BPA HEALTH

PROVIDER MANUAL— SUBSTANCE USE DISORDER (SUD) NETWORK SUPPLEMENT

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Substance Use Disorder Network

In this supplement, unless specifically identified, these requirements are applicable to the Idaho Department of Correction (IDOC), the Idaho Supreme Court (ISC) and the Idaho Department of Juvenile Corrections (IDJC).

Compliance Requirements

All providers in the SUD Network are required to comply with all state and federal laws including but not limited to IDAPA, Idaho Code, American Society of Addiction Medicine (ASAM) 4 Criteria for Adults and the ASAM 3 Criteria for Adolescents , HIPAA, 42 CFR Part 2, the BPA Health Provider Manual, terms of the signed BPA Health contract and any applicable addendums. These requirements cover administrative and clinical processes.

Credentialing Requirements

Staffing Policies

Providers must maintain policies and procedures to ensure that all staff, employees, and contractors meet the qualifications required for their role, including maintaining any applicable licenses, certifications, registrations, or credentials in active and good standing. Providers must also have processes in place to verify that individuals providing services are not excluded, suspended, debarred, or otherwise sanctioned from participation in Medicaid, Medicare, or other federally funded healthcare programs.

At a minimum such policies must:

- Ensure no staff, employees or contractors have been debarred, suspended or excluded as documented on Medicaid/Medicare debarment, exclusion or suspension lists.
- Ensure no staff, employees or contractors have had their professional certification or license suspended or revoked based on disciplinary action by the Idaho Board of Alcohol/Drug Counselor Certification, or the Idaho Division of Professional Licenses due to an ethics violation.
- Ensure licensed staff have individual NPI numbers.
- Document processes for ongoing monitoring of the above verification.

All staff must adhere to the guidelines and ethics of any licensure or certification board and align service provision with their education and experience. Details of duties and scope of practice should be outlined in a written job description or comparable document. Providers must ensure they have the appropriate staff oversight per applicable ASAM Manual, State, and BPA Health regulations, and that all clinical staff are trained in the Evidenced-Based Programs the

provider is utilizing.

Provider and Staff Qualifications

Enhanced Background Check

All SUD Providers' staff and subcontractors (i.e., clinical supervisors) must have an Enhanced Background Check Letter of Clearance from the Idaho Criminal History Unit (CHU) before working with eligible funded clients. This includes anyone who provides services, has the potential for interacting with clients in the office, or has access to treatment notes and/or other Personally Identifiable Information (PII).

Individuals who have received provisional clearance may be permitted to work pending receipt of a final Letter of Clearance, provided they are under direct supervision at all times and are not left alone with clients, treatment records, PII, or other confidential client information.

Treatment Agency

SUD treatment services must be provided by a Qualified Substance Use Disorder Professional (QP) as defined in Idaho Code Title 39 Chapter 3. QPs include Idaho Board of Alcohol Drug Counselor (IBADCC) Certified Advanced Alcohol/Drug Counselor (AADC), an IBADCC Certified Alcohol/Drug Counselor (ADC), a Masters Addiction Counselor certified by NBCC or the NCCAP, or a licensed professional (e.g., Licensed Clinical Professional Counselor, Licensed Clinical Social Worker, etc.). If an agency has trainees (interns working on master's degrees, or IBADCC Substance Use Disorder Associates - SUDA) they must be working under clinical supervision. Agencies providing adolescent services must have a clinician with training and experience in working with youth. SUD agencies should follow Idaho State Code to ensure licensure/certification of staff to client ratios. ASAM Criteria is considered the best practice.

Case Management Agency

Case management agencies must employ both a Case Management Supervisor and qualified Case Manager(s).

Case Manager Qualifications

- A Qualified Professional (QP) or SUDA; **or**
- A person with a bachelor's degree or higher in Human Services or related field from a nationally accredited university or

college, **or**

- A person with a bachelor's degree plus 2 years of experience working as a case manager in a related field

Recovery Coaching Agency

Agencies providing Recovery Coaching services must have the following:

- An Idaho Board of Alcohol Drug Counselor Certification Certified (IBADCC) Recovery Coach, Certified Provisional Recovery Coach, Certified Peer Recovery Coach, or Provisional Certified Peer Recovery Coach; **and an**
- IBADCC Certified Recovery CoachSupervisor

Supervision Protocols

Supervision and case consultation help ensure quality and ethical care and are an integral part of any quality assurance program. Supervision also assists in the growth and development of behavioral health professionals. BPA Health expects all providers to participate in supervision and case consultation in accordance with their scope of practice and industry standards. To bill for services, all clinicians, trainees, case managers, and recovery coaches providing billed services are required to meet qualification criteria and receive regular supervision as outlined below. Supervisors must use an evidence-based model of supervision. As part of best practices, clinical, case manager, and recovery coach supervisors cannot supervise their own supervisors, business partners, or family members.

