

Idaho Behavioral Health Plan

Member Handbook

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Chapter 1: Welcome

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)

The IDHW Division of Behavioral Health will continue to manage state hospitals, the Center of Excellence and court-ordered care.

What's new in 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.
- Using family support partners and community groups to give you more support in your recovery and wellbeing
- Increasing access to providers in more places and adding telehealth options
- Building on the crisis system with regional centers and mobile response
- Providing new care management and coordination services 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).



Our focus in Idaho

- ✓ **Remove barriers to care** as single source of services with multiple entry points
- ✓ **Enhance engagement** through community outreach and advisory committees
- ✓ **Improve services** using a person-centered, strengths-based approach
- ✓ **Enable successful recovery** through prevention, peer supports, and community supports
- ✓ **Expand access to care** with telehealth and workforce development
- ✓ **Measure program effectiveness** with advanced analytics
- ✓ **Expand public health initiatives** through events and resources
- ✓ **Ensure delivery of the right care** in the right place through prevention and evidence-based approaches



Magellan
HEALTHCARE.

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. You can find a list of our network providers 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 whom 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, 8621 Robert Fulton Drive, Columbia, MD 21046).

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/>.

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 (0973-202-855-1 TTY العملاء على الرقم 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 অিয় কাউকক সহায়তা করকৈ, সম্পককে প্রশ্ন আকে Magellan Healthcare, Inc., d/b/a Magellan of Virginia, আপির অদিকার আকে দবিা খরকে আপির দিজস্ব ভাষাকত সাহায্য পাবার এবং তথ্য জািবার। 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 ካሉት 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.
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 gi, ma ọ bụ onye i na-akwado, nwere ajụjụ gbasara Magellan Healthcare, Inc., i nwere ohere iriọ maka amamihe na nka asụsụ gi. 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	ສິ່ງສໍາຄັນ: ເຈົ້າສາມາດຫາພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າເພື່ອວົມກັບທ່ານໝໍ ຫຼືຜູ້ໃຫ້ບໍລິການແຜນສຸຂະພາບ. ຖ້າທ່ານຕ້ອງການພາສາໃນພາສາຂອງທ່ານ ຫຼືຖາມກ່ຽວກັບຂໍ້ມູນທີ່ຂຽນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ, ກະລຸນາໃຫ້ທາເບີສະມາຊິກ/ບໍລິການລູກຄ້າຂອງທ່ານທີ່ເບີ 1-855-202-0973 (TTY: 711)
Navajo	T'AA IYISÍÍ ÍLÍ: Háida ná ata' hodoolnih ninízingo doo baqahílinígóó ne'azee'íí'íní doodaii' nits'íís binahat'á bína'ididííłkił. Nizaadji' ata' hodoolnihígíí nínízingo doodaii' naaltsos nizaad bee hadilyaa'ígíí nízingo doo baqah yílinígóó bína'adidííłkił, t'áá shoqdí béesh 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 (0973-202-855-1 تماس بگیرید. TTY: 711 تلفن رایگان خدمات اعضا/مشتری به شماره 1-855-202-0973)
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 ਟੈਲ-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).
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: คุณสามารถขอรับบริการล่ามเพื่อพูดคุยกับแพทย์หรือผู้ให้บริการดูแลสุขภาพของคุณได้โดยไม่เสียค่าใช้จ่าย 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 (پر کال کریں۔ TTY: 711۔ سروس نمبر 1-855-202-0973)
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 ẹ iranlọwọ, ni awọn ibeere nipa Magellan Healthcare, Inc., o ni ẹtọ lati gba iranlọwọ ati alaye ni ede rẹ laisi idiyele. Ọwọ 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 due to your race, color, national origin, religion, disability, sex, gender identity, marital status, health status, need for services, or age
- 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 a 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

Who to Contact	How to Contact
Magellan Healthcare of Idaho Behavioral Health Access	MagellanofIdaho.com 1-855-202-0973 (TTY 711)
Urgent and Crisis Help	
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	
Idaho Department of Health & Welfare (IDHW)	healthandwelfare.idaho.gov
Idaho Behavioral Health Plan Governance Bureau	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	
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 1-800-352-6044 (TTY 711)
FYIdaho (Families and Youth of Idaho)	fyidaho.org
Substance Use Disorder Resources	
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

Who to Contact	How to Contact
Recovery Advocacy Project	www.recoveryvoicesidaho.org
PEER Wellness Center	www.peerwellnesscenter.org 208-991-3681
Latah Recovery Center	latahrecoverycenter.org 1-877-897-9027
Center for Hope	www.centerforhopeif.org 208-538-1888
First Step 4 Life Recovery Community Center	www.fs4idaho.org Lewiston 208-717-3881 Orofino 208-476-1303
Kootenai Recovery Community Center	www.kootenairecovery.org 1-208-932-8005
Medicaid Help	
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 Youth Empowerment Services and Developmental Disability services eligibility)	idahoias.com 1-877-305-3469 (TTY 711)
Healthy Connections – Find a Primary Care Provider	healthandwelfare.idaho.gov/related/manage-my-medicaid-healthy-connections hccr7@dhw.idaho.gov 1-888-528-5861 (TTY 711)
MCNA Dental – Idaho Smiles	www.mcnaid.net 1-855-233-6262 (TTY 711)
Idaho Physical Healthcare Services	idparticipantservices@gainwelltechnologies.com 1-866-686-4752 (TTY 711)
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

Who to Contact	How to Contact
Child Developmental Disabilities Services	healthandwelfare.idaho.gov/services-programs/medicaid-health/about-childrens-developmental-disabilities 1-877-333-9681 (TTY 711)
Medicaid Transportation Help	
MTM – Non-Emergency Medical Transportation Services	www.mtm-inc.net/idaho/members/ 1-877-503-1261 (TTY 711)
Other Healthcare Help	
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	
Magellan Healthcare of Idaho	MagellanofIdaho.com 1-855-202-0973 (TTY 711)
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. You may have copayments for your medical services. 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 evaluate you 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.

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), depending on the family income

You may not disenroll from the IBHP, but if you no longer meet these criteria, you 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 believe you aren't eligible, 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:

- Filling out a request form on our website at MagellanofIdaho.com, or
- Calling us at 1-855-202-0973 (TTY 711)

You do not need to do the eligibility screening if your treatment is ordered by the court, or in other specific situations that will be directed by the IDHW.

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 as 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 to Magellan within sixty (60) calendar days from the date on the Notice of Adverse Eligibility Decision letter.

