

# Appendix C: IBHP Program Services

Revision log – updated April 1, 2026

Date	Section	Previous Content	New Content
4/1/26	<b>Entire Document</b>	References to the Center of Excellence (CoE)	<b>All references have been removed</b>
4/1/26	<b>Individualized Skills Building Treatment Plan</b>	Skills building plan using the teaming approach is the process in which the independently licensed or master’s-level clinician under supervisory protocol, Skills Building paraprofessional, member, and family work together to develop an individualized Skills Building/CBRS treatment plan. The process is person-centered, strengths-based, collaborative, individualized and outcome-based.	<p><b>Content removed and added:</b></p> <p><del>Skills building plan using the teaming approach is the process in which the independently licensed or master’s-level clinician under supervisory protocol, Skills Building paraprofessional, member, and family work together to develop an individualized Skills Building/CBRS treatment plan. The process is person-centered, strengths-based, collaborative, individualized and outcome-based.</del></p> <p>The <b>Skills Building Plan using the Teaming Approach</b> is a collaborative process in which the independently licensed or master’s-level clinician (under a supervisory protocol), the Skills Building paraprofessional, the member, and the member’s family or authorized representative work together to develop an individualized Skills Building/CBRS treatment plan. The process is <b>person-centered</b>,</p>

Date	Section	Previous Content	New Content
			<p><b>strengths-based, collaborative, individualized, and outcome-focused.</b></p> <p>Skills Building/CBRS services must be guided by a service-specific, individualized treatment plan that reflects the member’s unique needs and strengths identified through a comprehensive diagnostic and functional assessment. Treatment planning for this service is completed using the <b>teaming approach</b> to ensure that:</p> <ul style="list-style-type: none"> <li>• The Skills Building paraprofessional receives appropriate clinical supervision when developing the treatment plan.</li> <li>• The supervising clinician maintains a clear clinical understanding of the case being overseen.</li> <li>• The treatment plan effectively addresses the member’s identified goals and promotes measurable progress toward recovery and independence.</li> <li>• The treatment plan is approved by the clinician and confirmed with their signature and title. <ul style="list-style-type: none"> <li>• AND</li> <li>• The skill building/CBRS treatment plan must be developed prior to the provision of services and prior to the submission of the service request form.</li> <li>• AND</li> <li>• The treatment plan shall contain the following:</li> </ul> </li> </ul>

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			<ul style="list-style-type: none"> <li>○ Observable, measurable objectives aimed at assisting the Member in achieving his/her goals related to the specific functional need.</li> <li>○ The specific evidence-based intervention(s)/modality for each skill/knowledge or resource objective related to the specific functional need.</li> <li>○ The provider responsible for providing the intervention, and the amount, frequency and expected duration of service.</li> <li>○ The skills building treatment plan must include the Member/Member's family and or the Member's authorized representative signature on the document indicating his/her agreement with treatment plan goals and objectives and his/her participation in its development.</li> </ul> <p>The plan is designed to teach members skills that may include:</p> <ul style="list-style-type: none"> <li>● Coping skills</li> <li>● Psychiatric symptom management</li> <li>● Communication skills</li> <li>● Basic living skills</li> <li>● Social skills</li> <li>● Problem solving</li> <li>● Anger management</li> </ul>

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			<ul style="list-style-type: none"> <li>• Crisis support</li> <li>• Medication management</li> </ul>
4/1/26	<b>Skills Building/Community-Based Rehabilitative Services (CBRS)</b>	<p><b>Description</b> Skills Building/Community-Based Rehabilitative Services (CBRS) is a home- or community-based service that utilizes psychiatric rehabilitation interventions focusing on behavioral, social, communication, rehabilitation, and/or basic living skills training. The service is designed to build and reinforce functional skills and confidence. The goal is to improve the person's abilities and confidence for successful independent living</p> <p><b>Member Eligibility</b></p> <ul style="list-style-type: none"> <li>• Medicaid benefit.</li> <li>• Benefits may also be available for other eligible IBHP members without Medicaid. These benefits are funded through the IDHW. Funding is limited and may only be used until funding has run out.</li> </ul> <p><b>Services</b> An independently licensed or master's-level clinician under supervisory protocol, and providers qualified to provide Skills Building/CBRS, work with the member in the home or community to develop an Individualized</p>	<p><b>Content added:</b></p> <p><b>Description</b> Skill Building/ Community Based Rehabilitative Services (CBRS) is a home- or community-based service that utilizes psychiatric rehabilitation interventions focusing on behavioral, social, communication, rehabilitation, and/or basic living skills training which is designed to build a member's competency and confidence while increasing functioning <b>and</b> decreasing mental health and/or behavioral symptoms.</p> <p>Skills Building/Community Based Rehabilitation Services (CBRS) utilizes qualified practitioners (paraprofessional) supervised by independently licensed clinicians abiding by best practices in psychiatric rehabilitation to help members, to achieve the intended purpose. Skills Building/CBRS vary in intensity, frequency, and duration in order to support member's ability to manage functional difficulties and to realize recovery and resiliency goals.</p> <p>The intent of Skills Building/CBRS is to address the member's specific needs and strengths to the point</p>

