

Appendix C: IBHP Program Services

Revision log – updated December 1st, 2024

Date	Section	Previous Content	New Content
1/1/2025	Outpatient Mental Health Services	Individual Psychotherapy Services Content added.	Individual Psychotherapy Services Psychotherapy may be delivered in a home or community-based setting.
1/1/2025	Outpatient Mental Health Services	Family Psychotherapy Services Content added.	Family Psychotherapy Services Psychotherapy may be delivered in a home or community-based setting.
1/1/2025	Outpatient Mental Health Services	Family Psychoeducation Description Family Psychoeducation (FPE) is an approach for partnering with families and members with Serious and Persistent Mental Illness (SPMI) and Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED). FPE is based on a core set of practice principles as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA). These principles form the foundation of the evidence-based practice and	Family Psychoeducation Description Family Psychoeducation (FPE) is an approach for partnering with families and members with Serious and Persistent Mental Illness (SPMI) and Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED). Family Psychoeducation gives youth and families information about mental illnesses, helps them build social supports, and enhances problem-solving, communication, and coping skills. Since Family

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		<p>guide practitioners in delivering effective FPE services. Family Psychoeducation gives youth and families information about mental illnesses, helps them build social supports, and enhances problem-solving, communication, and coping skills. Since Family Psychoeducation is a unique approach to mental health intervention, specialized sessions (e.g., joining sessions and an educational workshop) should be completed before beginning ongoing sessions. These sessions are components of the evidence based protocol as defined in the SAMHSA Evidence Based Practice KIT for Family Psychoeducation. Providers may follow a different Evidence-Based Practice (EBP) from the one defined by SAMHSA for Family Psychoeducation as fits the needs of the youth, including EBPs where the youth is not present with the family.</p>	<p>Psychoeducation is a unique approach to mental health intervention, specialized sessions (e.g., joining sessions and an educational workshop) should be completed before beginning ongoing sessions and providers should be sure they are using an Evidence-Based Practice. Providers may follow whichever Evidence-Based Practice (EBP) for Family Psychoeducation that fits the needs of the youth, including EBPs where the youth is not present with the family.</p>
1/1/2025	Outpatient Mental Health	<p>Early Serious Mental Illness (ESMI)</p> <p>Payment Methodology H2024- Supported Education and Employment Specialist (SEES) Unit= Monthly</p>	<p>Early Serious Mental Illness (ESMI)</p> <p>Payment Methodology H2023- Supported Education and Employment Specialist (SEES) Unit= per 15 minutes</p>
1/1/2025	Outpatient Mental Health	<p>Electroconvulsive Therapy (ECT)</p> <p>Removed ECT as this should be billed through Gainwell at this time.</p>	<p>Electroconvulsive Therapy (ECT)</p> <p>At this time, ECT will not be reimbursed through Magellan and should be billed through Gainwell. For more information and contact information, please visit www.idmedicaid.com.</p>
1/1/2025	Psychological Testing	<p>Psychological Testing</p> <p>Authorization:</p>	<p>Psychological Testing</p> <p>Authorization:</p>

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		<p>Authorization is not required until the threshold of 14 units is met.</p> <p>Payment Methodology Threshold: 14 units of psychological testing for all codes combined per member, per calendar year.</p>	<p>Authorization is not required until the threshold of 14 hours is met.</p> <p>Payment Methodology Threshold: 14 hours of psychological testing for all codes combined per member, per calendar year.</p>
1/1/2025	Psychological Testing	<p>Neuropsychological Testing</p> <p>Authorization: Authorization is not required until the threshold of 14 units is met.</p> <p>Payment Methodology Threshold: 14 units of neuropsychological testing for all codes combined per member, per calendar year.</p>	<p>Neuropsychological Testing</p> <p>Authorization: Authorization is not required until the threshold of 14 hours is met.</p> <p>Payment Methodology Threshold: 14 hours of neuropsychological testing for all codes combined per member, per calendar year.</p>
1/1/2025	Community Based Services	<p>Assertive Community Treatment (ACT)</p> <p>Services Individuals receive ACT services from a mobile, transdisciplinary team in community settings. These services are available to the individual 24 hours per day, seven days per week. Individuals will have at least one contact with the treatment team every 48 hours for an average of 2 hours of face-to-face contact per week. 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</p>	<p>Assertive Community Treatment (ACT)</p> <p>Services Individuals receive ACT services from a mobile, transdisciplinary team in community settings. These services are available to the individual 24 hours per day, seven days per week. Individuals will have an average of 2 hours or more of in-person contact and 3 or more contacts per week. 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. The person-centered</p>

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		<p>community support services. The person-centered service plan must be reviewed, and revised as appropriate, every 90 calendar days.</p> <p>Payment Methodology H0039- ACT Services Monthly, Unit=1 month</p>	<p>service plan must be reviewed, and revised as appropriate, every 90 calendar days.</p> <p>Payment Methodology Removed.</p>
1/1/2025	Community Based Services	<p>Comprehensive Diagnostic Assessment (CDA)</p> <p>Services Magellan does not specify the assessment tool providers should use. However, the tool used should include the following domains: Presenting concerns, biopsychosocial history that provides information on previous medical, behavioral health conditions and substance use issues, interventions including medications, outcomes, (including family history) and lists of current and previous providers. The mental status exam includes an evaluation of suicidal or homicidal risk. If a substance use issue is identified, the provider should complete the ASAM assessment and use ASAM Criteria to determine the level of intervention that best meets the needs of the member.</p> <p>Providers who choose not to use the full Magellan <i>Combined Assessment</i> tool must still use it to enter and submit federally required reporting data. The <i>Combined Assessment</i> tool allows providers to enter data only into those required sections instead of utilizing the entire tool.</p> <p>Providers are required to utilize the Magellan Healthcare of Idaho Payer Space in Availity Essentials to access and</p>	<p>Comprehensive Diagnostic Assessment (CDA)</p> <p>Services Magellan does not require a specific instrument for the diagnostic assessment. However, the tool used should include the following domains:</p> <ul style="list-style-type: none"> • Presenting concerns • Biopsychosocial history that provides information on previous medical, behavioral health conditions and substance use issues, interventions including medications, outcomes, (including family history) and lists of current and previous providers. • Complete DSM-V diagnosis • Mental status exam that includes an evaluation of suicidal or homicidal risk. • Risk assessment. If a substance use concern is identified, the provider must include the six ASAM dimensions in the CDA (a Global Appraisal of Individual Need (GAIN) can be used to fulfill this requirement). The ASAM assessment and placement determination must be completed by a provider trained in the ASAM criteria multidimensional assessment process and level of care placement decision making. • Education