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. 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 Appeals 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.

Co-Payments

If you do not have Medicaid, you may need to pay your provider for part of your IBHP services. This is called a copayment.

- Your copayment is based on your income level.
- You may need to give your provider your copayment before you get services.
- Your provider might choose to waive your copayment. If they do, you will not need to pay.
- Native American and Alaskan Native Idahoans do not have to pay copayments.

Please note: Medicaid members may have copayments for their medical services. For more information, please see the Idaho Medicaid Health Plan Booklet at this website: [Idaho Medicaid Health Plan Booklet](#).

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

You might be able to get health insurance for your youth from the Idaho Children's Health Insurance Program (CHIP). CHIP is part of Idaho Medicaid and is a health insurance program for youth in low-income families who do not qualify for traditional Medicaid. For more information, visit this website:

healthandwelfare.idaho.gov/services-programs/medicaid-health/childrens-health-insurance-program-chip.

You can apply for CHIP at this website: idalink.idaho.gov. You can also call 1-866-456-1233 (TTY 711) or email MyBenefits@dhw.idaho.gov.

If your youth is not eligible for CHIP and/or you need health insurance, visit www.yourhealthidaho.org or 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 co-payment. 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 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 **and**
- Are considered safe, effective, and meet acceptable standards of medical practice.

For youth up to 21 years old who are on Medicaid, services and supports are considered medically necessary if:

- They are necessary to correct or ameliorate defects, physical illness, or mental illness, even if services are not covered under the Medicaid State Plan.

IDAPA Reference Links

- [16.03.09.880](#)
- [16.03.09.011.17](#)
- [16.03.10.012.15](#)

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.

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

Chapter 7: Behavioral Healthcare Provider Types

There are a lot of people who can help you if you need mental health or substance use disorder help. This list explains the types of providers you may work with. This is not a full list. It is for your education. You and Magellan will work together to find the right providers for you. All behavioral healthcare providers require some level of college education, licensing and ongoing education. Magellan makes sure our network providers meet all requirements.

Advanced Practice Registered Nurse

- An advanced practice registered nurse (APRN) is a registered nurse licensed in Idaho who has specialized knowledge, skills and experience through a program of study recognized or defined by the state.
- APRNs are only allowed to practice in areas where they have been educated and trained.
- APRNs may be allowed to prescribe, administer, and dispense medicine.
- APRNs are certified nurse-midwives, clinical nurse specialists, certified nurse practitioners, and certified registered nurse anesthetists.

Social Worker

There are different kinds of social workers. Per Idaho state law, social work is “the application of social work theory, knowledge, methods, and ethics to restore or enhance social or psychosocial functioning of individuals, couples, families, groups, organizations, and communities.” The different kinds of social workers are based on their education levels.

- A **baccalaureate social worker (BSW)** can:
 - Assess and evaluate
 - Plan care
 - Intervene in crises
 - Inform and educate
 - Consult and counsel
 - Manage cases
 - Refer members to care
 - Work independently

BSWs can’t practice psychotherapy. They can’t have a private practice or prescribe medicine. They can’t admit people to the hospital.

- A **master social worker (MSW)** has special skills to do what BSWs do in a more advanced way. They can provide psychotherapy, but it has to be supervised by a Licensed Clinical Social Worker, psychologist, or psychiatrist. Like BSWs, MSWs can work independently. They can’t have a private practice or prescribe medicine. They can’t admit people to the hospital.
- A **licensed clinical social worker (LCSW)** is an MSW with special clinical knowledge and skills. LCSWs have advanced knowledge in:
 - Psychosocial development
 - Behavior
 - Psychopathology
 - Motivation
 - Relationships

- Environmental stress
- Social systems
- Cultural diversity

LCSWs are trained to consider where their clients live and work. They also see how cultural influences affect individuals and families. They can practice individual, couples, family, and group psychotherapy. They can work independently and have a private practice. They can't prescribe medicine. They can't admit people to the hospital.

Qualified Substance Use Disorder Professional

- Qualified substance use disorder (SUD) professionals in Idaho have different certifications and education levels. They are experts in addiction. They help people and families who deal with addiction.
- Qualified SUD professionals do many things:
 - Screen, assess, and diagnose drug and alcohol issues
 - Manage care plans
 - Counsel individuals, families and groups
 - Educate clients in recovery, resiliency, and prevention

Licensed Professional Counselor

- A licensed professional counselor (LPC) has a master, doctorate, or post-doctorate degree in counseling or similar field.
- LPCs help people:
 - Understand problems
 - Set goals
 - Make plans
 - Improve their personal, social, academic, and work lives
- LPCs treat problems with individual, marital, couple, family, and group counseling and psychotherapy.
- LPCs are trained to consider where their clients live and work. They also see how cultures influence clients and families.
- LPCs can't prescribe medicines. They can't admit a person to a hospital.

Licensed Clinical Professional Counselor

- A licensed clinical professional counselor (LCPC) is an LPC that has extra training.
- LCPCs can do the same work as LPCs. They also have knowledge and experience to help people with complex mental health conditions.
- LCPCs can work independently.
- An LCPC can't prescribe medicines or admit a person to a hospital.

Licensed Marriage and Family Therapist

There are two levels of licensed marriage and family therapists in Idaho: associate marriage and family therapist (LAMFT), and full marriage and family therapist (LMFT). Both levels:

- Must have a master-level degree or higher in marriage and family therapy or similar field
- Assess, diagnose, and treat marriage and family problems and issues that may cause them
- Focus on clients' roles in relationships
- Are trained to consider where their clients live and work
- See how cultures influence clients and families
- Improve long-term wellbeing of clients and families
- Treat clients, couples and families through counseling and psychotherapy

Neither AMFTs nor MFTs can prescribe medicines or admit people to hospitals.

Full MFTs must take courses not only in marriage and family therapy, but also biopsychosocial health and development, psychological and mental health competency, and ethics and identity. They must also complete research during their studies and be supervised providing marriage and family therapy.

Psychiatrist

- A psychiatrist is a doctor who finished medical school and a residency in psychiatry.
- Psychiatrists diagnose and treat mental health disorders. They understand the mental and physical parts of a client's condition.
- Psychiatrists are experts at using medicine to treat mental health disorders. They know how different medicines affect each other. They can write prescriptions.
- Psychiatrists can order tests and see how a client's body and mind work with or without medicine.
- Some psychiatrists use psychotherapy to help clients.
- There are many sub-specialties of psychiatry, such as child and adolescent psychiatry, geriatric psychiatry, addiction psychiatry, and forensic psychiatry.
- A psychiatrist's medical training makes it easy for them to work with physical health providers.

