having the capacity to function effectively as a participant and an organization within the context of cultural beliefs, behaviors, and needs presented by members and their communities. Cultural affiliations may include, but are not limited to race, preferred language, gender, disability, age, religion, deaf and hard of hearing,

Term	Definition
	sexual orientation, homelessness, and geographic location. The requirements for cultural competency are described at 42 CFR § 438.206(c)(2).
Denied Claim	A Denied Claim is a claim for payment that Magellan does not pay. Reasons for not paying can include but are not limited to: • The claim has already been submitted and paid (is a duplicate) • The claim has not passed all requirements during processing
Department of Health and Human Services (DHHS)	The DHHS is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. DHHS provides oversight for more than three hundred (300) programs, covering a wide spectrum of activities, including medical and social science research; preventing outbreaks of infectious diseases; assuring food and drug safety; over-seeing Medicare, Medicaid, and CHIP; and providing financial assistance for low-income families.
Dependent	A person who you have financial responsibility for. Example: A dependent for income tax purposes.
Diagnostic and Statistical Manual of Mental Disorders (DSM)	The *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) is the handbook used by health care professionals in the United States as the authoritative guide for diagnosing mental disorders. DSM contains descriptions, symptoms, and other criteria for diagnosing mental disorders. It provides a common language for clinicians to communicate about their patients.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	EPSDT benefits are defined in section 1905(r) of the Social Security Act including: screening services, vision services, dental services, hearing services, and such other necessary health care, diagnostic services, treatment, and other measures described in section 1905(a) of the Social Security Act to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State Plan. EPSDT benefits are for children and young adults aged 0- 21. EPSDT is a benefit for Medicaid members.
Early Serious Mental Illness (ESMI)	ESMI is a condition that affects an individual, regardless of their age, and that is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current version of the DSM as published by the American Psychiatric Association (APA). For a significant portion of the time since the onset of the disturbance, the individual has not achieved or is at risk for not achieving the expected level of interpersonal, academic, or occupational functioning. This definition is not intended to include conditions that are attributable to the psychologic effects of a substance, substance use disorder, are attributable to an intellectual developmental disorder or another medical condition. The term ESMI is intended for the initial period of onset of the symptoms.
Electronic Health Record (EHR)	A health record in a computer instead of on paper.

Term	Definition
Emergency Medical Condition	As defined in IDAPA 16.03.26, an Emergency Medical Condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: • Placing the health of the individual, or, with respect to a pregnant woman, the health of the woman or unborn child, in serious jeopardy. • Serious impairment to bodily functions. • Serious dysfunction of any bodily organ or part.
Emergency Services	Emergency services are inpatient and outpatient care that is needed as soon as possible. It includes tests and care to keep a member safe. Care can be for physical or mental problems.
Evidence-Based Practice (EBP)	The United States Department of Health and Human Services defines an EBP as a practice that has been scientifically tested and proven to work. EBPs are followed to help people achieve their desired goals of health and wellness.
Fraud	Fraud is when someone lies or does something wrong on purpose to get care, give someone else care, or get paid for care that is wrong or was not given.
General Complaint	A General Complaint (also Complaint or Grievance) is what you send Magellan if you are upset about: • A provider or their staff • A Magellan or Idaho state employee • The benefit plan • The Idaho behavioral health system in general • The care you got • How someone treated you • Not having your rights respected • When Magellan asks for more time to make a pre-authorization decision
Health Insurance Portability and Accountability Act (HIPAA)	A law that Magellan and providers need to follow to keep members' personal and health information private.
Homes with Adult Residential Treatment (HART)	HART is a program for people with SPMI or more than one mental illness who can live together in the community. Members get mental healthcare and peer support, plus help from a clinical person who lives in the house.
Hospitalization	Hospitalization is when a member is admitted for inpatient hospital services due to an acute level of care need.
Idaho Administrative Procedures Act (IDAPA)	IDAPA refers to the administrative rules governing the IDHW. IDHW rules are contained in IDAPA Chapter 16 and can be found at: https://adminrules.idaho.gov/rules/current/16/index.html
Idaho Department of Health and Welfare (IDHW)	The IDHW is comprised of eight (8) divisions, including the Division of Medicaid and the Division of Behavioral Health. This includes IDHW sections, offices, units, or other subdivisions, and its officers, and employees.