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		<p>submit the Comprehensive Diagnostic Assessments (CDA) or upload their assessment tool.</p> <p>Magellan will provide guidance and education to providers around best practices for the completion of the CDA, including when services could begin using an alternative assessment.</p> <p>Magellan will provide guidance and education to providers around best practices for the completion of the CDA, including when services could begin using an alternative assessment.</p> <p>The provider will utilize the CDA and functionals assessment tool to guide individualized treatment planning.</p> <p>Provider Requirements Content Added.</p> <p>Payment Methodology 90791- Comprehensive Diagnostic Assessment- Unit=per session</p>	<ul style="list-style-type: none"> • Legal Issues • Social Support • Assessment of spiritual and culture variables impacting treatment • Recommendations <p>Providers who choose not to use the full <i>Magellan Combined Assessment</i> tool must submit federally required reporting data if they are serving members without Medicaid. The <i>Combined Assessment</i> tool allows providers to enter data only into those required sections instead of utilizing the entire tool.</p> <p>Removed language.</p> <p>Magellan will provide guidance and education to providers on best practices for the completion of the CDA, including when services could begin using an alternative assessment. A provider can utilize another provider's CDA if it was completed in the last six months. There is still a requirement for a provider to complete an independent clinical assessment/interview to verify that the information provided is accurate. If the CDA does not meet the requirements of the provider, the clinician needs to update it (billing either 90791 or 90834) with an addendum. An addendum is a way to add any additional relevant clinical information to the CDA. Providers will utilize the CDA and a functional assessment tool to guide individualized treatment planning.</p> <p>Treatment Planning</p>

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			<p>The treatment plan should be based on the member’s presenting condition and is used to document realistic and measurable treatment goals as well as the evidence-based treatments that will be used to achieve the goals of treatment. Effective treatment planning should also include significant variables such as the member’s functional deficits, strengths and weaknesses, as well as age and level of development, the history of treatment, whether the proposed services are covered in the IBHP and are available in the community. Providers should include the member in the treatment planning as the treatment plan must be geared towards the individual member’s needs and include treatment goals in the member’s own words.</p> <p>There must be documentation that the member or legal guardian has been involved in and agreed to the treatment plan. The treatment plan must be consistent with the diagnosis, member strengths and functional needs, and include objective and measurable short and long-term goals with time frames for goal attainment. The plan must also include an initial discharge plan.</p> <p>Treatment plan updates occur when goals are achieved, or new goals are identified. Treatment plan reviews should be completed every ninety (90) calendar days and should reflect changes in the strengths and needs indicated from functional assessment tool updates.</p> <p>Removed Language.</p> <p>Provider Requirements</p>

Date	Section	Previous Content	New Content
			<p>When a substance use concern is identified, the six ASAM dimensions must be included in the member's Comprehensive Diagnostic Assessment (CDA). The GAIN administered by a GAIN-certified provider can meet this requirement. Other assessment tools may also meet this requirement and can be administered by those certified/licensed to administer the specific tool. The ASAM assessment and dimensional placement determination must be completed by an individual trained in the ASAM Criteria® multidimensional assessment process along with level of care placement decision-making. This training must be documented in the individual's HR file through certificates, transcripts or CEU. Documentation/attestation from a clinical supervisor that clinical supervision has included ASAM practice dimensions and placement criteria and that the individual is competent in ASAM is also acceptable. If the assessing provider is not qualified to complete the ASAM portion of the CDA, a referral must be made to an ASAM qualified professional for completion.</p> <p>Payment Methodology 90791- Comprehensive Diagnostic Assessment; initial assessment or reassessment once every six months- Unit=per session</p>
1/1/2025	Community Based Services	Functional Assessment Description	Functional Assessment Description

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		<p>A Functional Assessment is a multi-purpose strengths-based assessment tool that is used to evaluate a member’s functional status level and need for assistance with everyday activities.</p> <p>Services The Functional Assessment is completed in person at intake as a result of the Comprehensive Diagnostic Assessment findings and updated as a result of significant changes in the member, reviews of progress during person-centered treatment planning, formal re-assessment, and transitioning out of or into a formal program or service.</p> <ul style="list-style-type: none"> • Youth: <ul style="list-style-type: none"> ○ The Child and Adolescent Needs and Strengths (CANS) is the IDHW-required functional assessment tool developed for youth services. All youth under 18 must have a CANS. Refer to the Idaho Child and Adolescent Needs and Strengths (CANS) 3.0 section of this appendix. 	<p>A Functional Assessment is a multi-purpose strengths-based assessment tool that can be used in-person or via telehealth to evaluate a member’s functional status level and need for assistance with everyday activities.</p> <p>Services The Functional Assessment is completed at intake as a result of the Comprehensive Diagnostic Assessment findings and updated as a result of significant changes in the member, reviews of progress during person-centered treatment planning, formal re-assessment, and transitioning out of or into a formal program or service.</p> <ul style="list-style-type: none"> • Youth: <ul style="list-style-type: none"> ○ The Child and Adolescent Needs and Strengths (CANS) is the IDHW-required functional assessment tool developed for youth services. All youth under 18 must have a CANS. Refer to the Idaho Child and Adolescent Needs and Strengths (CANS) 3.0 section of this appendix. ○ Additional assessments may be appropriate based on clinical discretion as long as the CANS is used initially and updated every 90 days.
1/1/2025	Community Based Services	<p>Case Management Mental Health</p> <p>Member Eligibility</p> <ul style="list-style-type: none"> • Medicaid benefit. • Benefits may also be available for other eligible IBHP members without Medicaid. These benefits are 	<p>Case Management</p> <p>Member Eligibility</p> <ul style="list-style-type: none"> • Medicaid benefit. • Benefits may also be available for other eligible IBHP members without Medicaid. These benefits are