Psychologist

- A psychologist is a person who has a doctorate degree. They have special training based on clinical research to understand human behavior and mental health. A psychologist can be a Doctor of Philosophy (Ph.D.) or Doctor of Psychology (Psy.D.).
- In Idaho, psychologists must be supervised for a year before they can practice on their own. They also must pass an exam and take classes to keep their licenses.
- The word "psychologist" is a legally protected term in mental healthcare. It only applies to Ph.D. and Psy.D. graduates with advanced education in psychology.
- Some psychologists do research or administration. Those who treat people with mental health disorders are called clinical psychologists.
- Psychologists are well-trained therapists. Like psychiatry, there are psychology sub-specialties for adults, children, adolescents, and elderly. There are also psychologists with special experience and training in areas like gender identity, sexuality and trauma.

IDAPA Reference Links:

[16.07.17.200](#)

[24.12.01](#)

[24.14.01](#)

[24.15.01](#)

[24.34.01](#)

Chapter 8: Covered Services for Adults

Ages 18 and over, unless otherwise noted.

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

The check marks on each line tell you who pays for the service:

- If there is a check mark in the **Medicaid** column, you can get this service at no cost if you are on Medicaid.
- If there is a check mark in the **Other State Funds** column, 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.

The **Pre-Auth Required?** column tells you if your provider needs to ask Magellan for approval (pre-authorization or prior authorization) for you to get the service. If there is a **Yes** in the column, your provider needs to ask Magellan for approval. If there is a **No** in the column, they do not need to ask Magellan for approval.

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

Adult Covered Service (Ages 18 and over, unless otherwise noted)	Medicaid	Other State Funds [^]	Pre-Auth Required?
Alcohol and Drug Assessment Used to see if you have a substance use concern. It helps providers know the best way to help you.	✓	✓	No
Alcohol and Drug Testing Tests to see if your hair, urine, or saliva shows that there is alcohol or drugs in your body.	✓	✓	No
Assertive Community Treatment (ACT) If you have Serious and Persistent Mental Illness (SPMI)*, you may be able to participate in ACT. An ACT Team helps you live independently and continue your recovery in the community. Services include individualized treatment planning, crisis intervention, peer services, community-based rehabilitation services, medication management, case management, individual and group therapy, co-occurring treatment, and coordination of other community support services. <i>*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 the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)</i>	✓	✓	Yes

[^]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.

Adult Covered Service (Ages 18 and over, unless otherwise noted)	Medicaid	Other State Funds[^]	Pre-Auth Required?
<i>of 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.</i>			
Basic Housing Essentials If you live in Enhanced Safe and Sober Housing, you can get basic housing essentials like bedding, towels, soap, toothpaste, etc.		✓	Yes
Case Management - Mental Health 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.	✓	✓	No
Case Management - Substance Use 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.	✓	✓	No
Childcare During Appointments 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.		✓	Yes
Comprehensive Diagnostic Assessment (CDA) 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.	✓	✓	No
Crisis Centers 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. <i>*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.</i>	Available to all Idahoans		No
Crisis Intervention With crisis* intervention services, you can talk to a behavioral health expert 24 hours a day, 7 days a week. The person will work	✓	✓	No

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<p align="center">Adult Covered Service (Ages 18 and over, unless otherwise noted)</p>	<p align="center">Medicaid</p>	<p align="center">Other State Funds[^]</p>	<p align="center">Pre-Auth Required?</p>
<p>with you to manage the crisis and make a plan to improve your situation. <i>*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.</i></p>			
<p>Crisis Psychotherapy 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. <i>*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.</i></p>	✓	✓	No
<p>Crisis Call Center 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. <i>*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.</i></p>	Available to all Idahoans		No
<p>Early Serious Mental Illness (ESMI) Services (Idaho Strength Through Active Recovery [STAR] Program) 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:</p> <ul style="list-style-type: none"> • 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 <i>The Diagnostic and Statistical Manual of Mental Disorders</i> <p>Services include:</p> <ul style="list-style-type: none"> • Assessments • Treatment plans • Psychoeducation • Crisis intervention • Case management and coordination • Psychotherapy (individual and group) • Peer support • Medication management • Education and career help 	✓	✓	Yes

[^]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.

Adult Covered Service (Ages 18 and over, unless otherwise noted)	Medicaid	Other State Funds[^]	Pre-Auth Required?
<p><i>*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.</i></p>			
<p>Electroconvulsive Therapy (ECT) ECT is a medical treatment most used for severe major depression disorder or bipolar disorder that has not responded to other treatments. ECT involves a brief electrical stimulation of the brain while you are under anesthesia in a hospital.</p>	✓	✓	Yes
<p>Enhanced Safe and Sober Housing (ESSH) 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:</p> <ul style="list-style-type: none"> • 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. 		✓	Yes
<p>Family Psychoeducation 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</p>	✓		No

[^]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.

<p align="center">Adult Covered Service (Ages 18 and over, unless otherwise noted)</p>	<p align="center">Medicaid</p>	<p align="center">Other State Funds[^]</p>	<p align="center">Pre-Auth Required?</p>
<p>with just your family or a group of families that share the same experiences. <i>*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.</i> <i>**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.</i></p>			
<p>Family Psychotherapy 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.</p>	✓	✓	No
<p>Functional Assessments Functional assessments measure your ability to do things needed for daily living. It measures your strengths and needs.</p>	✓	✓	No
<p>Group Aftercare After a 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.</p>		✓	No
<p>Group Psychotherapy 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.</p>	✓	✓	No
<p>Homes with Adult Residential Treatment (HART) Services 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:</p> <ul style="list-style-type: none"> • Comprehensive diagnostic assessment 	✓	✓	Yes

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<p align="center">Adult Covered Service (Ages 18 and over, unless otherwise noted)</p>	<p align="center">Medicaid</p>	<p align="center">Other State Funds[^]</p>	<p align="center">Pre-Auth Required?</p>
<ul style="list-style-type: none"> • 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 <p><i>*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.</i></p>			
<p>Individual Psychotherapy 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.</p>	✓	✓	No
<p>Individualized Skills-Building Treatment Plan 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.</p>	✓	✓	No
<p>Inpatient Care – Mental Health 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. <i>If you do not have Medicaid, other state funds will cover inpatient care only if you are involuntarily admitted.</i></p>	✓	✓	Yes
<p>Inpatient Care – Substance Use 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.</p>	✓		Yes

[^]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.