Clinical and Case Management Supervision

Supervision must include a combination of observation, review of client records, and case consultation. All must have a minimum of monthly supervision until they become licensed/certified. Once licensed/certified, the frequency should be determined by the clinical supervisor, based on best practices and individual competencies.

Clinical Supervisors

- Master's Degree from an accredited, approved, and recognized college or university in health and human services and the equivalent of three (3) years paid full-time professional experience with two (2) years providing direct substance use disorders treatment; **or**
- Clinical Supervisor designation from the Idaho Division of

Professional Licensure (IDOPL) and professional experience in provision of substance use disorders treatment; **or**
- IBADCC Certified Clinical Supervisor

When supervising individuals who provide services to children and adolescents, the clinical supervisor must have two (2) years of experience working with children and adolescents and knowledge of the effects of alcohol and drugs on child an adolescent growth and development.

Case Management Supervisors
- Have a master's degree in social services,
- Have documented knowledge of working with individuals with a SUD diagnosis, and
- Have knowledge of the role of case managers and community resources.

Recovery Coach Supervision

Recovery Coaches and Recovery Coach Supervisors must follow the Idaho Board of Alcohol and Drug Counselor Certification guidelines for supervision.

Supervision Documentation

Supervision files must be maintained for a minimum of seven (7) years and should include:
- Demographic information (name, date of hire, credentials, certifications, frequency of supervision, job title and supervisor's name
- Forms required by licensure/certification boards as applicable (i.e. Recovery Coach supervision form)
- Supervision notes must include date, time/length, method and content of supervision, and supervisor signature.

Providers are responsible for maintaining documentation sufficient to support the medical necessity, authorization, and billing of all services rendered.

Provider Program and Staff Updates

SUD providers must complete the *SUD Network Provider Program* located on the BPA Health website when they wish to join another SUD network, have any program changes (i.e., address, hours, services, etc.). SUD providers

must complete the *SUD Network Provider Staff Update Form* located on the BPA Health website when they have any staff changes (i.e. new or terminated employees, new licenses or certifications, etc.).

Adding Locations

Requests to add locations take the same time to process as initial applications. Submissions should be planned accordingly. Please note that requests to add locations or services are not guaranteed to be approved. Prior to processing these requests, BPA Health may review current network capacity and census information to determine if adding the location or service is beneficial for both the provider and the network.

Change of Ownership or Management

Changes in ownership of an entity, Tax ID, or NPI for licensed staff, may require submission of a new application to join the network and submission of additional documentation. Please contact BPA Health Provider Relations for guidance.

Staff Changes

The *SUD Network Provider Staff Update Form* must be completed and submitted within 24 hours of a staff change (i.e., employee leaving agency, new hire, new license/certification, new/additional role, etc.). Failure to comply may result in sanctions.

- Prior to any Provider agencies or their staff getting access to BPA Health's Payor Portal (QuickCap) where they will see authorizations and submit claims, they are required to complete short, on-demand training and submit an Attestation form. When BPA Health is notified, staff have left a provider agency their log-in access will be terminated.

Evidence-Based Program (EBP) Changes

All SUD Network treatment agencies are required to use evidence-based programs and are responsible for ensuring staff training and adherence to fidelity of the EBPs. Agencies must maintain proof that staff have been trained in the EBPs they ae facilitating. If a provider wishes to change the EBPs they are using from what was submitted on their initial application, they must submit the *SUD Provider Program Update form*. BPA Health will list these EBPs in the provider profiles on our website.

Attestations and Renewals

Annually, providers will be notified when it is time for them to complete and

submit an attestation form. Renewals are to be completed every 3 years, when prompted, if a provider wishes to remain in the SUD Provider Network.

Electronic Platforms

BPA Health uses several secure, HIPAA compliant electronic platforms in addition to QuickCap, our Payor Portal. ZIX is used to encrypt emails, Cognito and Zoho are used for forms, and Zoho Sign is used for collecting signatures. Additional programs include:

BPA Health Payor Portal (QuickCap)

BPA Health's Payor Portal (QuickCap) uses specialized healthcare software to streamline and manage various workflows such as client data management, authorizations, and claims processing. Providers should use their preferred electronic health record (EHR) system for entering and managing their client documentation.

Covered Services

Covered services are determined by the Payors' programs and can be found on their rate matrices, located on BPA Health's website. The services must be provided in accordance with generally accepted practices and standards prevailing in the professional community at the time-of-service provision. The provider should ensure that all personnel providing covered services do so in an ethical and professional manner, and in compliance with all applicable laws and regulations, including those imposed by accreditation, licensure, and certification boards. IDOC and ISC must follow ASAM 4 criteria and IDJC must follow ASAM 3 criteria. See below for additional information and guidelines on specific services.

Treatment Services

See Payor rate matrices, for list of covered treatment services.