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		<p>funded through the Idaho Department of Health and Welfare. Funding is limited and may only be used until funding has run out.</p> <ul style="list-style-type: none"> Case Management may be provided up to 180 days prior to discharge for youth transitioning out of an inpatient or residential facility. 	<p>funded through the Idaho Department of Health and Welfare. Funding is limited and may only be used until funding has run out.</p> <ul style="list-style-type: none"> SUD Case Management for eligible IBHP members without Medicaid is available through H0006 and should not be billed through T1017; see SUD Case Management. Case Management may be provided up to 180 days prior to discharge for youth transitioning out of an inpatient or residential facility.
1/1/2025	Community Based Services	SSI/SSDI Outreach, Access, and Recovery (SOAR) Case Management	<p>SSI/SSDI Outreach, Access, and Recovery (SOAR) Case Management</p> <p>All questions regarding SOAR Case Manager qualifications must be directed to the current SOAR State Lead at SOARtraining@dhw.idaho.gov. You can also visit the Idaho SOAR Website.</p>
1/1/2025	Community Based Services	<p>Targeted Care Coordination (TCC)</p> <p>Removed Targeted Care Coordination and references to TCC throughout Appendix C.</p>	
1/1/2025	Community Based Services	<p>Adult Peer Support Services</p> <p>Services</p> <ul style="list-style-type: none"> The CPSS will describe peer support to the member so there is shared understanding about the role of a certified peer support specialist and 	<p>Adult Peer Support Services</p> <p>Services</p> <ul style="list-style-type: none"> The CPSS will describe peer support to the member so there is shared understanding about the role of a certified peer support specialist and

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		<p>ensure the member voluntarily confirms the service is a good fit.</p> <ul style="list-style-type: none"> The CPSS will support the member in defining what is important to them related to their recovery, resiliency, and wellness. Providers must have procedures to evaluate outcomes for adult peer support services. Within 30 days of first engagement with the member, the CPSS will support the member in completing the Peer Support Outcomes Measure (PSOM) in Availity Essentials. Following the initial PSOM, members should then complete the PSOM every 90 days, and within 30 days prior to disenrollment/graduation from peer support services. PSOM will be available October 1, 2024. 	<p>ensure the member voluntarily confirms the service is a good fit.</p> <ul style="list-style-type: none"> The CPSS will support the member in defining what is important to them related to their recovery, resiliency, and wellness. <p>Removed Language around PSOM.</p>
1/1/2025	Community Based Services	<p>Family Support Services</p> <p>Description Family Peer Support Services are non-clinical services provided by an Idaho-certified family support partner (CFSP) that support parents and caregivers who are caring for a youth or young adult member 21 years of age and younger who has a diagnosis of SED, mental health condition, or co-occurring conditions. Services are delivered in a range of environments that are chosen by the parent/caregiver including the home, community, and/or agency settings.</p>	<p>Family Support Services</p> <p>Description Family Peer Support Services are non-clinical services provided by an Idaho-certified family support partner (CFSP) that support parents and caregivers who are caring for a youth who has a diagnosis of SED, mental health condition, or co-occurring conditions. Services are delivered in a range of environments that are chosen by the parent/caregiver including the home, community, and/or agency settings.</p>

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		<p>Member Eligibility</p> <ul style="list-style-type: none"> Medicaid benefit for youth/young adults 21 years of age or younger. <p>Services</p> <ul style="list-style-type: none"> The CFSP will describe family support to the parent/caregiver so there is shared understanding about the role of a certified family support partner and ensure the parent/caregiver voluntarily confirms the service is a good fit. The CFSP will support the parent/caregiver in defining what is important to them related to their family’s recovery, resiliency, and wellness. Providers must have procedures to evaluate outcomes for family support services. Within 30 days of first engagement with the parent/caregiver, the CFSP will support the parent/caregiver in completing the Family Support Outcomes Measure (FSOM) in Availity Essentials. Following the initial FSOM, the parent/caregiver should then complete the FSOM every 90 days, and within 30 days of disenrollment/graduation from family support services. FSOM will be available October 1, 2024. <p>Provider Requirements</p> <ul style="list-style-type: none"> Be 18 years of age or older. Have a high school diploma or equivalent. 	<p>Eligibility</p> <ul style="list-style-type: none"> Medicaid benefit for youth under 18 years of age/young adults 21 years of age or younger. <p>Services</p> <ul style="list-style-type: none"> The CFSP will describe family support to the parent/caregiver so there is shared understanding about the role of a certified family support partner and ensure the parent/caregiver voluntarily confirms the service is a good fit. The CFSP will support the parent/caregiver in defining what is important to them related to their family’s recovery, resiliency, and wellness. <p>Removed language around PSOM.</p> <p>Provider Requirements</p> <ul style="list-style-type: none"> Be 18 years of age or older. Have a high school diploma or equivalent. Be an individual with their own personal lived experience caring for a child who has a mental health or co-occurring condition. Hold a current Idaho Family Support Partner Certification. Provide services within an agency in the Idaho Behavioral Health Plan network. A certified family support partner who has a background check waiver/variance is not eligible to provide Family Peer Support.

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		<ul style="list-style-type: none"> • Be an individual with their own personal lived experience caring for a child who has a mental health or co-occurring condition. • Hold a current Idaho Family Support Partner Certification. • Provide services within an agency in the Magellan of Idaho network. 	
1/1/2025	Community Based Services	<p>Youth Peer Support Services</p> <p>Services</p> <ul style="list-style-type: none"> • The CFSP will describe family support to the parent/caregiver so there is shared understanding about the role of a certified family support partner and ensure the parent/caregiver voluntarily confirms the service is a good fit. • The CFSP will support the parent/caregiver in defining what is important to them related to their family’s recovery, resiliency, and wellness. • Providers must have procedures to evaluate outcomes for family support services. Within 30 days of first engagement with the parent/caregiver, the CFSP will support the parent/caregiver in completing the Family Support Outcomes Measure (FSOM) in Availity Essentials. Following the initial FSOM, the parent/caregiver should then complete the FSOM every 90 days, and within 30 days of 	<p>Youth Peer Support Services</p> <p>Services</p> <ul style="list-style-type: none"> • The CFSP will describe family support to the parent/caregiver so there is shared understanding about the role of a certified family support partner and ensure the parent/caregiver voluntarily confirms the service is a good fit. • The CFSP will support the parent/caregiver in defining what is important to them related to their family’s recovery, resiliency, and wellness. <p>Removed language around PSOM.</p> <p>Provider Requirements</p> <p>Providers of Youth Peer Support Services must:</p> <ul style="list-style-type: none"> • Be 18 years of age or older. <ul style="list-style-type: none"> ○ While it is not required, it is recommended that providers of youth