<p style="text-align: center;">Adult Covered Service (Ages 18 and over, unless otherwise noted)</p>	<p style="text-align: center;">Medicaid</p>	<p style="text-align: center;">Other State Funds[^]</p>	<p style="text-align: center;">Pre-Auth Required?</p>
<p>Intensive Outpatient Program (IOP) 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:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Health assessment and monitoring ○ Dietary and nutrition services <p>You may also get these services outside the program:</p> <ul style="list-style-type: none"> • Separate case management • Respite • Peer support • Recovery coaching • Psychological/neuropsychological testing 	✓	✓	No
<p>Life Skills 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.</p>		✓	No
<p>Medication Management A doctor or nurse meets with you to discuss the medicines you take and order new ones you might need.</p>	✓	✓	No
<p>Medication-Assisted Treatment (MAT) 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.</p>	✓	✓	No

[^]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.

<p align="center">Adult Covered Service (Ages 18 and over, unless otherwise noted)</p>	<p align="center">Medicaid</p>	<p align="center">Other State Funds[^]</p>	<p align="center">Pre-Auth Required?</p>
<p>Mobile Crisis Response Team 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. <i>*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.</i></p>	✓	✓	No
<p>Multiple-Family Group Psychotherapy – Mental Health 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.</p>	✓		No
<p>Neuropsychological Testing 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.</p>	✓	✓	No
<p>Outpatient Substance Use Disorder Psychotherapy If you have a substance use concern, you can meet with a therapist for help. You will learn how to:</p> <ul style="list-style-type: none"> • Stop using substances and stay substance free • Change behaviors • Repair relationships • Make new friends who don't use substances • Create a recovery lifestyle <p>You can meet with a therapist by yourself or in a group.</p>	✓	✓	No
<p>Partial Hospitalization Program (PHP) 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:</p> <ul style="list-style-type: none"> • Assessment and treatment planning • Psychotherapy and/or psychoeducation • Skill-building activities • 24-hour crisis services • Psychiatric evaluation • Medication management 	✓	✓	Yes

[^]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.

<p style="text-align: center;">Adult Covered Service (Ages 18 and over, unless otherwise noted)</p>	<p style="text-align: center;">Medicaid</p>	<p style="text-align: center;">Other State Funds[^]</p>	<p style="text-align: center;">Pre-Auth Required?</p>
<ul style="list-style-type: none"> • Substance use screening and monitoring, and drug testing (as appropriate) • Physical exam • Care coordination/transition management/discharge planning • For eating disorders: <ul style="list-style-type: none"> ○ Health assessment and monitoring ○ Dietary and nutrition services 			
<p>Peer Support If you are recovering from a mental health concern, you can get support from a Certified Peer Support Specialist (CPSS). A CPSS is a person in recovery from mental health concerns who uses lived experience and special training to help others in recovery. For more information, see the Care Management chapter.</p>	✓	✓	No
<p>Psychological Testing 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.</p>	✓	✓	No
<p>Recovery Coaching 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 relapse 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. <i>[*]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.</i></p>	✓	✓	No
<p>Residential Treatment 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:</p> <ul style="list-style-type: none"> • Psychiatric care • Psychological care • Therapeutic and behavior modification • Psychotherapy 	✓	✓	Yes

[^]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.

<p style="text-align: center;">Adult Covered Service (Ages 18 and over, unless otherwise noted)</p>	<p style="text-align: center;">Medicaid</p>	<p style="text-align: center;">Other State Funds[^]</p>	<p style="text-align: center;">Pre-Auth Required?</p>
<ul style="list-style-type: none"> • Nursing care • Family visits • Psychoeducation 			
<p>Safe and Sober Housing (SSH) 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:</p> <ul style="list-style-type: none"> • 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. 		✓	Yes
<p>Skills Training and Development (STAD) or Partial Care If you have a mental health concern that makes it hard for you to do everyday tasks, this service can help. You will work in a group to learn important daily living skills.</p>	✓	✓	No
<p>Skills-Building/Community-Based Rehabilitative Services (CBRS) 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.</p>	✓	✓	Yes
<p>Therapeutic Injection 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.</p>	✓	✓	No
<p>Transcranial Magnetic Stimulation (TMS) 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.</p>	✓	✓	Yes

[^]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.

Adult Covered Service (Ages 18 and over, unless otherwise noted)	Medicaid	Other State Funds[^]	Pre-Auth Required?
Transportation for Substance Use Disorder Treatment 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.		✓	No

[^]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.

Chapter 9: Covered Services for Youth

The check marks on each line tell you who pays for the service:

- If there is a check mark in the **Medicaid** column, 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. For more information on this benefit, see the Medicaid Benefits chapter in this Handbook or visit healthandwelfare.idaho.gov/services-programs/medicaid-health/early-periodic-screening-diagnostic-and-treatment-epsdt.
- If there is a check mark in the **Other State Funds** column, your youth may be able to get this service up to their 18th birthday at no or low cost through other state funds. You do not have to be on Medicaid to be eligible for the service.

The **Pre-Auth Required?** column tells you if your provider needs to ask Magellan for approval (pre-authorization or prior authorization) for you to get the service. If there is a **Yes** in the column, your provider needs to ask Magellan for approval. If there is a **No** in the column, they do not need to ask Magellan for approval.

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

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
Alcohol and Drug Assessment 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.	✓	✓	No
Alcohol and Drug Testing Tests to see if your youth's hair, urine, or saliva shows that there is alcohol or drugs in their body. <i>Prior authorization is required if your youth has already had 24 units/tests in the calendar year.</i>	✓	✓	No
Behavior Modification and Consultation (BMC) BMC teaches your youth skills to manage their behavior in social and school settings. Your youth's provider will evaluate them to see what behaviors may need to change. They will work with your youth and family on a plan for your youth to learn skills to improve their behavior. Your youth can get BMC services at home, in school and in the community.	✓	✓	Yes

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
<p>Case Management 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. <i>Prior authorization is required if your youth has already had 240 units of case management in the calendar year.</i></p>	✓	✓	No
<p>Child and Adolescent Needs and Strengths (CANS) Assessment 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.</p>	✓	✓	No
<p>Child and Family Team (CFT) 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.</p>	✓	✓	No
<p>Comprehensive Diagnostic Assessment (CDA) 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.</p>	✓	✓	No
<p>Crisis Call Center If your youth is having a behavioral health crisis*, you or they can call 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. <i>*A crisis is when you or someone you know is having sudden and severe mental health/substance use concerns, and you are unsure of what to do. See Getting Care chapter for more information.</i></p>	Available to all Idahoans		No