Assessment

IDOC requires a valid assessment with ASAM 4 summary on file to determine clinical eligibility. They will only pay for Comprehensive Addictions and Psychological Evaluation-5 (CAAPE-5); however, they will accept a valid Comprehensive Diagnostic Assessment (CDA) to authorize Risk to Revocate (RtoR) or Medicaid-supplemental funding. Assessments are considered valid as follows:

- CAAPE-5: completed in the prior 6 months

- CDA: completed within the prior 364 days, with no gap in services

CAAPE-5: IDOC creates accounts for providers to complete CAAPE-5. When entering an assessment authorization, only 1 unit will initially be authorized. Once an evaluation is complete, provider should email idocsud@idoc.idaho.gov, notifying them it is complete. IDOC will upload the assessment from Evince (CAAPE-5) software into portal, then email provider, notifying them that has been done. The provider can then submit request for remaining assessment units. If the assessment was completed in the jail, provider can request Travel for Professionals units (see rate matrices)

19-2524 Pre-sentence Investigation CAAPE-5 must be completed within 10 days of referral unless otherwise specified in the comment section of the referral. Providers are prohibited from including mental health treatment recommendations in PSI CAAPE-5 assessments. These assessments are reviewed by the Idaho Department of Health and Welfare, and they will add any mental health treatment recommendations before submitting them to the court for sentencing consideration.

- **Missed Deadline:** If Provider cannot meet the 10-day deadline, they must immediately contact the Pre-Sentence Investigator (PSI) or District Clinician to transfer the authorization to another provider. PSI contact information will be provided in the authorization.
- **Scheduling Delays:** If delays occur due to scheduling issues, client no-shows, or rescheduling, you must inform the PSI and District Clinician. Delays impact court sentencing dates.
- **Documentation**: Document all communication regarding delays in the client's file.

Assessment Updates: If an assessment is no longer valid, providers should request a new assessment authorization prior to requesting continued or new services. If prior assessment for RtoR funding was a CDA, the new assessment must be a CAAPE-5.

Treatment Planning: Assessments should be used to assist in developing a treatment plan.

IDJC requires a CDA with ASAM 3 summary as their assessment. It will be

used to determine clinical eligibility.

ISC assessments are determined by the courts.

Early Intervention (IDJC only)

ASAM 3 Level 0.5 drug and alcohol education provided through 3rd Millenium Classrooms requested by probation. See IDJC rate matrix for details. NOTE: these are not paid through BPA Health, nor is BPA Health credentialing providers to provide Early Intervention Services.

Outpatient Services

ASAM 3 Level 1 (IDJC): Outpatient services for adolescents are generally less than 6 hours per week, based on client need. IDJC requires ASAM update every 90 days.

ASAM 4 Level 1.5 (IDOC and ISC): Outpatient services for adults are generally less than 9 hours per week, based on client need. IDOC providers are required to submit an ASAM update when requesting a new level of care or continued services. In accordance with ASAM 4 Criteria, programs must designate a Program Director or Responsible Clinician who is independently licensed to practice and holds a master's degree or higher in a behavioral health discipline.

Intensive Outpatient Services

ASAM 3 Level 2.1 (IDJC): Intensive outpatient services for adolescents include 6-19 hours per week, based on client need. ASAM updated required every 90 days. Both ASAM 3 and ASAM 4 require a multidisciplinary treatment team that includes qualified substance use disorder (SUD) professionals, master's-level clinicians, and a master's-level Clinical Director.

ASAM 4 Level 2.1 (IDOC and ISC): Intensive Outpatient Services (IOP) for adults consist of 9–19 hours of treatment services per week, based on the individual's clinical needs. For adolescents, IOP consists of 6–19 hours of treatment services per week, based on clinical need. An updated ASAM Summary is required when requesting a change in level of care or authorization for continued services.

Partial Hospitalization Program (IDOC and IDJC only)

Partial Hospitalization Program (PHP) Services are expected to be maintained at a minimum of 20 hours a week throughout the client's participation in the PHP. PHP is a bundled service that includes:

- Assessment and Treatment planning

- At least three of the following:
  - Individual Therapy
  - Family Therapy
  - Group Therapy
  - Psychoeducation
- Additional services included in the bundled rate:
  - 24-hour Crisis Services
  - Skill-Building activities
  - Substance Use Screening and Monitoring
  - Drug Testing
  - Care Coordination/Transition Management/Discharge Planning

Providers may also request an authorization for recovery support services listed on the rate matrix that are not included in the bundled PHP services listed above.

PHP should be billed daily as either ½ day (3-5 hours) or full day (6+ hours). (See ASAM 4 manual for full description of PHP level of care for adults and ASAM 3 for adolescents). Updated ASAMs are required every 30 days by both IDJC and IDOC.

Both ASAM 3 and ASAM 4 require a multidisciplinary treatment team that includes qualified substance use disorder (SUD) professionals, master's-level clinicians, and a master's-level Clinical Director, with access to physician services available either directly or through established referral agreements.