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		<p>Skills Building Treatment Plan using the teaming with the member and family. The process is person-centered, strengths-based, collaborative, individualized and outcome-based. The plan is based on the member’s individual needs and strengths identified from a comprehensive diagnostic and functional assessment and is updated every 90 days while Skills Building is being utilized.</p> <p>The plan is designed to teach members skills that may include:</p> <ul style="list-style-type: none"> <li>• Coping skills</li> <li>• Psychiatric symptom management</li> <li>• Communication skills</li> <li>• Basic living skills</li> <li>• Social skills</li> <li>• Problem serving</li> <li>• Anger management</li> <li>• Crisis support</li> <li>• Medication management</li> </ul>	<p>where the member may be safely, efficiently, and effectively treated in the least restrictive service level. Skills Building/CBRS addresses specific functional needs and is not intended for general support service. Skills Building/CBRS is not intended as a standalone service. The member <b>must be working with a clinician on their mental health symptoms and impairments while the CBRS provider is assisting with the development of skills that support and improve the members’ mental health and/or behavioral symptoms.</b></p> <p>Community-Based Rehabilitative Services (CBRS) are intended to be delivered in-person to support skill development and functional improvement in the member’s natural environment. In-person service delivery is the standard expectation. Any use of telehealth must be justified in the clinical record, clearly documenting the clinical rationale and how telehealth delivery supports the member’s treatment goals without compromising service effectiveness. This should be regularly reviewed as part of the treatment planning process.</p> <p><b>Member Eligibility</b></p> <ul style="list-style-type: none"> <li>• Medicaid benefit.</li> <li>• Benefits may also be available for other eligible IBHP members without Medicaid. These benefits are funded through the</li> </ul>

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			<p>IDHW. Funding is limited and may only be used until funding has run out.</p> <p><b>Adults:</b> Skills Building/CBRS is deemed appropriate to treat adults recovering from a Serious and Persistent Mental Illness (SPMI) and or Serious Mental Illness (SMI) who have been assessed to have at least two (2) significant functional needs indicated on the functional assessment tool that are related to the identified SPMI/SMI. OR</p> <p><b>Youth:</b> Skills Building/CBRS is deemed appropriate to treat a youth Member identified as having a serious emotional disturbance (SED) and has been assessed to have at least 1 significant functional need related to the identified SED.</p> <p>AND</p> <p>Skills Building/CBRS services are necessary for the Member to obtain, apply, and/or when skills require a defined period of reinforcement, of the developmentally age-appropriate skills.</p> <p><b>Services</b></p> <p>An independently licensed or master’s-level clinician under supervisory protocol, and providers qualified to provide Skills Building/CBRS, work with the member in the home or community to develop an Individualized Skills Building Treatment Plan by completing the teaming meeting with the member and family. The process is person-centered, strengths-based, collaborative, individualized and</p>

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			<p>outcome-based. The plan is based on the member’s individual needs and strengths identified from a comprehensive diagnostic and functional assessment and is updated every 90 days while Skills Building is being utilized.</p> <p>For additional information on the teaming approach please see the section above <b>Individualized Skills Building Treatment Plan</b></p> <p><b>Continued Stay Criteria:</b> The individualized treatment plan should be updated frequently enough to reflect changes in the Member’s condition, functional needs, goals, progress, preferences, change in skill related goals and or at the request of the Member/Member’s representative/family. The period between reviews shall not exceed ninety (90) calendar days.</p> <ul style="list-style-type: none"> <li>• Treatment plan updates should reflect findings of functional assessment tool updates.</li> <li>• Continued care requests should describe the identified Skills Building/CBRS</li> <li>• interventions and goals; document the Member’s attendance and adherence to</li> <li>• treatment recommendations, and expectations for progress in the targeted skill.</li> </ul>