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
<p>Crisis Centers (Youth) 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 healthandwelfare.idaho.gov/services-programs/behavioral-health/youth-crisis-centers. <i>*A crisis is when you or someone you know is having sudden and severe mental health/substance use concerns, and you are unsure of what to do. See Getting Care chapter for more information.</i></p>	Available to all Idahoans		No
<p>Crisis Intervention 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. <i>*A crisis is when you or someone you know is having sudden and severe mental health/substance use concerns, and you are unsure of what to do. See Getting Care chapter for more information.</i></p>	✓	✓	No
<p>Crisis Psychotherapy 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. <i>*A crisis is when you or someone you know is having sudden and severe mental health/substance use concerns, and you are unsure of what to do. See Getting Care chapter for more information.</i></p>	✓	✓	No
<p>Early Child Assessment This is an assessment a clinician does for children under age 6 to see if they show signs of mental health concerns.</p>	✓	✓	No

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
<p>Early Serious Mental Illness (ESMI) Services (Idaho Strength Through Active Recovery [STAR] Program)</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <i>The Diagnostic and Statistical Manual of Mental Disorders</i> <p>Services include:</p> <ul style="list-style-type: none"> • Assessments • Treatment plans • Psychoeducation • Crisis intervention • Case management and coordination • Psychotherapy (individual and group) • Peer support • Medication management • Education and career help <p><i>*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.</i></p>	✓	✓	Yes
<p>Electroconvulsive Therapy (ECT)</p> <p>ECT is a medical treatment used for severe major depression or bipolar disorder that has not responded to other treatments. ECT involves a brief electrical stimulation of the brain while your youth is under anesthesia in a hospital.</p>	✓	✓	Yes

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
<p>Family Peer Support (for families of youth 21 and younger) 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. <i>Prior authorization is required if your family has already had 416 units of peer support in the calendar year.</i></p>	✓	✓	No
<p>Family Psychoeducation 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.</p>	✓	✓	No
<p>Family Psychotherapy 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.</p>	✓	✓	No
<p>Functional Assessments Functional assessments measure your youth's ability to do things needed for daily living. It measures your youth's strengths and needs.</p>	✓	✓	No
<p>Group Psychotherapy Your youth can meet with a group of three or more people with similar concerns. Your youth and the other group members will talk and support each other. They may practice coping skills to learn how to manage concerns. The group is led by a behavioral health expert who makes sure youth are safe.</p>	✓	✓	No
<p>Health and Behavior Assessment and Intervention (HBAI) HBAI takes place in clinics that provide medical services. Your youth may get mental health, substance use, and physical assessments and tests to determine what care they need. <i>Prior authorization is required if your youth has already had 60 units of HBAI in the calendar year.</i></p>	✓	✓	No

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
<p>Idaho Wraparound Intensive Services (WInS) 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. <i>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.</i></p>	✓	✓	No
<p>Individual Psychotherapy 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.</p>	✓	✓	No
<p>Individualized Skills-Building Treatment Plan 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.</p>	✓	✓	No
<p>Inpatient Care – Mental Health 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. <i>If your youth does not have Medicaid, other state funds will cover inpatient care only if your youth is involuntarily admitted.</i></p>	✓	✓	Yes
<p>Inpatient Care – Substance Use 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.</p>	✓		Yes
<p>Intensive Home- and Community-Based Services Your youth may get IHCBS if they:</p> <ul style="list-style-type: none"> • Are at risk of out-of-home placement • Are transitioning back to live with their families • Have significant behavioral health needs <p>Services can include therapy, behavior modification, and parent education and training.</p>	✓	✓	Yes

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
<p>Intensive Outpatient Program (IOP) 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:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Health assessment and monitoring ○ Dietary and nutrition services <p>Your youth can get these services outside the program:</p> <ul style="list-style-type: none"> • Separate case management • Respite • Peer support • Recovery coaching • Psychological/neuropsychological testing 	✓	✓	No

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
<p>Language Interpretation and Translation Services 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).</p> <p>Members who are hearing impaired can also use Idaho Relay Services at TTY 711 or:</p> <ul style="list-style-type: none"> • 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 <p>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).</p>	✓	✓	No
<p>Medication Management A doctor or nurse meets with your youth to discuss the medicines they take and order new ones they might need.</p>	✓	✓	No
<p>Mobile Crisis Response Team 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 - the Idaho Crisis and Suicide Hotline. This is available for all Idahoans.</p>	Available to all Idahoans		No
<p>Multiple-Family Group Psychotherapy 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.</p>	✓	✓	No
<p>Neuropsychological Testing 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. <i>Maximum of 14 units of neuropsychological testing per member per calendar year</i></p>	✓	✓	No

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
<p>Parenting with Love and Limits[®] (PLL) 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. <i>*Youth who have Medicaid can get PLL services through the EPSDT program through the end of the month of their 21st birthday.</i> <i>Prior authorization is required if your family has already had 12 weeks of PLL in the calendar year.</i></p>	✓	✓	No
<p>Partial Hospitalization Program (PHP) 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:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Health assessment and monitoring ○ Dietary and nutrition services 	✓	✓	Yes
<p>Psychological Testing 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. <i>Maximum of four (4) hours of psychological testing per member per calendar year</i></p>	✓	✓	No

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
<p>Residential Treatment 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:</p> <ul style="list-style-type: none"> • Psychiatric care • Psychological care • Therapeutic and behavior modification • Psychotherapy • Nursing care • Family visits • Psychoeducation 	✓	✓	Yes
<p>Respite 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 300 hours per year of respite. <i>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/respice-care/. Maximum of 300 hours of respite per member per calendar year</i></p>	✓		No
<p>Skills Training and Development (STAD) or Partial Care 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.</p>	✓	✓	No
<p>Skills-Building/Community-Based Rehabilitative Services (CBRS) 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. <i>Prior authorization is required if your youth has already had 308 units of CBRS in a calendar year.</i></p>	✓	✓	No

Youth Covered Service	Medicaid	Other State Funds [^]	Pre-Auth. Required?
<p>Therapeutic After School and Summer Program (TASSP) 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. <i>*Youth who have Medicaid can get TASSP services through the EPSDT program through the end of the month of their 21st birthday.</i></p>	✓	✓	No
<p>Therapeutic Injection 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.</p>	✓	✓	No
<p>Youth Day Treatment 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.</p>	✓	✓	Yes
<p>Youth Peer Support (For youth ages 12 through 17) 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:</p> <ul style="list-style-type: none"> • Know they are not alone • Get involved in their treatment • Set recovery goals • Amplify their voice in decision making <p>If your youth is under age 12, see the Family Peer Support benefit. <i>Prior authorization is required if your youth has already had 416 units of peer support in the calendar year.</i></p>	✓	✓	No

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 16.03.09.880](#), 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. 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 medicines are not covered by the IBHP but may be covered by Medicaid. For more information, call the Idaho Medicaid Pharmacy Program at 1-866-827-9967 (TTY 711).