Transitional Housing – Adolescents and Halfway Housing – Adults (IDJC only) ASAM 3 Level 3.1 (Clinically Managed Low-Intensity Residential Services): Services are to be provided consistently with ASAM 3 criteria. ASAM updates are required every 30 days. Providers must:

- Ensure program is staffed 24/7 with supported QP oversite.
- Maintain 24-hour structured and supported housing
- Ensure each client's admission is reviewed and approved by a Medical Director, or other qualified medical professional as permitted by ASAM and applicable state regulations, in accordance with ASAM admission requirements.
- Ensure clients are participating in at least 5 hours of clinical services per week at the 3.1 provider or a different treatment provider and services must include a focus on improving and implementing

coping strategies while developing community supports.

- Maintain daily sign-in and -out logs of clients entering and leaving facility. At a minimum, there must be one entry per day for each client. If a client does not leave the house for an entire day, they must still record that they were at the house to justify the billed service.
- Common areas, bedrooms and bathrooms, must be adequately sized. All indoor and outdoor spaces must be kept clean and free of safety hazards.

Social Detox (IDOC only)

Prior clinical authorization is not needed. Request with an ASAM 4 update must be submitted within 1 business day of admission. Note: Social Detox is not an identified service in ASAM 4. IDOC ASAM 3 Level 3.2 Clinically Managed Residential Withdrawal Management is applied to describe Social Detox requirements.

Providers must also meet the following ASAM 3.2 staffing and medical oversight requirements:

- Ensure services are delivered by credentialed and licensed staff who are trained and competent to implement physician-approved protocols for client observation, supervision, and withdrawal management in settings without on-site medical or nursing staff.
- Maintain access to medical evaluation and consultation 24 hours per day through established treatment, transfer, and emergency protocols.

Level 3.5 Clinically Managed High-Intensity Residential Services

ASAM 3 Level 3.5 (IDJC): Services are to be provided consistently with ASAM 3 guidelines, including but not limited to 24-hour supervision, and minimum of 20 hours of integrated and evidence-based care and access to continue education while in residential care. ASAM update is required every 30 days.

Providers must maintain access to Medical Director services by telephone or in person, emergency medical services, and qualified clinical and allied professional staff, in accordance with ASAM 3 requirements.

ASAM 4 Level 3.5 (IDOC and ISC): Services are to be provided consistently with ASAM 4 guidelines including but not limited to 24-hour supervision, and minimum of 20 hours of integrated and evidence-based care. Level 3.5 providers are required to be CARF and ASAM certified. ASAM update is required every 14 days.

Programs must have a designated Medical Director, Clinical Director or Responsible Clinician, and qualified clinical and allied professional staff to support the delivery of services in accordance with ASAM 4 requirements.

Recovery Support Services

If seeking IDOC Medicaid-supplemental Recovery Support Services funding, the approved Medicaid assessment with a completed ASAM update will be accepted and should be submitted with the Customer Service Ticket in the Payor Portal.

Case Management Services

A case management assessment should be completed to identify strengths and needs, and a case management plan implemented within 30 days of the first case management appointment. Case management services can be billed for time meeting with the client, and when speaking with community resources that the client is accessing or being referred to. IDJC also covers time meeting with client's family to support the client in accessing resources.

Child Care (IDOC and IDJC only)

If a childcare provider allows a client (parent/guardian) to leave premises while child(ren) is in childcare, the provider must obtain an Idaho Child Care license and comply with State and local childcare requirements. .

Childcare is billed in units for each child utilizing the childcare service. The client may need to sign their child(ren) in and out more than once per day if they are receiving multiple services during the day and there is a break in-between (such as counseling in the morning and group in the evening). The childcare logs must include the names and ages of the child(ren) and what service(s) the parent is involved in while child(ren) is in childcare (i.e., relapse prevention group, case management, etc.).

Drug and Alcohol Screening

Observed urinalysis (UA) screening is preferred. If an observed UA is not possible (i.e. no one of same-sex is available to observe) then provider should use an observed oral fluid collection. Providers must be CLIA certified or obtain a CLIA waiver to provide Drug and Alcohol Screening Services

Interpreter Services

Reimbursement for professional interpreters may be requested for treatment services. Friends and family members of clients should never be used as interpreters. See the rate matrices for details onreimbursement.

Life Skills

Life skills may be provided in a group or during individual sessions. Facilitators should have knowledge and documented expertise in the topic and/or be utilizing an evidence-based curriculum. Examples of life skills topics include but are not limited to budgeting, meal preparation, writing resume, etc.

Support (ISC – Mental Health Court only)

A recovery support service for participants in Idaho's Treatment Court programs. Certified Peer Support Specialists (CPSS) use their lived experience to provide encouragement, guidance, and support throughout the recovery process. BPA Health administers the provider network, claims processing, and reimbursement for these services on behalf of the Idaho Supreme Court (ISC).

Recovery Coaching for Adults

Recovery Coaching is an individual service and should not be billed as a group service. IBADCC standards for Recovery Coaching must be met.