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			<p><b>Discharge Criteria:</b> For discharge from service, the admission criteria are no longer met, the Member’s condition no longer requires skills building/CBRS, and or the Member’s condition has changed to the extent that the condition now meets admission criteria for another level of care.</p> <p><b>Skills Building is not:</b></p> <ul style="list-style-type: none"> <li>• Provision of transportation, respite, case management, or any other general support or treatment service.</li> <li>• Daycare or a substitute for supervision.</li> <li>• Provided without involvement, communication, and coordination with the family and/or legal guardian.</li> </ul> <p><b>Content removed:</b>  <del>The plan is designed to teach members skills that may include:</del></p> <ul style="list-style-type: none"> <li><del>• Coping skills</del></li> <li><del>• Psychiatric symptom management</del></li> <li><del>• Communication skills</del></li> <li><del>• Basic living skills</del></li> <li><del>• Social skills</del></li> <li><del>• Problem serving</del></li> <li><del>• Anger management</del></li> <li><del>• Crisis support</del></li> <li><del>• Medication management</del></li> </ul>

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			<table border="1"> <thead> <tr> <th colspan="3">Payment Methodology</th> </tr> <tr> <th>Code</th> <th>Description</th> <th>Unit</th> </tr> </thead> <tbody> <tr> <td>H2017</td> <td>Skills Building/CBRS</td> <td>Unit = 15 minutes</td> </tr> <tr> <td>H0032</td> <td>Individualized Skills Building Treatment Plan – Billed by clinician and paraprofessional for teaming with patient present</td> <td>Unit = 15 minutes</td> </tr> </tbody> </table>	Payment Methodology			Code	Description	Unit	H2017	Skills Building/CBRS	Unit = 15 minutes	H0032	Individualized Skills Building Treatment Plan – Billed by clinician and paraprofessional for teaming with patient present	Unit = 15 minutes
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4/1/26	<b>Skills Training and Development (STAD) or Partial Care</b>	<b>Skills Training and Development (STAD) or Partial Care</b>	<b>Content removed.</b> <b>Skills Training and Development (STAD) or Partial Care</b>												
4/1/26	<b>Intensive Outpatient Program – Mental Health</b>	<b>Service Delivery Guidelines</b> <ul style="list-style-type: none"> <li>IOP services must include a minimum of 9 to 19 hours per week of structured, therapeutic programming.</li> <li>Each IOP program day must include a minimum of three (3) hours of services.</li> <li>At least six (6) hours per week must consist of core clinical services, including individual therapy, group therapy, and family therapy.</li> <li>The remaining weekly hours may include supportive and adjunctive services such as psychoeducation, psychiatric or medication evaluation, case management, skills development, clinical assessment and treatment plan updates, and recovery-focused activities.</li> <li>If the required minimum three (3) hours of services are not delivered for a given day, the provider may not bill for IOP services for that day.</li> </ul>	<b>Content Added:</b> <b>Service Delivery Guidelines</b> <ul style="list-style-type: none"> <li>IOP services must include a minimum of 9 to 19 hours per week of structured, therapeutic programming.</li> <li>Each IOP program day must include a minimum of three (3) hours of services.</li> <li>At least six (6) hours per week must consist of core clinical services, including individual therapy*, group therapy, and family therapy.</li> <li>The remaining weekly hours may include supportive and adjunctive services such as psychoeducation, psychiatric or medication evaluation, case management, skills development, clinical assessment and treatment plan updates, and recovery-focused activities.</li> <li>If the required minimum three (3) hours of services are not delivered for a given day, the provider may not bill for IOP services for that day.</li> </ul>												