Some **prescription medicines** may be covered by Medicaid instead of the IBHP unless they are covered by another insurance such as Medicare. For more information, call the Idaho Medicaid Pharmacy Program at 1-866-827-9967 (TTY 711).

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. 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 1-866-436-0457 (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 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.

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

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(13) 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, and providers. Links to 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:

- Behavior Modification and Consultation
- CANS Assessment
- Care/Treatment Planning
- Case Consultation and Management
- Child and Family Team (CFT)
- Comprehensive Diagnostic Assessment
- Crisis Services
- Day Treatment
- Psychoeducation
- Family Support Services
- Inpatient Care (hospital & residential)
- Integrated Substance Use Disorder (SUD) 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
- Respite Care
- Skills Building/Community-Based Rehabilitative Services (CBRS)
- Skills Training and Development (STAD)
- Therapeutic After-School and Summer Programs (TASSP)
- Idaho Wraparound Intensive Services (IWInS)
- Youth Peer Support

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 Idaho Independent Assessment Services (Liberty Idaho IAS). 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 Idaho Independent Assessment Services (Liberty Idaho IAS)" section below.

If your youth does not already have Medicaid

Complete an independent assessment with Liberty Idaho IAS to see if your youth can get Medicaid. See the "Independent Assessments with Liberty Idaho Independent Assessment Services (Idaho IAS)" section below.

Independent Assessments with Liberty Idaho Independent Assessment Services (Liberty Idaho IAS)

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

- They have Medicaid and need respite services
- They need to get Medicaid

If your youth has Medicaid and doesn't need respite, they do not need an independent assessment with Liberty Idaho IAS. 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 Idaho IAS 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, 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. 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. It can also be virtual.

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 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).

**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 within the first 90 days of being enrolled in YES services.
- Your youth must work with Magellan and their provider to complete a Person-Centered Services Plan each year.
- Your youth must use Respite at least once during the year.
- Your youth must complete an independent assessment within 364 days of the previous one.

Liberty Idaho IAS 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.)

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 YES CFT meetings.

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

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

YES CFTs are formed during the care planning process and continue while the youth is getting services. Your youth’s YES 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 YES CFT works through the six-part YES Practice Model and follows the 11 YES Principles of Care throughout the process. The youth, family, and YES CFT use the results of the CANS and work together to create a person-centered service plan. All person-centered service plans include respite, 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

YES 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 your youth would like care coordination, 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 and 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 Partner:** This person is a Certified Family Support Partner (CFSP). CFSPs have experience with:
 - Raising a child with mental illness
 - Working with multiple child-serving systems
 - Helping the child develop resiliency needed for recoveryCFSPs offer hope and encouragement. They share their experience and knowledge. They will help you find resources that meet your needs.
- **Families and Youth of Idaho (FYIdaho):** This is the Idaho chapter of the National Federation of Families. They can help parents and youth through:
 - **Family Support Line:** Helps families navigate the youth mental health system of Idaho and connect to services
 - Call 208-433-8843
 - Email support@fyidaho.org
 - Visit <https://www.fyidaho.org/parents-caregivers/family-support-line-request/>
 - **FYI Parent Support Groups:** Virtual spaces for parents give each other emotional support for common life topics and interests. Visit <https://www.fyidaho.org/parents-caregivers/fyi-parent-support-groups/> to find a group.
 - **Teen Programs:** Safe and welcoming spaces for teens to talk with each other and trusted adults. Topics cover mental wellness and positive relationships. Visit <https://www.fyidaho.org/youth/> to find a group.

- **National Alliance on Mental Illness (NAMI):** Education for youth and families, classes on how to support a child 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	1050 Fox Acres Road P.O. Box 95 Hailey, ID 83333 Phone: 208-481-0686 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](https://www.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.

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.

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.

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 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. If you do not meet the criteria, you may be eligible for Case Management, or you can get regular Care Coordination, as described above.

Intensive Care Coordinators (ICCs) 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 Intensive Care Coordinators are licensed clinicians. Your ICC 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 try to 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
- Work with a youth's clinician to update the CANS at least every 90 days or more frequently if necessary

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 residential care, 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 CANS score of 2 or 3, or
- Are at substantial risk of out-of-home placement due to mental health needs; or
- Have experienced three (3) or more foster care placements within twenty-four (24) months for reasons related to mental health needs; or
- Are involved with multiple child-serving systems related to his or her mental health needs; or
- Are under age twelve (12) and has been hospitalized or detained for reasons related to mental health needs within the last six (6) months; or
- Have experienced more than one hospitalization for mental health needs within the last twelve (12) months; or
- Are currently in an out-of-home placement due to mental health needs and could be discharged safely to their home or community within up to ninety (90) days if adequate home and community-based supports were provided.

Youth in Intensive Care Coordination have an Intensive Care Coordinator who works with them through treatment. The Intensive Care Coordinator coordinates multiple services that are delivered in a therapeutic manner. Your youth gets services in accordance with their changing needs and strengths. The Intensive Care Coordinator 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.

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 Idaho Wraparound Intensive Services (Idaho WInS) covered benefit by a Magellan network provider. If the youth does not qualify for Medicaid, the IDHW Center of Excellence (CoE) may provide Idaho WInS services.

Idaho Wraparound Intensive Services (IWInS)

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.

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

- An overall CANS level score of 2 or 3
- Involvement in at least 1 additional child serving system:
 - Court involvement
 - Child Protection Services (CPS)
 - Education needs (IEP, 504, or desire to improve child’s educational performance)
 - Physical health needs
 - Developmentally disabled or intellectually disabled needs
- Youth and family desire to participate in the wraparound care planning process
- Youth and family need for intensive care coordination or have seen limited progress with current coordination

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

- Youth is nearing risk of out-of-home placement
- Youth needs transitioning from a higher level of behavioral health intervention 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 Idaho WInS, but not both.