Term	Definition
Inpatient care	Inpatient care is care you get at a hospital when you stay there overnight for one or more days.
Intensive Care Coordination (ICC)	Intensive Care Coordination (ICC) is a care management program for adults and youth with complex needs, including: • People with Severe Mental Illness (SMI) • People with Severe and Persistent Mental Illness (SPMI) • Children/youth with Serious Emotional Disturbance (SED), or intensive mental health needs, as measured by the CANS • Youth who are moving back home from a hospital, facility, or foster care (out-of-home placement) • Youth who are at risk of out-of-home placement • Youth who get services from more than one state or local agency The ICC program includes: • Assessment and service planning • Accessing and arranging for services (or working with a Case Manager) including crisis services • Coordinating multiple services • Advocating for the adult/child and family • Monitoring progress • Child and Family Teams (CFTs) for youth
Intensive Outpatient Programs (IOPs)	IOP is for members who are recovering from mental illness, eating disorders or substance use disorders. It is good for members who have been discharged from a hospital or facility, or a Partial Hospitalization Program, and still need more than basic outpatient care.
Law Enforcement Assisted Diversion (LEAD)	LEAD is a program that helps people with low-level drug crimes. They get substance use disorder care instead of going to jail.
Legal Guardian	A person who has been granted custody of a minor by court order.
Managed Care Organization (MCO)	An organization that gives people access to health care by running Medicaid and/or Medicare programs on behalf of a state or federal agency. MCOs also run commercial health plans. Magellan is an MCO for the Idaho Behavioral Health Plan.
Medicaid	Healthcare coverage for people with low incomes, pregnant women, older people, and people with disabilities.
Medicaid Member	A person who gets healthcare through Medicaid.
Medically Necessary	"Medically necessary" services and supports must meet professionally recognized standards and be supported by your behavioral health and medical records. Services and supports are considered medically necessary if: • They prevent, diagnose, or treat conditions that cause pain or malfunction, or put your life in danger, **and** • There are no other services available or better to meet your needs that are less restrictive or costly

Term	Definition
Medicare	Healthcare coverage for people aged 65 and older or who have a disability.
Medication Assisted Treatment (MAT)	MAT is a combination of therapy and other services and the use of medicine to help people recover from substance use disorders.
Member	You are a member of the IBHP if you are on Medicaid or if you qualify for care from other state programs.
Member Bill of Rights	Member Rights and Responsibilities document. See Chapter 3 of this Member Handbook to read your rights and responsibilities.
Members eligible for IBHP services through other state or federal programs or "Other Eligible Members"	Members of the IBHP who are not eligible for Medicaid. These members can get IBHP services funded by other state or federal programs.
Mental Health Court (MHC)	Mental Health Court is a special court for people with mental health or substance use disorders, and who commit felonies. Members get treatment and education rather than jail time.
Network	A large group of providers, hospitals, facilities, and other organizations who agree with Magellan to provide health and/or support services and signs a contract with us.
Network Provider	A network provider (also called in-network provider) is one who agrees with Magellan to give care for IBHP members and signs a contract with us.
Non-participating Provider	A non-network provider (also called out-of-network provider) is a provider who is not in Magellan's provider network.
Opioid Treatment Program (OTP)	A special program for people who have opioid use disorder. It includes therapy, education, medicines, and testing. An opioid is a drug that slows you down and helps stop pain. Opioids can be legal or illegal drugs like heroin, fentanyl, oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, and morphine.
Opioid Use Disorder (OUD)	Opioid use disorder is the use of opioids to the point of harm or distress. OUD has been called opioid addiction, opioid abuse, and opioid dependence.
Parenting with Love and Limits (PLL)	PLL is a program for families with a child/youth aged 10 through 18 with severe emotional and behavior problems. It combines individual and group therapy and lets families to others with similar needs.
Post-Stabilization Services	In accordance with 42 CFR § 438.114(a), Post-Stabilization Services are covered services related to an emergency medical condition, that are provided after a member is stabilized in order to maintain, improve, or resolve the member's stabilized condition.
Primary Care Provider (PCP)	A PCP is a family doctor or other provider who is responsible for your overall care. When you get physical healthcare, your PCP may need to refer you to a specialist. You do not need a PCP to refer you to a mental health or substance use disorder specialist. You can decide if you want to get care and then go to a network provider for help.

Term	Definition
Primary Care Services	Primary Care Services are general healthcare and lab services that keep you healthy and help when you are sick. PCPs provide this care and refer members to specialists for expert care if needed.
Prior Authorization/Pre-Authorization	A pre-authorization (also called prior authorization) is an approval that may be needed for you to get care or medicine.
Program	A set of healthcare services
Protected Health Information (PHI)	Private health information about a member
Provider	A doctor, hospital, organization, or individual who has a license or other permission to offer healthcare and supports
Provider Network	See “Network.”
Quality Assurance (QA)	The ongoing monitoring of care and providers to make sure members get good care. It includes fixing things when needed.
Quality Management (QM)	The ongoing monitoring of services and providers to make sure they meet guidelines and follow best practices.
Quality of Care (QoC)	How well health care services are provided. It looks at whether care is **safe, timely, respectful, and appropriate**, and whether it meets a person’s needs and follows professional standards.
Quality of Care Concerns	A concern that care provided did not meet a professionally recognized standard of health care or follow evidence-based care guidelines
Residential treatment	Residential treatment is 24-hour mental health or substance use disorder care in a non-hospital facility. Residential treatment typically lasts longer than inpatient hospital treatment. • A Psychiatric Residential Treatment Facility (PRTF) provides inpatient psychiatric services under the direction of a physician. • A Residential Treatment Center (RTC) provides behavioral health and/or substance use disorder care in a less restrictive environment than a PRTF.
Screening	A screening is a physical or mental health assessment or exam used to see if people need treatment. Screenings use tools like questionnaires, checklists, and standard definitions.
Second Opinion	A second opinion is when a member gets a diagnosis or recommendation from a provider, then goes to a new or different provider to see if they agree with it.