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		<p><b>Authorization</b> No authorization is required</p>	<ul style="list-style-type: none"> <li>• <b>*Individual therapy is required for all members in IOP Services.</b></li> </ul> <p><b>Authorization</b> <b>17 and under:</b> No authorization is required <b>18+:</b> Prior authorization after threshold of 50 units</p>
4/1/26	<b>Partial Hospitalization Program – Mental Health</b>	<p>Required PHP components:</p> <ul style="list-style-type: none"> <li>• Comprehensive Diagnostic Assessment and treatment planning</li> <li>• The following services are provided in the amounts, frequencies, and intensities as appropriate to the member’s treatment needs: <ul style="list-style-type: none"> <li>○ Individual therapy, family therapy, group therapy, and/or psychoeducation</li> </ul> </li> <li>• Skill-building activities</li> <li>• 24-hour crisis services</li> <li>• Psychiatric evaluation (can also be billed outside of the bundled rate for external providers)</li> <li>• Medication management (can also be billed outside of the bundled rate for external providers)</li> <li>• Substance use screening and monitoring, and drug testing (as appropriate)</li> <li>• A registered nurse (RN) or higher must be available 24 hours as part of the program</li> </ul>	<p><b>Content Added:</b> Required PHP components:</p> <ul style="list-style-type: none"> <li>• Comprehensive Diagnostic Assessment and treatment planning</li> <li>• The following services are provided in the amounts, frequencies, and intensities as appropriate to the member’s treatment needs: <ul style="list-style-type: none"> <li>○ Individual therapy*, family therapy, group therapy, and/or psychoeducation</li> </ul> </li> <li>• Skill-building activities</li> <li>• 24-hour crisis services</li> <li>• Psychiatric evaluation (can also be billed outside of the bundled rate for external providers)</li> <li>• Medication management (can also be billed outside of the bundled rate for external providers)</li> <li>• Substance use screening and monitoring, and drug testing (as appropriate)</li> <li>• A registered nurse (RN) or higher must be available 24 hours as part of the program</li> </ul>

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		<ul style="list-style-type: none"> <li>• A physical exam: If stepping up or entering a PHP program, a new exam is to be done within three days (or one program day if SUD or ED). If stepping down within seven days of discharge, a previous exam done by a behavioral health provider (inpatient or residential level of care) is accepted.</li> <li>• Care coordination/transition management/discharge planning</li> <li>• For eating disorders: <ul style="list-style-type: none"> <li>○ Health assessment and monitoring</li> <li>○ Dietary and nutrition services.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• A physical exam: If stepping up or entering a PHP program, a new exam is to be done within three days (or one program day if SUD or ED). If stepping down within seven days of discharge, a previous exam done by a behavioral health provider (inpatient or residential level of care) is accepted.</li> <li>• Care coordination/transition management/discharge planning</li> <li>• For eating disorders: <ul style="list-style-type: none"> <li>○ Health assessment and monitoring</li> <li>○ Dietary and nutrition services.</li> </ul> </li> </ul> <p><b>*Individual therapy is required for all members in PHP Services</b></p>
4/1/26	<b>Child and Adolescent Needs and Strengths (CANS 3.0)</b>	<p><b>Training and Fidelity Monitoring</b> The Division of Behavioral Health, Centers of Excellence, Transformation Collaborative Outcome Management (TCOM) Competency Center is a team of certified Subject Matter Experts (SMEs) who collaborate, create, provide, and share expertise, best practices, and support for clinicians using TCOM tools.</p>	<p><b>Training and Fidelity Monitoring</b> The Division of Behavioral Health, <del>Centers of Excellence</del>, Transformation Collaborative Outcome Management (TCOM) Competency Center is a team of certified Subject Matter Experts (SMEs) who collaborate, create, provide, and share expertise, best practices, and support for clinicians using TCOM tools.</p>
4/1/26	<b>Language Interpretation Services</b>	<p><b>Documentation standards</b> When using an interpreter, add these additional documentation requirements to service documentation being completed by the rendering provider e.g. therapy progress notes.</p> <ul style="list-style-type: none"> <li>• Relationship of interpreter to member.</li> </ul>	<p><b>Content Added:</b> <b>Documentation standards</b> When using an interpreter, add these additional documentation requirements to service documentation being completed by the rendering provider e.g. therapy progress notes.</p> <ul style="list-style-type: none"> <li>• Relationship of interpreter to member.</li> </ul>