Safe and Sober Housing (SSH)

SSH Providers must comply with the following:

- Adhere to the *Safe & Sober Housing Code of Ethics* which can be found on the BPA Health website**.**
- Maintain daily sign-in and -out logs of clients entering and leaving facility. At a minimum, there must be one entry per day for each client. If a client does not leave the house for an entire day, they must still record that they were at the house to justify the billed service.
    - **Leave of Absence:** Probation and Parole Officers grant up to a 3-day leave of absence in extenuating circumstances (i.e., serving discretionary time) and allow the SSH provider to bill for those days and hold the room for the client. The provider is required to maintain paperwork verifying the Parole Officer has approved the leave.
- All sleeping rooms must meet appropriate size and safety standards.
- All residents have closet and drawer space,
- Each house requires a house manager who is on-site for a minimum

of 20 hours per week, or an off-site housing coordinator who visits the house daily to monitor house activities.
    - Adolescent Safe and Sober Houses require staff on site for 24-hour supervision.
- A list of community resources must be posted in a visible location and available to clients 24/7.
- House Rules must be posted and made available to all clients
- The facility and outdoor areas must be welcoming, neat, and clean
- The facility and any outdoor areas must be free from safety hazards
- Housing inspections must be conducted weekly, and any hazards or potential safety issues must be fixed. Inspection records must be maintained, and include the date and time of the inspection, problems encountered, and date fixed.
- A fire drill must be conducted and documented at least once every 30 days at unexpected times, and under varying conditions to simulate unusual circumstances encountered in case of a fire. Documentation must include the date and time of the drill, and the recommendations for improvements if problems are encountered.

SSH Program Fees

SSH providers may collect Program Fees from clients (maximum $100 every 30 days). Prior to moving in, they must share with clients what the program fees cover. Fees may be imposed to cover the following expenses:

- Basic utilities
- Telephone services
- Cable/satellite/Streaming T.V. services
- Internet services (if available to clients)
- Amenities fund: to cover wear and tear on home living items (i.e., dishes, furniture, etc.)
- Cleaning supplies provided by provider

Staffing Units

Staffing units may be billed by clinicians or case managers and are to be used as follows:

- IDJC: staff clients with juvenile probation officers
- IDOC: complete and submit the monthly IDOC Status Report Form, staff clients with probation officers, and assist clients who are obtaining a 19-2524 assessment apply for Medicaid

ISC: participate in specialty court staffing

Transportation Services

***Transportation* (IDOC and IDJC)**

Transportation may be billed to get clients both to and from services, utilizing a transportation provider who is in the SUD Network.

Transportation Flat Fee

Authorized for clients transporting to and from residential treatment. It can be used to purchase bus tickets, airfare, etc. Treatment providers must maintain records of the purchase. Authorized units will be equal to the cost of the transportation (round up/down to whole number) and will be only for date of transportation. See rate matrices for maximums allowed.

Travel for Professionals (IDOC and IDJC only)

Providers may request authorization for Travel for Professionals, to cover some of the costs of traveling to a jail or detention center to conduct Drug and Alcohol Assessments with incarcerated clients. See rate matrices for details.

Utilization Management

Failure of SUD providers to follow authorization request, certification, and/or notification requirements, as applicable, may result in administrative denial/non-certification and **require that the client be held harmless from any financial responsibility for the provider's charges.**

Utilization management (UM) of SUD services is managed as follows:

ISC Funded Clients

1. ISC determines eligibility, reviews requests, and authorizes services for individuals participating in Specialty Courts.
2. The specialty court provider will be notified of referral in court staffing and will receive an authorization letter from "QuickCap."
3. ISC manages all service requests, authorizations, and placement in appropriate levels of care based on ASAM 4 for adults and ASAM 3 for adolescents, and the ISC Rate Matrix. Providers should speak with Court Coordinator with any service or authorization requests.
    a. The requesting provider is responsible for informing the client

about the approval or denial. If an authorization request is denied, the requesting provider is responsible for informing the client about the appeal process, fees if choose to continue as self-pay client, as well as information about available community support services and programs that might offer discounted treatment, such as local or state-funded agencies or facilities. Clients may request written notification of the denial.

4. ISC ensures clients receive appropriate, timely, and quality SUD services while adhering to regulations and protecting information.
5. BPA Health's ISC Payor Portal (QuickCap) is used for SUD authorizations, determinations, and claims submission.
6. When a client's benefits have been exhausted or their benefit program does not include coverage for requested services, the provider must inform the client what their private pay options are if the client chooses to continue as well as offer the client information about available community support services and programs, such as local or State-funded agencies or facilities, who might provide sliding fee scales for services.

For questions related to ISC utilization, providers should contact their court coordinator.