Term	Definition
Serious and Persistent Mental Illness (SPMI)	In order to be considered as having an SPMI, a member must meet the criteria for SMI, have at least one (1) additional functional impairment, and have a diagnosis under DSM-5 with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder. The only Not Otherwise Specified (NOS) diagnosis included is Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a conclusive diagnosis.
Serious Emotional Disturbance (SED)	Serious emotional disturbance (SED) is a term used when youth under the age of 18 have both a behavioral health diagnosis and a functional impairment as identified by the Child and Adolescent Needs and Strengths (CANS) functional assessment tool. Idaho Code § 16-2403 defines SED as SED is a diagnosable mental health, emotional or behavioral disorder, or a neuropsychiatric condition which results in a serious disability, and which requires sustained treatment interventions, and causes a child's functioning to be impaired in thought, perception, affect or behavior. A disorder must be considered to "result in a serious disability" if it causes substantial impairment of functioning in a family, school, or community. A substance use disorder (SUD) does not constitute, by itself, an SED, although it may coexist with SED.
Serious Mental Illness (SMI)	Any of the following psychiatric illnesses as defined by the American psychiatric association in the diagnostic and statistical manual of mental disorders (DSM-IV-TR): 1. Schizophrenia; 2. Paranoia and other psychotic disorders; 3. Bipolar disorders (mixed, manic, and depressive); 4. Major depressive disorders (single episode or recurrent); 5. Schizoaffective disorders (bipolar or depressive); 6. Panic disorders; and 7. Obsessive-compulsive disorders.
Service Authorization	Service Authorization is the review and approval or denial of a request by the member, or the member's authorized representative, for an IBHP service.
Service Start Date	The Service Start Date is the date when Magellan will begin managing the IBHP and services are first used by eligible members.
Specialist	A specialist is a provider who is an expert in treating certain conditions.
Spouse	A person who is legally married to another person.
State	The State of Idaho

Term	Definition
State Fair Hearing	If you disagree with the outcome of the appeal to Magellan or Magellan misses their deadline to make a decision about your Appeal, you have the right to submit an appeal to IDHW and ask for a State Fair Hearing. A State Fair Hearing is an administrative process that lets people challenge decisions made by Magellan and/or the Department of Health and Welfare, such as Medicaid or the Division of Behavioral Health. Fair Hearings are over the phone with an Administrative Law Judge (ALJ) with the Office of Administrative Hearings (OAH).
Substance Abuse and Mental Health Services Administration (SAMHSA)	A federal government agency that helps reduce the impact of mental health and substance use disorders.
Substance Use Disorder (SUD) (including Substance Dependence and Substance-related Disorder)	A SUD is the overuse of illegal drugs, legal medicine, or alcohol even though they hurt your body, mind, or relationships.
Third Party	A person, institution, corporation, or agency that is responsible for all or part of healthcare costs. The third party pays for these costs before the IBHP (Magellan) is billed.
Urgent Care	Urgent care is non-emergency healthcare for a person who needs to be seen quickly but can't get an appointment with their regular provider.
Wraparound	Wraparound is a family-driven program for children/youth with serious emotional problems that allows the child/youth to get services at home and in the community. The services are "wrapped around" the family to keep the child/youth at home and the family intact. Wraparound services also help children/youth who are moving home from more intensive or restrictive services.
Wraparound Intensive Services (WInS)	WInS is part of the YES system of care and is a type of Intensive Care Coordination. WInS is the Idaho model of Wraround which includes high fidelity wraparound, training, and coaching.
Youth Empowerment Services (YES)	Youth Empowerment Services (YES) is Idaho's children's mental health system of care. Idaho children/youth under age 18 who have or are at risk for serious emotional disturbance (SED) get mental healthcare through a strengths-based, family- centered and team approach. YES helps these children/youth get personalized care. The child/youth and their family make decisions about the child's/youth's care. They work with a team to develop a plan to meet their needs with services and supports located in their community.