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.

Peer, Recovery, and Family Support

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

- Adult Peer Support for mental health diagnoses, or co-occurring mental health and substance use diagnoses
- Adult Recovery Coaching for substance use or co-occurring mental health and substance use diagnoses
- Youth Support for Serious Emotional Disturbance (SED), mental health diagnoses, or co-occurring mental health and substance use diagnoses
- Family 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 and Family Support Navigators

Adults and families 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 support relationship with you/your family
- Help you/your family find and access community resources
- Help you/your family learn about and develop wellness goals and a plan to meet them
- Help you/your family explore and build resilience to sustain your recovery

Chapter 13: Complaints, 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. You can file a Complaint at any time. You can file a Complaint orally or in writing.

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.

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 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.

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 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 Appeal.

- If you do not speak English, an interpreter will help you.
- 2. Fax your Appeal to Magellan at 1-888-656-9795
- 3. Email your appeal to IDAC@magellanhealth.com
- 4. Mail your appeal to:
Magellan Healthcare, Inc.
Attn: Idaho Quality Department PO Box 2188
Maryland Heights, MO 63043

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.

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 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 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

Chapter 14: Mental Health Disorder Information

Behavioral health is the promotion of mental health, recovery and freedom from addiction. It includes care and services for people with mental illnesses and substance use disorders 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 disorders.

This chapter talks about mental health and substance use disorders, treatments, providers, and recovery. Most of this information is taken 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 the 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 disorder.

Magellan Healthcare is here to help you.

What is a Mental Health Disorder?

A mental health disorder is a condition that negatively affects a person's thinking, mood and/or behavior. Disorders can range from mild to severe.

Many factors contribute to mental health conditions, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

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

Types of Mental Health Disorders

There are many types of mental health disorders. Many of the most common are listed below. For more information, visit www.samhsa.gov/mental-health.

Anxiety: Anxiety is more than worry or fear about a specific problem or situation. Anxiety is a constant feeling of nervousness or fear that can last months or years. There are many kinds of anxiety. For more information, visit www.samhsa.gov/mental-health/anxiety-disorders.

Attention Deficit Hyperactivity Disorder (ADHD): ADHD is marked by not being able to focus, being overactive, not being able to control behavior, or a combination of these. For these symptoms to be diagnosed as ADHD, they must be out of the normal range for a person's age and development level. For more information, visit www.samhsa.gov/mental-health/attention-deficit-hyperactivity-disorder.

Bipolar Disorder: Bipolar disorder is a serious mental illness that causes unusual shifts in mood, ranging from extreme highs (mania or “manic” episodes) to lows (depression or “depressive” episode). A person who has bipolar disorder also experiences changes in their energy, thinking, behavior, and sleep. During bipolar mood episodes, it is difficult to carry out day-to-day tasks, go to work or school, and maintain relationships. There are three different types of bipolar disorder:

- Bipolar I Disorder: Having a history of at least one manic episode, but sometimes also having depressed or hypomanic episodes as well. Hypomanic means a person has a higher energy or activity level, mood, or behavior than normal. It is a less severe form of mania
- Bipolar II Disorder: Mood states that vary from an even mood to up and down, but the highs are less extreme and are called hypomanic states; the depressive episodes may be just as severe as those in major depressive disorder and/or bipolar I disorder.
- Cyclothymic Disorder: More chronic mood instability (both highs and lows) that are not as long, severe, or frequent as those experienced in bipolar I or II disorder.

For more information, visit www.samhsa.gov/mental-health/bipolar.

Borderline Personality Disorder (BPD): BPD is a mental health condition in which a person has long-term patterns of unstable or explosive emotions. They result in impulsive actions, self-image issues and chaotic relationships with other people. For more information, visit www.samhsa.gov/mental-health/borderline-personality-disorder.

Delusional Disorder: Delusional disorder is when a person has an irrational or intense belief or suspicion that they think is true. These beliefs may seem unreal and impossible (bizarre) or seem normal but there is no proof (non-bizarre). The person can't be convinced that the things are not real. For more information, visit www.mhanational.org/conditions/paranoia-and-delusional-disorders.

Depression: Depression is more than feeling sad when something bad happens. Depression is diagnosed when feelings of sadness don't go away after two weeks, you can't get out of bed, and you aren't happy doing things you used to enjoy. There are many kinds of depression, including:

- Major depressive disorder, also known as clinical depression, is where people feel that a consistent dark mood is consuming them. Major depressive disorder makes people unable to complete daily tasks.
- Persistent Depressive Disorder refers to when a low mood lasts for two or more years in adults and at least one year in children and teens. A person with this disorder may experience episodes of major depressive disorder along with periods of less severe symptoms where they are typically able to complete daily tasks.
- Postpartum Depression affects women after having a baby. It causes intense, long-lasting feelings of anxiety, sadness and fatigue. It makes it hard for mothers to care for themselves and/or their babies,

as well as handle daily responsibilities. Postpartum depression can start anywhere from weeks to months after childbirth.

For more information, visit www.samhsa.gov/mental-health/depression.

Eating Disorder: Eating disorders involve extreme emotions, attitudes and behaviors involving weight or food. The most common are anorexia nervosa, binge eating and bulimia. For more information, visit www.samhsa.gov/mental-health/eating-disorders.

Post-Traumatic Stress Disorder (PTSD): PTSD is a real disorder that develops when a person has experienced or witnessed a scary, shocking, terrifying or dangerous event. These stressful or traumatic events usually involve a situation where someone's life has been threatened or severe injury has occurred. Children and adults with PTSD may feel anxious or stressed even when they are not in danger. For more information, visit www.samhsa.gov/mental-health/post-traumatic-stress-disorder.

Psychotic Disorder: Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions. People with psychoses lose touch with reality. Two of the main symptoms are delusions and hallucinations. Delusions are false beliefs, such as thinking that someone is plotting against you or that the TV is sending you secret messages. Hallucinations are false perceptions, such as hearing, seeing, or feeling something that is not there. For more information, visit medlineplus.gov/psychoticdisorders.

Schizoaffective Disorder: Schizoaffective disorder is a mental condition that causes both a loss of contact with reality (psychosis) and mood problems (depression or mania). The two types of schizoaffective are:

- Bipolar type, which includes episodes of mania and sometimes major depression
- Depressive type, which includes only major depressive episodes

These two types also include symptoms of schizophrenia. The difference between schizoaffective disorder and schizophrenia is that schizoaffective includes a mood disorder. For more information, visit medlineplus.gov.