IDJC Funded Clients

1. IDJC determines eligibility, reviews requests, and authorizes services for individuals receiving IDJC funded SUD services.
    a. If client has Medicaid, services should be billed to Medicaid. If not, claims will be recouped.
    b. If clients need Medicaid-supplemental services, providers should speak with JPO regarding authorization.
2. IDJC manages service requests, authorizations, and placement in appropriate levels of care based on ASAM 3 and the IDJC Rate Matrix. Providers should speak with the client's Probation Officer regarding service requests and authorizations.
    a. The requesting provider is responsible for informing the client, or if a minor, their parent/guardian about the approval or denial. If an authorization request is denied, the requesting provider is responsible for informing them about the appeal process, fees if choose to continue as self-pay client, as well as information about available community support services and programs that might offer discounted treatment, such as local or state-funded

agencies or facilities. Clients may request written notification of the denial.

3. IDJC ensures clients receive appropriate, timely, and quality SUD services while adhering to regulations and protecting information.
4. BPA Health's IDJC Payor Portal (QuickCap) is used for SUD authorizations, determinations and claims payment.
5. When a client's benefits have been exhausted or their benefit program does not include coverage for requested services, the provider must inform the client, and if a minor, their parent/guardian what their private pay options are if the client chooses to continue as well as offer information about available community support services and programs, such as local or State-funded agencies or facilities, who might provide sliding fee scales for services.

For questions related to IDJC utilization contact the District SUDS Coordinator or Juvenile Probation Officer.

IDOC Funded Clients

For all IDOC authorization, eligibility, assessment, and utilization management inquiries, providers are required to **contact BPA Health** at (800) 486-4372. Do not contact IDOC directly for these matters. IDOC has contracted with BPA Health to manage these services, and direct outreach to IDOC may cause delays or confusion in processing.

1. **Initial eligibility** for funding is determined by IDOC. Clients' **first treatment authorizations** are entered by IDOC after reviewing valid assessment and ASAM for clinical eligibility. If there is not a valid assessment, they may first authorize an assessment.

2. **Prospective and Concurrent Review Process**
   Requests for continued and new services should be submitted using the Customer Support Ticket in the Payor Portal. A valid assessment must be on file and an updated ASAM summary must be attached to the Support Ticket. (See the Payor Portal and User Guide for further instructions).

   BPA Health reviews requests within 7 calendar days and if clarification is needed, providers will have 5 calendar days to respond. Determinations are made as follows:

   - ***Subsequent Treatment Requests:*** based on the clinical

information provided during the review (i.e., assessment and ASAM 4 update) and rate matrix limits. Additional information from reliable sources may be considered to help with the decision.

    - **Transfer from 3.5 to a lower level of care:** request should be submitted 3 days prior to discharge when possible, to allow time for review. If client spends at least one night in 3.5 services, and updated ASAM must accompany request.
- ***Recovery Support Services (RSS) Requests:*** based rate matrix limits.
- **Out-of-Matrix Requests:** if a treatment or RSS request meets other criteria, however, exceeds the rate matrix limits, BPA Health will notify IDOC who will make the final determination.

3. **Certification (Approval) & Non-certification (Denial) Determinations**

Certification

BPA Health communicates approvals via Payor Portal. The requesting provider is responsible for informing the client about the approval.

Non-Certification

Before BPA Health officially denies a clinical request (non-certification), it must undergo a peer review. This review is conducted by a clinically endorsed staff member, such as an LCPC or LCSW, with a clinical license equal to or higher than both the requesting provider and the individual who initially reviewed the case.

If a request is denied (non-certification), the provider will receive notification that includes instructions on how to request a peer-to-peer conversation between clinician submitting the request and a BPA Health clinician and will also receive notification with instructions on how to submit a written appeal of the decision. Prior to continuing any further services, the requesting provider is responsible for informing the client about the denial, the appeal process, and fees if they choose to continue as self- pay client, as well as information about available community support services and programs that might offer discounted treatment, such as local or state-funded agencies or facilities.

Clients may request written notification of the non-certification.

Appeal Adverse Clinical Determination

The client, authorized representative and/or provider may appeal a clinical denial by submitting an appeal request in writing within 180 calendar days of notice of non-certification. The *Appeals Form* can be found on BPA Health's website.

BPA Health will help any client, authorized representative or provider needing assistance with an appeal request. Standard appeal requests will be responded to or resolved in writing within thirty (30) calendar days of receipt. Expedited appeals can be submitted verbally or in writing and are available for non-certification of requests for authorizations involving urgent care only and will be completed with verbal notification of determination to the requesting party within seventy-two hours of the request followed by a written confirmation of the notification within three calendar days of notification of decision to the client and attending physician or other ordering provider or facility rendering service.

The appellant has the right to reasonable access to and copies of all documents, records, and other information that are relevant to the appeal. The appellant will have three (3) opportunities to have a non-certification decision reviewed for reconsideration. Should the appellant wish to challenge the first level appeal decision made by BPA Health, they must submit a second level appeal within sixty (60) calendar days of notice of the first level appeal denial.