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		<p>disenrollment/graduation from family support services. FSOM will be available October 1, 2024.</p> <p>Provider Requirements Language added.</p>	<p>peer support services be between the ages of 18-35. This recommendation is based on the importance of youth peer support providers connecting on a peer-to-peer level and being relatable to the youth they support.</p> <ul style="list-style-type: none"> • Have a high school diploma or equivalent. • Be an individual with their own personal lived experience with a mental health or co-occurring condition in their youth. • Hold a current Idaho Peer Support Specialist Certification. • Complete Idaho Youth Support Training and receive the Youth Support Endorsement. • Provide services within an agency in the Idaho Behavioral Health Plan network. <p>• A certified peer support specialist who has a background check waiver/variance is not eligible to attend Youth Peer Support Training and cannot provide youth peer support services.</p>
1/1/2025	Intensive Programs- Mental Health	<p>Intensive Outpatient Program- Mental Health Services Language Added</p> <p>Required IOP Components:</p> <ul style="list-style-type: none"> • Assessment and treatment planning 	<p>Intensive Outpatient Program- Mental Health Services</p> <p>During IOP, a psychiatric evaluation needs to be completed at least monthly. These evaluations can be performed by a physician, a Nurse Practitioner (NP) or a Physician’s Assistant (PA). After the initial evaluation,</p>

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		<ul style="list-style-type: none"> • 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"> ○ Individual Therapy, Family Therapy, Group Therapy, and/or Psychoeducation ○ Skill-Building Activities ○ 24-Hour Crisis Services ○ Psychiatric Evaluation (can also be billed outside of the bundled rate) ○ Medication Management (can also be billed outside of the bundled rate) ○ Substance Use Screening and Monitoring, and Drug Testing (as appropriate) ○ During admission, a psychiatrist must be available to consult with the program during and after normal program hours ○ A 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>the following ones can be brief updates. Medications are optional but evaluations are required. The psychiatric evaluations can be done internally or externally. If done externally, then the outside practitioners would need to communicate with the IOP staff and provide their documentation. The diagnoses and treatment plans of the various providers must be unified. Care coordination is a critical component of IOP treatment.</p> <p>Required IOP Components:</p> <ul style="list-style-type: none"> • Assessment and treatment planning • 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"> ○ Individual Therapy, Family Therapy, Group Therapy, and/or Psychoeducation ○ Skill-Building Activities ○ 24-Hour Crisis Services ○ Psychiatric Evaluation (can also be billed outside of the bundled rate) ○ Medication Management (can also be billed outside of the bundled rate) ○ Substance Use Screening and Monitoring, and Drug Testing (as appropriate) ○ During admission, a psychiatrist must be available to consult with the program during and after normal program hours ○ Removed language around physical exam

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			<ul style="list-style-type: none"> ○ Care Coordination/Transition Management/Discharge Planning ○ For Eating Disorders: <ul style="list-style-type: none"> ▪ Health assessment and monitoring ▪ Dietary and nutrition services.
1/1/2025	Intensive Programs- Mental Health	Partial Hospitalization- Mental Health Services Language added	Partial Hospitalization- Mental Health Services During PHP, a psychiatric evaluation needs to be completed at least monthly. These evaluations can be performed by a physician, a Nurse Practitioner (NP) or a Physician’s Assistant (PA). After the initial evaluation, the following ones can be brief updates. Medications are optional but evaluations are required. The psychiatric evaluations can be done internally or externally. If done externally, then the outside practitioners would need to communicate with the PHP staff and provide their documentation. The diagnoses and treatment plans of the various providers must be unified. Care coordination is a critical component of PHP treatment.
1/1/2025	Residential Treatment	Adolescent Residential Treatment Center Description A behavioral health Residential Treatment Center (RTC) for youth is a non-hospital facility that provides comprehensive, multi-faceted treatment in a residential setting for participants who have multiple significant behavioral health symptoms and needs that impair their ability to safely function in the home, school, and/or community setting. The treatment facility provides	Adolescent Residential Treatment Center Description A behavioral health Residential Treatment Center (RTC) for youth is a non-hospital facility that provides comprehensive, multi-faceted treatment in a residential setting for participants who have multiple significant behavioral health symptoms and needs that impair their ability to safely function in the home, school, and/or community setting. The treatment facility provides

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		<p>therapeutic services that are appropriate for participants whose psychiatric, behavioral, or cognitive problems are so severe that they cannot be treated in a lower level of care. Services are provided by physician or non-physician practitioners in a separate, stand-alone entity.</p>	<p>therapeutic services that are appropriate for participants whose psychiatric, behavioral, SUD, or cognitive problems are so severe that they cannot be treated in a lower level of care. Services are provided by physician or non-physician practitioners, or a master's-level licensed clinical behavioral health professional in a separate, stand-alone entity.</p> <p>Services</p> <p>When a substance use concern is identified, the six ASAM dimensions must be included in the member's Comprehensive Diagnostic Assessment (CDA). Other assessment tools may also meet this requirement and can be administered by those certified/licensed to administer the specific tool. The ASAM assessment and dimensional placement determination must be completed by an individual trained in the ASAM Criteria® multidimensional assessment process along with level of care placement decision-making. This training must be documented in the individual's HR file through certificates, transcripts, or CEU. Documentation/attestation from a clinical supervisor that clinical supervision has included ASAM practice dimensions and placement criteria and that the individual is competent in ASAM is also acceptable. If the assessing provider is not qualified to complete the ASAM portion of the CDA, a referral must be made to an ASAM qualified professional.</p>
1/1/2025	Residential Treatment	Home for Residential Treatment (HART)	Home for Residential Treatment (HART)