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		<ul style="list-style-type: none"> <li>• If services are not for the member, the name of person and their relationship to the members care (e.g., authorized representative).</li> <li>• The type of interpretive service provided (e.g., in-person, telehealth).</li> <li>• Full name (first and last), title or position of person rendering interpretive services.</li> <li>• Language being interpreted.</li> <li>• Date, time, and duration of interpretive services.</li> </ul>	<ul style="list-style-type: none"> <li>• If services are not for the member, the name of person and their relationship to the members care (e.g., authorized representative).</li> <li>• The type of interpretive service provided (e.g., in-person, telehealth).</li> <li>• Full name (first and last), title or position of person rendering interpretive services.</li> <li>• Language being interpreted.</li> <li>• Date, time, and duration of interpretive services.</li> </ul> <p><b>Note:</b> Whenever possible, the interpreter’s signature should be obtained on a log or sign-in sheet. If a signature cannot be captured due to virtual or telephonic interpretation, documentation must include the reason the signature was not obtained and record the interpreter’s company name along with all other required information.</p>

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4/1/26	<b>Opioid Treatment Programs</b>	<p><b>Services</b></p> <p>Opioid Treatment Programs (OTPs) are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) to treat opioid use disorder (OUD).</p> <p>There are several treatment options prescribed by these specialty programs based on the member’s medical and psychiatric history, SUD treatment history, and member preference. Methadone and buprenorphine are two medication options available through the comprehensive bundle. Additionally, naltrexone treatment reimbursement is allowable when appropriate. Naltrexone treatment reimbursement is allowable when prescribed for an approved indication, supported by a qualifying diagnosis, medically appropriate for the member, and provided as part of a comprehensive, documented treatment plan.</p>	<p><b>Content removed:</b></p> <p><b>Services</b></p> <p>Opioid Treatment Programs (OTPs) are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) to treat opioid use disorder (OUD).</p> <p>There are several treatment options prescribed by these specialty programs based on the member’s medical and psychiatric history, SUD treatment history, and member preference. Methadone and buprenorphine are two medication options available through the comprehensive bundle. <del>Additionally, naltrexone treatment reimbursement is allowable when appropriate.</del> Naltrexone treatment reimbursement is allowable when prescribed for an approved indication, supported by a qualifying diagnosis, medically appropriate for the member, and provided as part of a comprehensive, documented treatment plan.</p>

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4/1/26	<b>ASAM Levels of Care – SUD Treatment Programs</b>	Medically monitored intensive inpatient or medically monitored high-intensity inpatient treatment services for individuals, who need withdrawal management and monitoring in a 24-hour setting but do not need daily physician interaction. Services may be provided in an acute inpatient setting or in a residential treatment facility	<p><b>Content Removed and Added:</b></p> <p><b>ASAM Level 3.7</b>  Medically monitored intensive residential or inpatient treatment for individuals who need withdrawal management and monitoring in a 24-hour setting but do not need daily physician interaction. Services may be provided in an acute inpatient setting or in a residential treatment facility.</p> <p><del>Medically monitored intensive inpatient or medically monitored high-intensity inpatient treatment services for individuals, who need withdrawal management and monitoring in a 24-hour setting but do not need daily physician interaction. Services may be provided in an acute inpatient setting or in a residential treatment facility</del></p>
4/1/26	<b>Intensive Outpatient Program – Substance Use Disorder</b>	Required IOP-SUD Components: <ul style="list-style-type: none"> <li>• Comprehensive Diagnostic Assessment including ASAM dimensions and or GAIN and treatment planning</li> <li>• The following services are provided in the amounts, frequencies, and intensities as appropriate to the members’ treatment needs: <ul style="list-style-type: none"> <li>○ Individual therapy, family therapy, group therapy, and/or psychoeducation</li> </ul> </li> </ul>	<p><b>Content Added:</b></p> Required IOP-SUD Components: <ul style="list-style-type: none"> <li>• Comprehensive Diagnostic Assessment including ASAM dimensions and or GAIN and treatment planning</li> <li>• The following services are provided in the amounts, frequencies, and intensities as appropriate to the members’ treatment needs:</li> </ul>