Schizophrenia: Schizophrenia is a serious brain disorder that causes people to interpret reality abnormally. They don't know what sights, sounds, and experiences are real or what they are imagining. Schizophrenia usually involves delusions (false beliefs), hallucinations (seeing or hearing things that don't exist), unusual physical behavior, and disorganized thinking and speech. For more information, visit www.samhsa.gov/mental-health/schizophrenia.

Serious Symptoms of Mental Health Disorders

In addition to the symptoms of the conditions described above, there are other signs that someone may have a mental health disorder:

Self-Harm: Self-harm refers to when a person hurts their own body on purpose. It is more common among women than men. A person who self-harms usually does not mean to kill themselves, but they are at higher risk of attempting suicide and dying by suicide if they do not get help. For more information, visit www.samhsa.gov/mental-health/self-harm.

Suicidal Behavior: This is when a person says they are going to kill themselves or tries to do so. The causes of suicidal behavior and suicide are complex. Many factors can contribute to suicidal feelings: mental illness,

substance misuse, painful losses, exposure to violence, and social isolation. If you feel like you want to hurt yourself or someone else, or if you know someone who feels that way, **call or text the Idaho Crisis and Suicide Hotline at 988 immediately**. For more information, visit www.samhsa.gov/mental-health/suicidal-behavior.

Serious Mental Health Conditions

Some mental health disorders, either alone or combined with other conditions, 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 does not constitute, by itself, an SED, although it may coexist with SED.

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

Serious Mental Illness (SMI): IDAPA 16.07.33.010.15 defines SMI as “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 special IBHP services for people with SMI. See the Covered Services for Adults chapter.

Serious and Persistent Mental Illness (SPMI): IDAPA 16.07.33.010.16 defines SMPI as a “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 special 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 mental disorder that affects a person's brain and behavior. They become unable to control their use. Symptoms can be moderate to severe.

Addiction is a chronic, relapsing disorder. When people are addicted, they can't stop seeking and using substances even when they lead to bad things. Addiction is a brain disorder, because the substance used changes 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 disorder, and people with mental health disorders may also struggle with substance use. When this occurs, the person is considered to have a co-occurring disorder.

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 group of psychoactive drugs. They act on the central nervous system and can cause changes in mood, awareness, and behavior. These drugs are most often used by young adults 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 www.cdc.gov.

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 is a document that you create to tell providers if you want or do not want these treatments:

- Electroconvulsive therapy
- 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 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

If you want to have a Mental Health Declaration and need help making one, you can contact:

- The National Alliance on Mental Illness (NAMI) at 1-800-572-9940 (TTY 711)
- Mental Health Association of Idaho at (208) 893-9983 or 1-866-578-3659 (TTY 711)

They will help you with forms and answer questions. You can also visit the National Resource Center on Psychiatric Advance Directives at nrc-pad.org/states/Idaho-forms for the forms and instructions.

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)	<p>An Adverse Benefit Determination (ABD) is when Magellan:</p> <ul style="list-style-type: none"> • 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)	<p>An ABD Notice is a letter you and your provider get when Magellan:</p> <ul style="list-style-type: none"> • 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 <p>Your provider can get an ABD notice if they don't act on a request for services quickly enough.</p> <p>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.</p>
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	<p>An appeal is a request that Magellan reconsider an Adverse Benefit Determination (ABD). You may file an Appeal when Magellan:</p> <ul style="list-style-type: none"> • 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
Assertive Community Treatment (ACT)	ACT is a person-centered recovery approach for adults with a Serious and Persistent Mental Illness (SPMI). It helps these members live independently and continue their recovery in the community.
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.

Term	Definition
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.
Care Management	<p>Care Management is the system of medical and psychosocial management including, but not limited to:</p> <ul style="list-style-type: none"> • Utilization management • Care coordination • Discharge planning following restrictive levels of care • Continuity of care • Care transition • Quality management • Service verification <p>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.</p>
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.

Term	Definition
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.
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	<p>A Complaint (Grievance) is what you send Magellan if you are upset about or unhappy with:</p> <ul style="list-style-type: none"> • 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	<p>A Contract Manager is the person(s) assigned by the IDHW to:</p> <ul style="list-style-type: none"> • Watch Magellan's progress • Solve problems • Manage document reviews • Manage IDHW support of the project <p>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.</p>
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)	<p>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:</p> <ul style="list-style-type: none"> • Psychotherapy • Medication management geared to FEP • Family education and support • Case management • Work or education support, depending on your needs and preferences <p>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.</p>
Co-payment	<p>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.</p>
Crisis	<p>A crisis is when a person does something unexpected or suddenly acts in a way that:</p> <ul style="list-style-type: none"> • Puts them at risk of hurting themselves or others, and/or • Prevents them from functioning or being able to care for themselves
Crisis Centers	<p>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 Center for up to 23 hours and 59 minutes.</p> <p>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 Center.</p>
Crisis Stabilization	<p>Crisis Stabilization is immediate help people get for a crisis to keep them and others safe.</p>
Crisis System	<p>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.</p>
Cultural and Linguistic Competence	<p>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,</p>

Term	Definition
	sexual orientation, homelessness, and geographic location. The requirements for cultural competency are described at 42 CFR § 438.206(c)(2).
Denied Claim	<p>A Denied Claim is a claim for payment that Magellan does not pay. Reasons for not paying can include but are not limited to:</p> <ul style="list-style-type: none"> • 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 <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> 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.

Term	Definition
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.
Emergency Medical Condition	As defined in IDAPA 16.03.10, 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.

Term	Definition
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.
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)	<p>Intensive Care Coordination (ICC) is a care management program for adults and youth with complex needs, including:</p> <ul style="list-style-type: none"> • 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 <p>The ICC program includes:</p> <ul style="list-style-type: none"> • 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
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.

Term	Definition
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	<p>“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:</p> <ul style="list-style-type: none"> • 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
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.

Term	Definition
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.
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.
Residential treatment	<p>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.</p> <ul style="list-style-type: none"> • 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)	<p>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.</p> <p>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.</p> <p>A SUD does not constitute, by itself, an SED, although it may coexist with SED.</p>
Serious Mental Illness (SMI)	<p>IDAPA 16.07.33.010.15 defines SMI as “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):</p> <ol style="list-style-type: none"> 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
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.

Term	Definition
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 Wraparound 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 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.