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		<p>Services</p> <p>Magellan covers a full array of outpatient behavioral health services billed within the HART including:</p> <ul style="list-style-type: none"> • Adult peer support • Case management • Comprehensive diagnostic assessment (CDA) • Crisis response • Crisis intervention • Group psychotherapy • Individual psychotherapy • Individualized skills building and treatment plan • Medication Management • Skills building/CBRS • Skills training and development • Treatment planning <p><i>At time of admission –</i> A comprehensive individual assessment including a CDA, nursing assessment for any medical needs, psycho-social evaluation, and other evaluations as appropriate used to develop an individualized strengths-based treatment plan is to be completed within 24 hours of admission.</p>	<p>Services</p> <p>Magellan covers a full array of outpatient behavioral health services billed within the HART including:</p> <ul style="list-style-type: none"> • Adult peer support • Case management • Comprehensive diagnostic assessment (CDA) • Crisis response • Crisis intervention • Group psychotherapy • Individual psychotherapy • Individualized skills building and treatment plan • Removed language around Medication Management • Skills building/CBRS • Skills training and development • Treatment planning <p><i>At time of admission –</i> A comprehensive individual assessment including a CDA, nursing assessment for any medical needs, psycho-social evaluation, and other evaluations as appropriate used to develop an individualized strengths-based treatment plan is to be completed within two weeks if one has not been completed within the last 180 days.</p>
1/1/2025	Inpatient Mental Health	<p>Inpatient Hospitalization</p> <p>Member Eligibility</p>	<p>Inpatient Hospitalization</p> <p>Member Eligibility</p> <ul style="list-style-type: none"> ○ Note: State funded benefits do not reimburse for inpatient SUD services (ASAM)

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			4.0 and 3.7), but can reimburse for ASAM 3.7 in a residential setting.
1/1/2025	Crisis Services	<p>Crisis Response Services</p> <p>Provided when a member is experiencing an acute crisis is not at imminent risk of harm to self or others, and crisis response is appropriate for providing rapid and time-limited assessment and stabilization to determine the most appropriate response to a crisis situation.</p>	<p>Crisis Response Services</p> <p>Provided when a member is experiencing an acute crisis and is not at imminent risk of harm to self or others. Crisis response is appropriate for providing rapid and time-limited assessment and stabilization to determine the most appropriate response to a crisis situation.</p>
1/1/2025	Crisis Services	<p>Adult Crisis Centers</p> <p>Diagnosis code should be billed as Z65.8.</p>	<p>Adult Crisis Centers</p> <p>If diagnosis is not known, diagnosis code should be billed as Z65.8.</p>
1/1/2025	Crisis Services	<p>Youth Crisis Centers</p> <p>Diagnosis code should be billed as Z65.8.</p>	<p>Youth Crisis Centers</p> <p>If diagnosis is not known, diagnosis code should be billed as Z65.8.</p>
1/1/2025	Children's Services	<p>Early Child Assessment 0-5</p> <p>Provider Requirements</p> <p>Master's-level clinicians (and higher) who have the current Infant Mental Health endorsement (IMH-E®) in infant and toddler behavioral health care from the Idaho Association for Infant Mental Health (aimearlyidaho.org), or who have received the training hours required to sit for</p>	<p>Early Child Assessment 0-5</p> <p>Provider Requirements</p> <p>Master's-level clinicians (and higher), who are qualified to diagnose as part of their clinical licensure, and who have a current Infant Mental Health Specialist or Early Childhood Mental Health Specialist Endorsement (IMH-E® or ECMH-E®) from the Idaho Association for Infant and Early Childhood Mental Health Association (also</p>

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		this examination, and who are qualified to diagnose as part of their clinical licensure.	known as Aim Early Idaho, https://www.aimearlyidaho.org) or who have completed all the requirements for the aforementioned endorsements, submitted their Endorsement Application to Aim Early Idaho for review/approval, and are awaiting results.
1/1/2025	Children’s Services	Intensive Home and Community Based Services (IHCBS) Services Language added	Intensive Home and Community Based Services (IHCBS) Services Other Modalities Providers may request “other modalities” for IHCBS to allow for additional Evidence Based Practices (EBPs) that are IHCBS programs. Providers interested in offering additional EBPs through their agency must provide justification of how the program serves the needs of high-risk members and helps prevent out-of-home placement or hospitalization
1/1/2025	Children’s Services	Wraparound Intensive Services (WInS) Description WInS may be appropriate for youth with intensive needs, including one or more of the following criteria: Has qualifying CANS score. Is at substantial risk of out-of-home placement due to mental health needs. Has experienced three or more foster care placements within 24 months for reasons related to mental health needs. Is involved with multiple child-serving systems related to their mental health needs.	Wraparound Intensive Services (WInS) Description WInS may be appropriate for youth with intensive needs. The youth must; <ul style="list-style-type: none">• Have qualifying CANS score of 3.• Be involved with multiple child-serving systems related to their mental health needs.

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		<p>Is under age 12 and has been hospitalized for reasons related to mental health needs within the last six months.</p> <p>Is under age 12, has been detained within the last six months, and has unmet mental health needs.</p> <p>Has experienced more than one hospitalization for mental health needs within the last 12 months.</p> <p>Is currently in an out-of-home placement due to mental health needs and could be discharged safely to their home or community within 90 days with appropriate services and supports in place.</p> <p>Payment Methodology</p> <p>H2022, Community Based Wraparound Services, Unit= Monthly</p>	<ul style="list-style-type: none"> • Have family desire to participate in the care coordination process. <p>In addition, the youth may:</p> <ul style="list-style-type: none"> • Be at substantial risk of out-of-home placement due to mental health needs. • Have experienced three or more foster care placements within 24 months for reasons related to mental health needs. • Be under age 12 and has been hospitalized for reasons related to mental health needs within the last six months. • Be under age 12, has been detained within the last six months, and has unmet mental health needs. • Have experienced more than one hospitalization for mental health needs within the last 12 months. • Be currently in an out-of-home placement due to mental health needs and could be discharged safely to their home or community within 90 days with appropriate services and supports in place. <p>Payment Methodology</p> <p>H2022, Community Based Wraparound Services, Unit= Daily</p>