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		<ul style="list-style-type: none"> <li>○ Skill-building activities</li> <li>○ 24-hour crisis services</li> <li>○ Medication management (can also be billed outside of the bundled rate for external providers)</li> <li>○ Substance use screening and monitoring, and drug testing (as appropriate)</li> <li>○ A psychiatrist must be available to consult with the program during and after normal program hours</li> <li>○ Care coordination/transition management/discharge planning</li> </ul> <p><b>Service Delivery Guidelines</b></p> <ul style="list-style-type: none"> <li>● IOP services must include a minimum of 9 to 19 hours per week of structured, therapeutic programming.</li> <li>● Each IOP program day must include a minimum of three (3) hours of services.</li> <li>● At least six (6) hours per week must consist of core clinical services, including individual therapy, group therapy, and family therapy.</li> <li>● The remaining weekly hours may include supportive and adjunctive services such as psychoeducation, psychiatric or medication evaluation, case</li> </ul>	<ul style="list-style-type: none"> <li>○ Individual therapy*, family therapy, group therapy, and/or psychoeducation</li> <li>○ Skill-building activities</li> <li>○ 24-hour crisis services</li> <li>○ Medication management (can also be billed outside of the bundled rate for external providers)</li> <li>○ Substance use screening and monitoring, and drug testing (as appropriate)</li> <li>○ A psychiatrist must be available to consult with the program during and after normal program hours</li> <li>○ Care coordination/transition management/discharge planning</li> </ul> <p><b>*Individual therapy is required for all members in IOP Services.</b></p> <p><b>Service Delivery Guidelines</b></p> <ul style="list-style-type: none"> <li>● IOP services must include a minimum of 9 to 19 hours per week of structured, therapeutic programming.</li> <li>● Each IOP program day must include a minimum of three (3) hours of services.</li> <li>● At least six (6) hours per week must consist of core clinical services, including individual therapy, group therapy, and family therapy.</li> <li>● <b>Groups size is limited to no more than 12 participants.</b></li> </ul>

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		<p>management, skills development, clinical assessment and treatment plan updates, and recovery-focused activities.</p> <ul style="list-style-type: none"> <li>If the required minimum three (3) hours of services are not delivered for a given day, the provider may not bill for IOP services for that day.</li> </ul> <p><b>Authorization</b> No authorization is required</p>	<ul style="list-style-type: none"> <li>The remaining weekly hours may include supportive and adjunctive services such as psychoeducation, psychiatric or medication evaluation, case management, skills development, clinical assessment and treatment plan updates, and recovery-focused activities.</li> <li>If the required minimum three (3) hours of services are not delivered for a given day, the provider may not bill for IOP services for that day.</li> </ul> <p><b>Authorization</b> <b>17 and under:</b> No authorization required <b>18+:</b> Prior authorization after threshold of 50 units.</p>
4/1/26	<b>Partial Hospitalization Program – Substance Use Disorder</b>	<p>Required PHP-SUD components:</p> <ul style="list-style-type: none"> <li>Comprehensive Diagnostic Assessment with ASAM dimensions and or GAIN and treatment planning</li> <li>The following services are provided in the amounts, frequencies, and intensities as appropriate to the members’ treatment needs: <ul style="list-style-type: none"> <li>Individual therapy, family therapy, group therapy, and/or psychoeducation</li> </ul> </li> <li>Skill-building activities</li> <li>24-hour crisis services</li> </ul>	<p><b>Content Added:</b></p> <p>Required PHP-SUD components:</p> <ul style="list-style-type: none"> <li>Comprehensive Diagnostic Assessment with ASAM dimensions and or GAIN and treatment planning</li> <li>The following services are provided in the amounts, frequencies, and intensities as appropriate to the members’ treatment needs: <ul style="list-style-type: none"> <li>Individual therapy*, family therapy, group therapy, and/or psychoeducation</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>• Psychiatric evaluation (can also be billed outside of the bundled rate for external providers) <ul style="list-style-type: none"> <li>○ For other state funded members, the psychiatric evaluations are a part of the PHP-SUD components and need to be delivered internally as part of this bundle.</li> </ul> </li> <li>• Medication management (can also be billed outside of the bundled rate for external providers)</li> <li>• Substance use screening and monitoring, and drug testing (as appropriate)</li> <li>• A registered nurse (RN) or higher must be available 24 hours per day as part of the program</li> <li>• A physical exam: If stepping up or entering a PHP program, a new exam is to be done within one program day. If stepping down from a higher level of care within seven days of discharge, a previous exam done by a behavioral health provider (inpatient or residential level of care) is accepted.</li> <li>• Care coordination/transition management/discharge planning.</li> <li>• Groups size is limited to no more than 12 participants.</li> </ul>	<ul style="list-style-type: none"> <li>• Skill-building activities</li> <li>• 24-hour crisis services</li> <li>• Psychiatric evaluation (can also be billed outside of the bundled rate for external providers) <ul style="list-style-type: none"> <li>○ For other state funded members, the psychiatric evaluations are a part of the PHP-SUD components and need to be delivered internally as part of this bundle.</li> </ul> </li> <li>• Medication management (can also be billed outside of the bundled rate for external providers)</li> <li>• Substance use screening and monitoring, and drug testing (as appropriate)</li> <li>• A registered nurse (RN) or higher must be available 24 hours per day as part of the program</li> <li>• A physical exam: If stepping up or entering a PHP program, a new exam is to be done within one program day. If stepping down from a higher level of care within seven days of discharge, a previous exam done by a behavioral health provider (inpatient or residential level of care) is accepted.</li> <li>• Care coordination/transition management/discharge planning.</li> <li>• Groups size is limited to no more than 12 participants.</li> </ul>