BPA Health will support a decision by the appeal reviewer to overturn a previous denial of certification. BPA Health reserves the right to pay even if the reviewer upholds the denial, as dictated by the benefit program.

Documentation Standards

Agencies must maintain accurate and complete administrative and treatment records that align with industry and best practices. This includes adherence to all applicable privacy rules, laws and regulations, and contractual obligations. To ensure member privacy, electronic and written records should be kept in a secure manner and in compliance with HIPAA and 42 CFR Part 2 standards.

All records must include:

- signed Informed Consent (including, if applicable, Telehealth Informed Consent)
- Acknowledgment of notification of both Client Rights and HIPAA Notice

of Privacy Practices.

- All billed services must include a progress/encounter note. Treatment notes should follow best- practice guidelines (i.e., SOAP, DAP). Additional documentation standards can be found in **Appendix D**.

Treatment, Case Management, and Wellness Recovery Plans

Treatment and Case Management Plans must be developed with the client, be client centered, and address the client strengths and needs that have been identified in assessments and clinical interviews. Plans must include:

- S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, and Time-bound) goals and objectives
- Evidence-based interventions
- Frequency of each service/intervention being provided and identify who is providing the intervention (i.e., counselor, case manager, etc.)
- Target dates for goals and objectives
- Recovery Support Services (RSS), if applicable
- Discharge criteria

Wellness Recovery Plans are required if billing for Recovery Coaching. The plan should be in writing and created by the client, with the support of Recovery Coach. It should help guide the client through the process of identifying and utilizing their personal strengths and resources.

Progress/Encounter Notes

Notes must be entered in a HIPAA compliant EHR within five (5) business days of the date of services. All notes should be individualized and meet applicable requirements and best-practice standards (i.e., DAP or SOAP for group and individual sessions). Treatment notes and plans written by SUDAs and master level interns must be reviewed and co-signed by a licensed or certified clinician prior to submitting claims.

- Case Management notes for CM services provided throughout one day may be bundled into a single note for the day (exception is CM family without client present which has a separate billing code). Within the note break document by time, each service that was provided during the day (i.e., "1:00 – 1:30 met with client and discussed… 3:15 – 3:30 spoke with PO regarding client's attendance and clean UAs").

Discharge Summary

Treatment providers must complete a discharge summary within 15 calendar days of successful discharge or known termination and within 45 calendar days from last billed date of service when clients stop coming to treatment. The discharge summary should detail the client's progress towards their treatment goals and any referrals provided for ongoing therapy. When offering referrals, it is important to offer more than one.

Treatment providers must notify RSS providers when they are discharging a client. Providers must work collaboratively with the client's probation officer regarding discharge.

Claims

Claims must be submitted via BPA Health's Payor Portal (QuickCap) within 30 days of date of service. SUD Network Providers must accept the reimbursement amounts specified in the applicable rate matrix as full payment for services, minus any co-payments owed by the client (see BPA Health's Payor Portal (QuickCap) Guide for guidance).

Submission of a claim does not guarantee payment. Claims remain subject to eligibility verification, authorization requirements, documentation review, and audit. **Balance billing is not permitted**.

Quality Service Delivery

BPA Health values a collaborative approach with the SUD Network providers in maintaining high quality service delivery. This includes providers following best practice guidelines, BPA Health offering training and technical assistance, providers completing self-assessments, and BPA Health's periodic monitoring through audits.

Best Practice Guidelines

The ***American Psychology Association*** offers clinical guidelines for practitioners ranging from record keeping, healthcare delivery systems, to guidelines for assessment of intervention with persons with disabilities. The ***Substance Abuse and Mental Health Services Administration*** offers tips and information of effective evidence-based approaches for the treatment of SUD and mental health disorders. The purpose of these guidelines is to help educate clinicians and give recommendations about professional practices with specific populations. The ***Idaho Supreme Court*** website

includes best practice standards for effective treatment in specialty courts.

Guidelines for Criminal Justice Involved Persons

- Utilize cognitive-behavioral based programming that addresses SUD and criminogenic thinking
- Drug/Alcohol Screening (see Rate Matrices for limits)
- Utilization of Case Management
- Consideration of LSI-R score in establishing treatment plan for IDOC and ISC clients
- Consistent and regular contact with Probation/Parole Officer

Training and Technical Assistance

BPA Health's Provider Newsletters include information about upcoming training opportunities, including some offered by BPA Health, and many of which include free CEs. Agencies are encouraged to share the newsletters with their staff. If providers need technical assistance with BPA Health's Payor Portal (QuickCap), they are encouraged to call BPA Health at (800) 486-4372 and we will do our best to guide you to the appropriate resource.

Self-Assessments

To support the shared goal of quality service delivery, a cyclical review of a sample of files will be conducted by providers approximately once every three years. BPA Health will share instructions and a self-assessment form at the appropriate time. Providers are encouraged to collaborate with their teams to identify and address any areas for improvement revealed through their self-assessment. Self-Assessments should not be submitted to BPA Health. Providers should keep these on file for three years. BPA Health may request to review them during an audit, and/or if following up on a quality concern.