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1/1/2025	SUD Treatment	<p>ASAM Level of Care- SUD Treatment Programs</p> <p>ASAM Level 2.1 Intensive Outpatient Programs (IOP) are structured programs available to adults and adolescents with SUDs that can be addressed and managed in a level of care that is less intensive than partial hospitalization but that require a higher level of care.</p> <p>ASAM Level 2.5 Partial Hospitalization Programs (PHP) for SUD provide high-intensity outpatient treatment services for adults and youth. These programs are defined as structured and medically supervised day, evening and/or night treatment programs. Oversight of the program must be provided by a licensed physician, but day-to-day activity can be done by another provider.</p> <p>ASAM Level 3.1 Clinically managed low-intensity residential treatment services intended for adults and youth who require additional time in a structured residential setting in order to practice coping skills and prepare for successful transition to a lesser level of care.</p> <p>ASAM Level 3.2 Content Added</p> <p>ASAM Level 3.3 Clinically managed population-specific high-intensity residential treatment services for adults with functional limitations who require treatment that is slower paced,</p>	<p>ASAM Level of Care- SUD Treatment Programs</p> <p>ASAM Level 2.1 Intensive Outpatient Programs (IOP) are structured programs available to individuals with SUDs that can be addressed and managed in a level of care that is less intensive than partial hospitalization but that require a higher level of care.</p> <p>ASAM Level 2.5 Partial Hospitalization Programs (PHP) for SUD provide high-intensity outpatient treatment services for individuals. These programs are defined as structured and medically supervised day, evening and/or night treatment programs. Oversight of the program must be provided by a licensed physician, but day-to-day activity can be done by another provider.</p> <p>ASAM Level 3.1 Clinically managed low-intensity residential treatment services intended for individuals who require additional time in a structured residential setting in order to practice coping skills and prepare for successful transition to a lesser level of care.</p> <p>ASAM Level 3.2 Clinically managed residential withdrawal management service for individuals with a moderate risk of withdrawal from alcohol or drugs in a residential setting</p>

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		<p>more concrete, and more repetitive until he or she can be transferred to another level of care.</p> <p>ASAM Level 3.5 Clinically managed high-intensity residential services intended for adults or youth who are medically stable but cannot safely participate in substance use disorder treatment without continuous 24-hour supervision by behavioral health professionals.</p> <p>ASAM Level 3.7 Medically monitored intensive inpatient (adult) or medically monitored high-intensity inpatient (adolescent) treatment services for adults and youth respectively, 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>ASAM Level 4.0 Medically managed intensive inpatient services for adults and youth delivered in an acute inpatient setting. This level of care provides medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, and/or biomedical distress.</p>	<p>but do not need the level of medical supervision that would be found in more intensive levels of care.</p> <p>ASAM Level 3.3 Clinically managed population-specific high-intensity residential treatment services for individuals with functional limitations who require treatment that is slower paced, more concrete, and more repetitive until he or she can be transferred to another level of care.</p> <p>ASAM Level 3.5 Clinically managed high-intensity residential services intended for individuals who are medically stable but cannot safely participate in substance use disorder treatment without continuous 24-hour supervision by behavioral health professionals.</p> <p>ASAM Level 3.7 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> <p>ASAM Level 4.0 Medically managed intensive inpatient services for individuals delivered in an acute inpatient setting. This level of care provides medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, and/or biomedical distress.</p>

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1/1/2025	Intensive Outpatient SUD	<p>Intensive Outpatient Program- Substance Use Disorder ASAM Level 2.1</p> <p>Services Language Added</p> <p>Required IOP-SUD Components:</p> <ul style="list-style-type: none"> • Assessment and Treatment Planning • 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"> ○ Individual Therapy, Family Therapy, Group Therapy, and/or Psychoeducation ○ Skill-Building Activities ○ 24-Hour Crisis Services ○ Psychiatric Evaluation (can also be billed outside of the bundled rate) ○ Medication Management (can also be billed outside of the bundled rate) ○ Substance Use Screening and Monitoring, and Drug Testing (as appropriate) ○ A psychiatrist must be available to consult with the program during and after normal program hours ○ Care Coordination/Transition ○ A Physical Exam Completed within the first week of treatment ○ Management/Discharge Planning <p>Payment Methodology</p>	<p>Intensive Outpatient Program- Substance Use Disorder ASAM Level 2.1</p> <p>Services</p> <p style="color: red;">During IOP, a psychiatric evaluation needs to be completed at least monthly. These evaluations can be performed by a physician, a Nurse Practitioner (NP) or a Physician’s Assistant (PA). After the initial evaluation, the following ones can be brief update. Medications are optional but evaluations are required. The psychiatric evaluations can be done internally or externally. If done externally, then the outside practitioners would need to communicate with the IOP staff and provide their documentation. The diagnoses and treatment plans of the various providers must be unified. Care coordination is a critical component of IOP treatment.</p> <p>Required IOP-SUD Components:</p> <ul style="list-style-type: none"> • Assessment and Treatment Planning • 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"> ○ Individual Therapy, Family Therapy, Group Therapy, and/or Psychoeducation ○ Skill-Building Activities ○ 24-Hour Crisis Services ○ Psychiatric Evaluation (can also be billed outside of the bundled rate) <ul style="list-style-type: none"> ▪ For other state funded members, the psychiatric evaluations are a part of the