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			*Individual therapy is required for all members in PHP Services.
4/1/26	<b>Low-Intensity Residential Treatment – Substance Use Order</b>	<p><b>Provider Requirements</b> SUD residential treatment facilities must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Have a National Provider Identifier (NPI).</li> <li>• Have current national accreditation to provide behavioral healthcare by one of the following bodies: <ul style="list-style-type: none"> <li>○ The Commission on Accreditation of Rehabilitation Facilities (CARF),</li> <li>○ The Joint Commission (TJC), or</li> <li>○ The Council on Accreditation (COA)</li> </ul> </li> <li>• Have current ASAM 3.1 Level of Care Certification from CARF. Staff must meet the ASAM standards for the level of service provided.</li> </ul>	<p><b>Provider Requirements</b> SUD residential treatment facilities must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Have a National Provider Identifier (NPI).</li> <li>• Have current national accreditation to provide behavioral healthcare by one of the following bodies: <ul style="list-style-type: none"> <li>○ The Commission on Accreditation of Rehabilitation Facilities (CARF),</li> <li><del>○ The Joint Commission (TJC), or</del></li> <li><del>○ The Council on Accreditation (COA)</del></li> </ul> </li> <li>• Have current ASAM 3.1 Level of Care Certification from CARF. Staff must meet the ASAM standards for the level of service provided.</li> </ul>
4/1/26	<b>Residential Treatment - Substance Use Disorder</b>	<p><b>Provider Requirements</b> SUD residential treatment facilities must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Have a National Provider Identifier (NPI).</li> <li>• Have current ASAM 3.5 and/or 3.7 Level of Care Certification from CARF for the level(s) the facility intends to deliver. Staff must meet the ASAM standards for the level of service provided. <ul style="list-style-type: none"> <li>○ Provide at least two forms of Medication Assisted Treatment</li> </ul> </li> </ul>	<p><b>Content Added:</b></p> <p><b>Provider Requirements</b> SUD residential treatment facilities must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Have a National Provider Identifier (NPI).</li> <li>• Have current national accreditation to provide behavioral healthcare by one of the following bodies: <ul style="list-style-type: none"> <li>○ The Commission on Accreditation of Rehabilitation Facilities (CARF)</li> </ul> </li> </ul>

Date	Section	Previous Content	New Content
		(MAT) for Opioid Use Disorder (OUD).	<ul style="list-style-type: none"> <li>• Have current ASAM 3.5 and/or 3.7 Level of Care Certification from CARF for the level(s) the facility intends to deliver. Staff must meet the ASAM standards for the level of service provided. <ul style="list-style-type: none"> <li>○ Provide at least two forms of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD).</li> </ul> </li> </ul>
4/1/26	<b>Residential Treatment - Substance Use Disorder</b>	<b>Authorization</b> Notice of admission is required for ASAM 3.5 Prior authorization is required for ASAM 3.7	<b>Content Updated:</b> <del>Prior authorization</del> <del>Notice of admission</del> is required for ASAM 3.5 <del>Notice of admission</del> <del>Prior authorization</del> is required for ASAM 3.7
4/1/26	<b>Clinically Managed Residential Withdrawal Management Services- Substance Use Disorder</b>	<b>Provider Requirements</b> SUD residential treatment facilities must meet the following requirements: <ul style="list-style-type: none"> <li>• Have a National Provider Identifier (NPI).</li> <li>• Have current national accreditation to provide behavioral healthcare by one of the following bodies: <ul style="list-style-type: none"> <li>○ The Commission on Accreditation of Rehabilitation Facilities (CARF),</li> <li>○ The Joint Commission (TJC), or</li> <li>○ The Council on Accreditation (COA)</li> </ul> </li> <li>• Have current ASAM 3.1 Level of Care Certification from CARF. Staff must meet</li> </ul>	<b>Content Removed</b> <b>Provider Requirements</b> SUD residential treatment facilities must meet the following requirements: <ul style="list-style-type: none"> <li>• Have a National Provider Identifier (NPI).</li> <li>• Have current national accreditation to provide behavioral healthcare by one of the following bodies: <ul style="list-style-type: none"> <li>○ The Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li><del>○ The Joint Commission (TJC), or</del></li> <li><del>○ The Council on Accreditation (COA)</del></li> </ul> </li> <li>• Have current ASAM 3.1 Level of Care Certification from CARF. Staff must meet the</li> </ul>