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		<p>H0015 or Rev code 0906 w/ H0015- Intensive Outpatient Program, Substance Use Disorder ASAM 2.1 (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education.- Unit= per diem</p>	<p>IOP-SUD components and need to be delivered internally as part of this bundle.</p> <ul style="list-style-type: none"> ○ Medication Management (can also be billed outside of the bundled rate) ○ Substance Use Screening and Monitoring, and Drug Testing (as appropriate) ○ A psychiatrist must be available to consult with the program during and after normal program hours ○ Language removed around physical exam ○ Care Coordination/Transition Management/Discharge Planning <p>Payment Methodology H0015 or Rev Code 0906 w/ H0015- Intensive Outpatient Program, Substance Use Disorder ASAM 2.1 including assessment, counseling, crisis intervention, and activity therapies or education.- Unit=per diem.</p>
1/1/2025	Intensive Outpatient SUD	<p>Partial Hospitalization Program- Substance Use Disorder ASAM Level 2.5</p> <p>Services Language added</p> <p>Required PHP-SUD components:</p> <ul style="list-style-type: none"> • Psychiatric Evaluation (can also be billed outside of the bundled rate) 	<p>Partial Hospitalization Program- Substance Use Disorder ASAM Level 2.5</p> <p>Services During PHP, a psychiatric evaluation needs to be completed at least monthly. These evaluations can be performed by a physician, a Nurse Practitioner (NP) or a Physician's Assistant (PA). After the initial evaluation, the following ones can be brief updates. Medications are</p>

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			<p>optional but evaluations are required. The psychiatric evaluations can be done internally or externally. If done externally, then the outside practitioners would need to communicate with the PHP staff and provide their documentation. The diagnoses and treatment plans of the various providers must be unified. Care coordination is a critical component of PHP treatment.</p> <p>Required PHP-SUD components:</p> <ul style="list-style-type: none"> • Psychiatric Evaluation (can also be billed outside of the bundled rate) <ul style="list-style-type: none"> ○ 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.
1/1/2025	Residential Treatment SUD	<p>Low-Intensity Residential Treatment Substance Use Disorder ASAM Level 3.1</p> <p>Member Eligibility</p> <ul style="list-style-type: none"> • Not a Medicaid benefit. • Benefits may also be available for other eligible IBHP members without Medicaid. 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>Low-Intensity Residential Treatment Substance Use Disorder ASAM Level 3.1</p> <p>Member Eligibility</p> <ul style="list-style-type: none"> • Not a Medicaid benefit. • Benefits may also be available for other eligible IBHP members without Medicaid. 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. This funding can be used for youth and adults.

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1/1/2025	Residential Treatment SUD	<p>Clinically Managed Residential Withdrawal Management Services- Substance Use Disorder ASAM Level 3.2</p> <p>ASAM Level 3.2 Content added.</p>	<p>Clinically Managed Residential Withdrawal Management Services- Substance Use Disorder ASAM Level 3.2</p> <p>Description ASAM Level 3.2 provides clinical managed withdrawal management for adults with a moderate risk of withdrawal who require support in a structured and supervised medically supported environment.</p> <p>Member Eligibility</p> <ul style="list-style-type: none"> • Not a Medicaid benefit. • Benefits may also be available for other eligible IBHP members without Medicaid. 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>Services Services are provided in a 24-hour medically supported environment provided in a residential setting where the individual is provided supportive care during the withdrawal process. Individuals are stable and not at immediate risk of serious medical complications due to withdrawal. The components of Withdrawal Management services include Intake, Observation, Medication Services, and Discharge services. Physical care, education, and counseling are provided as appropriate for the client's health and safety during his process of physical withdrawal from acute alcohol intoxication or withdrawal, or from one or more other substances of abuse. Social detoxification provides access into care and treatment of alcohol or substance</p>

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			<p>use disorders through monitored withdrawal, evaluation of present or potential alcohol or substance dependency and other physical ailments, and intervention into the progression of the disease through timely utilization of resources. Length of stay in a social detoxification program varies from three (3) to five (5) days depending on the severity of the disease and withdrawal symptoms.</p> <p>Provider Requirements SUD residential treatment facilities must meet the following requirements:</p> <ul style="list-style-type: none"> • Have a National Provider Identifier (NPI). • Have current national accreditation to provide behavioral healthcare by one of the following bodies: <ul style="list-style-type: none"> ○ The Commission on Accreditation of Rehabilitation Facilities (CARF), ○ The Joint Commission (TJC), or ○ The Council on Accreditation (COA) • Have current ASAM 3.1 Level of Care Certification from CARF. Staff must meet the ASAM standards for the level of service provided. • Residential treatment services may be provided in accredited Institutions for Mental Diseases (IMDs). • IMDs providing SUD services are required to provide at least two forms of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) in order to receive Medicaid reimbursement.

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			<p>Authorization Prior authorization is required after a threshold of five (5) days.</p> <p>Payment Methodology H0008-Adult Social Detox (ASAM Level 3.2) clinically managed, residential withdrawal management services- Unit= Per diem</p>
1/1/2025	Residential Treatment SUD	<p>Clinically Managed Population-Specific High-Intensity Residential Treatment ASAM 3.3</p> <p>Member Eligibility</p> <ul style="list-style-type: none"> • Not a Medicaid benefit. • Benefits may also be available for other eligible IBHP members without Medicaid. 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>Clinically Managed Population-Specific High-Intensity Residential Treatment ASAM 3.3</p> <p>Member Eligibility</p> <ul style="list-style-type: none"> • Not a Medicaid benefit. • Benefits may also be available for other eligible IBHP members without Medicaid. 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. This funding can be used for youth and adults.
1/1/2025	Residential Treatment SUD	<p>Residential Treatment- Substance Use Disorder ASAM Level 3.5/3.7</p> <p>Description ASAM Level 3.5 is clinically managed high-intensity residential services intended for adults or clinically managed medium-intensity residential services for youth who are medically stable but cannot safely participate in substance use disorder treatment without</p>	<p>Residential Treatment- Substance Use Disorder ASAM Level 3.5/3.7</p> <p>Description ASAM Level 3.5 is clinically managed high-intensity residential services intended for individuals who are medically stable but cannot safely participate in substance use disorder treatment without continuous 24-hour supervision by behavioral health professionals.</p>

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		<p>continuous 24-hour supervision by behavioral health professionals.</p> <p>ASAM Level 3.7 is medically monitored inpatient treatment for adults 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>Member Eligibility</p> <ul style="list-style-type: none"> ● Medicaid benefit for 18 years of age and older: <ul style="list-style-type: none"> ○ Medicaid does not cover room and board services or custodial care. ○ If the facility is an IMD or a State Hospital, Medicaid reimbursement is only allowable for stays up to 59 consecutive days with discharge on the 60th day. Stays exceeding 59 consecutive days may be reimbursable through other State funded benefits. ● Benefits may also be available for other eligible IBHP members without Medicaid. 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. <ul style="list-style-type: none"> ○ The limitations regarding length of stay do not apply. <p>Authorization Prior authorization is required.</p>	<p>ASAM Level 3.7 is 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>Member Eligibility</p> <ul style="list-style-type: none"> ● Medicaid benefit for 18 years of age and older: <ul style="list-style-type: none"> ○ Medicaid does not cover room and board services or custodial care. ○ If the facility is an IMD or a State Hospital, Medicaid reimbursement is only allowable for stays up to 59 consecutive days with discharge on the 60th day. Stays exceeding 59 consecutive days may be reimbursable through other State funded benefits. ● Benefits may also be available for other eligible IBHP members without Medicaid. These benefits are funded through the Idaho Department of Health and Welfare. This funding can be used for youth and adults. Funding is limited and may only be used until funding has run out. <ul style="list-style-type: none"> ○ The limitations regarding length of stay do not apply. <p>Authorization Notice of Admission is required for ASAM 3.5. Prior authorization is required for ASAM 3.7.</p>

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1/1/2025	Residential Treatment SUD	<p>Inpatient SUD ASAM Level 3.7/4.0</p> <p>Description ASAM Level 4.0 is medically managed intensive inpatient services for adults and youth delivered in an acute inpatient setting. This level of care provides medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, and/or biomedical distress.</p> <p>Member Eligibility</p> <ul style="list-style-type: none"> • Medicaid benefit. • State funded benefits do not cover SUD treatment in an inpatient setting, only residential settings. 	<p>Inpatient SUD ASAM Level 3.7/4.0</p> <p>Description ASAM Level 4.0 is medically managed intensive inpatient services for adults delivered in an acute inpatient setting. This level of care provides medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, and/or biomedical distress.</p> <p>Member Eligibility</p> <ul style="list-style-type: none"> • Medicaid benefit for members 18 years of age or older. • State funded benefits do not cover SUD inpatient treatment.
1/1/2024	Recovery Support Services (RSS)	<p>Alcohol and Drug Testing</p> <p>Provider Requirements</p> <ul style="list-style-type: none"> • To be reimbursable, presumptive/qualitative drug tests must be determined to medically necessary by a licensed or certified healthcare professional enrolled with the IBHP. 	<p>Alcohol and Drug Testing</p> <p>Provider Requirements</p> <ul style="list-style-type: none"> • To be reimbursable, presumptive/qualitative drug tests must be determined to be the least restrictive, therapeutic, and medically necessary by a licensed or certified healthcare professional enrolled with the IBHP.
1/1/2025	Recovery Support Services (RSS)	<p>Case Management for Individuals with Substance Use Disorder (SUD)- Basic and Intensive for an Individual/ Basic and Intensive for Family</p> <p>Authorization Prior authorization is not required up to 4 hours per week</p>	<p>Case Management for Individuals with Substance Use Disorder (SUD)- Basic and Intensive for an Individual/ Basic and Intensive for Family</p> <p>Authorization No authorization required.</p>

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1/1/2025	Recovery Support Services (RSS)	<p>Case Management- Pregnant Women and Women with Dependent Children (PWWC)</p> <p>Medical Needs Benefit for PWWC</p> <p>Transportation Pick Up</p> <p>Transportation of a Child</p> <p>Removed all references to Pregnant Women and Women with Depending Children (PWWC) from the appendix at this time as The Division of Behavioral Health manages the PWWC program at this time.</p>	
1/1/2025	Recovery Support Services	<p>Recovery Coaching Services</p> <p>Services</p> <ul style="list-style-type: none"> The recovery coach will describe recovery coaching to the member so there is shared understanding about the role of a recovery coach and ensure the member voluntarily confirms the service is a good fit. The recovery coach will support the member in defining what is important to them related to their recovery, resiliency, and wellness. Providers must have procedures to evaluate outcomes for recovery coaching services. Within 30 days of first engagement with the member, the recovery coach will support the member in completing the Peer Support Outcomes Measure (PSOM) in Availity Essentials. Following the initial PSOM, members should complete the PSOM every 90 days, and within 	<p>Recovery Coaching Services</p> <p>Services</p> <ul style="list-style-type: none"> The recovery coach will describe recovery coaching to the member so there is shared understanding about the role of a recovery coach and ensure the member voluntarily confirms the service is a good fit. The recovery coach will support the member in defining what is important to them related to their recovery, resiliency, and wellness. Language removed around PSOM

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		30 days of disenrollment/graduation from recovery coaching services.	
1/1/2025	Recovery Support Services	<p>Safe and Sober Housing (SSH), Enhanced Safe and Sober Housing (ESSH)</p> <p>Payment Methodology H0044 EN-Enhanced Adult Safe and Sober Housing-Unit= Per diem (not including day of discharge)</p> <p>Program Fees SSH Providers may collect Program Fees. The fees may be imposed to cover the following expenses:</p> <ul style="list-style-type: none"> • Basic utilities • Telephone services • Cable/satellite TV • Internet services (if available to client) • Amenities fund to cover wear and tear on home living items (e.g., dishes, furniture, etc.) • Cleaning supplies provided by provider 	<p>Safe and Sober Housing (SSH), Enhanced Safe and Sober Housing (ESSH)</p> <p>Payment Methodology H0044 HF-Enhanced Adult Safe and Sober Housing-Unit= Per diem (not including day of discharge)</p> <p>Program Fees SSH Providers should not charge residents who receive funding for rent. SSH providers may be reimbursed for Program Fees. Program fees should be equal between residents receiving funding and residents who are not. The fees may be imposed to cover the following expenses, and itemized records must be kept:</p> <ul style="list-style-type: none"> • Basic utilities • Telephone Services • Cable/satellite TV • Internet services (if available to client) • Amenities fund to cover wear and tear on home living items (e.g., dishes, furniture, etc.) • Cleaning supplies provided by provider
1/1/2025	Recovery Support Services	<p>Basic Housing Essentials</p> <p>Authorization Authorization is required.</p>	<p>Basic Housing Essentials</p> <p>Authorization No authorization required outside of Enhanced Safe and Sober Authorization.</p>