Date	Section	Previous Content	New Content
		the ASAM standards for the level of service provided.	ASAM standards for the level of service provided.
4/1/26	<b>Clinically Managed Population-Specific High Intensity Residential Treatment</b>	<p><b>Provider Requirements</b> SUD residential treatment facilities must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Have a National Provider Identifier (NPI).</li> <li>• Have current national accreditation to provide behavioral healthcare by one of the following bodies: <ul style="list-style-type: none"> <li>○ The Commission on Accreditation of Rehabilitation Facilities (CARF),</li> <li>○ The Joint Commission (TJC), or</li> <li>○ The Council on Accreditation (COA)</li> </ul> </li> </ul>	<p><b>Content Removed</b></p> <p><b>Provider Requirements</b> SUD residential treatment facilities must meet the following requirements:</p> <ul style="list-style-type: none"> <li>• Have a National Provider Identifier (NPI).</li> <li>• Have current national accreditation to provide behavioral healthcare by one of the following bodies: <ul style="list-style-type: none"> <li>○ The Commission on Accreditation of Rehabilitation Facilities (CARF)</li> <li>○ <del>The Joint Commission (TJC), or</del></li> <li>○ <del>The Council on Accreditation (COA)</del></li> </ul> </li> </ul>
4/1/26	<b>Inpatient SUD</b>	<p><b>Certification/Accreditation</b> Facilities that provide ASAM Level 4.0 or 3.7, including hospital IMDs, must have a certification from the Commission on Accreditation of Rehabilitation Facilities (CARF). Staff must meet the ASAM standards for levels of service provided.</p>	<p><b>Content Added:</b></p> <p><b>Certification/Accreditation</b> <b>Have current national accreditation to provide behavioral healthcare by one of the following bodies:</b></p> <ul style="list-style-type: none"> <li>• <b>The Commission on Accreditation of Rehabilitation Facilities (CARF),</b></li> <li>• <del>The Joint Commission (TJC), or</del></li> <li>• <del>The Council on Accreditation (COA)</del></li> </ul> <p>Facilities that provide ASAM Level 4.0 or 3.7, including hospital IMDs, must have a certification from the Commission on Accreditation of Rehabilitation Facilities (CARF). Staff must meet the ASAM standards for levels of service provided.</p>

Date	Section	Previous Content	New Content
4/1/26	<b>Recovery Coaching Services</b>	<p>Description</p> <p>Recovery coaching services are non-clinical services provided by Idaho-certified recovery coaches who support members aged 18 and older who are living with a substance use or a co-occurring condition. Recovery coaching services are delivered in a range of environments that are chosen by the member including the home, community, and/or agency settings. Services may be initiated when there is a reasonable likelihood that such services will support the member in working toward self-directed recovery/wellness, building hope, empowerment, and resilience, and natural supports in the community of their choice. Recovery Coaching Services may be delivered in-person or via telehealth and can be offered individually or in group settings.</p>	<p><b>Content Added and Removed:</b></p> <p><b>Description</b></p> <p>Recovery coaching services are non-clinical services provided by Idaho-certified recovery coaches who support members aged 18 and older <b>who have a primary diagnosis of a substance use disorder.</b></p> <p>Recovery coaching services are delivered in a range of environments that are chosen by the member including the home, community, and/or agency settings. Services may be initiated when there is a reasonable likelihood that such services will support the member in working toward self-directed recovery/wellness, building hope, empowerment, and resilience, and natural supports in the community of their choice. Recovery Coaching Services may be delivered in-person or via telehealth and can be offered individually or in group settings.</p>