Quality and Compliance Audits

BPA Health conducts random audits of all providers that will not occur more than once every three years. Exception:

Safe and Sober Housing audits are conducted annually. They include a virtual tour, and a review of sample client files and additional SSH required documents. A copy of the audit tool is available on the BPA Health website.

If a provider does not pass an audit, or significant concerns arise, the provider may be placed on a corrective action plan and/or face sanctions.

BPA Health reserves the right to conduct more frequent or unscheduled audits, and/or site visits if concerns arise.

Payors may request provider records, if they are conducting a performance review of BPA Health, subcontractor, or provider. Providers must comply with these requests.

Appendix A: Glossary

The following terms and acronyms are specific to the SUD Provider Network Supplement and are defined as follows. See the BPA Health Manual for additional terms. If a conflict exists between the provider agreement and this manual, the conflict will be resolved as follows:

1. The Provider Agreement
2. The BPA Health Manual and applicable Supplements

Terms and Acronyms:

19-2524: IDOC funding for individuals who have been sentenced to felony probation under Idaho statute 19-2624 and court-ordered to participate in substance use treatment.

42 CFR, Part 2: The Federal confidentiality rules protect the privacy of individuals who have received substance use disorder treatment by prohibiting unauthorized disclosures of records except under limited circumstances. 42 CFR, Part 2 is more restrictive with regards to disclosure than HIPAA.

American Society of Addiction Medicine (ASAM): The ASAM criteria helps clinicians, counselors, and care managers develop patient-centered service plans and make objective decisions about patient admission, continuing care, and transfer/discharge for individuals with addictive, substance-related, and co-occurring conditions. Through their multidimensional assessment and the continuum of care, the criteria can improve patient outcomes. The ASAM 4 is used by IDOC and ISC the ASAM 3 is used by IDJC. For more information go to: asam.org.

BPA Health Payor Portal (QuickCap): Electronic software program used for authorizations and claims processing. IDOC also uses for utilization management.

Medicaid-supplemental Funding: IDOC and IDJC SUD benefit for qualifying clients

who also have Medicaid. See Rate Matrix for list of potential supplemental funded services.

Case Management (CM): Case management is a collaborative process that assesses, plans, links, coordinates, monitors, and advocates for options and services required to meet the member's health and human service needs.

Case Management Plan: a personalized roadmap designed to help a client access the services and support they need to reach their specific goals**.**

Charitable Choice: Refers to United States government funding of faith-based organizations to provide social services. Per the Substance Abuse Block Grant (SABG), Substance Abuse and Mental Health Services Administration (SAMHSA)faith-based organizations that receive Federal funds must serve all eligible participants regardless of those persons' religious beliefs. In addition, recipients of services provided under Charitable Choice laws have the right to be provided with services from a non-religious provider.

Client: an individual receiving funding for SUD services. The term client may be used interchangeably with members.

Commission on Accreditation of Rehabilitation Facilities (CARF): A private, not-for-profit organization that accredits health and human service programs across the continuum of care and across ages.

Comprehensive Addictions and Psychological Evaluation-5 (CAAPE-5). The CAAPE-5 is the mandatory assessment tool for individuals receiving 19-2524IDOC treatment funding.

Copayment: The portion of a claim or expense that a client must pay out of pocket.

Covered Services: The services identified on the Payors' Rate Matrices that have been authorized in the Payor Portal. Covered services must be delivered in an ethical and professional manner, and in compliance with all applicable laws and regulations, including licensure and certification boards, and the BPA Health contract.

Evidence-Based Programs or Practices (EBP): Clinical programs and practices that research has shown to be effective in improving treatment outcomes.

IBADCC: The Board of Alcohol and Drug Counselor Certification

IDJC: The Department of Juvenile Corrections

IDOC: The Idaho Department of Correction

IDOPL: Idaho Division of Occupational and Professional Licenses.

ISC: Idaho Supreme Court

Intensive Out-Patient Program (IOP): A non-residential service delivered by addiction professionals or addiction-credentialed clinicians, which provides a planned regimen of treatment, consisting of regularly scheduled sessions within a structured program, for a minimum of 9 hours of treatment per week for adults and 6 hours of treatment per week for adolescents. The hours of treatment do not include recovery support services.

Level of Care (LOC): A level or modality of care is a step in the client's treatment process. A level of care includes clinical services and may also include care coordination and recovery support services.

Life Skills (LS): Life Skills programs are non-clinical services designed to enhance personal and family skills for work and home, reduce marriage/family conflict, and develop attitudes and capabilities that support the adoption of healthy, recovery-oriented behaviors and healthy re-engagement with the community.

LSI-R (Level of Service Inventory) Assessment: A quantitative survey of offender attributes and offender situations relevant for making decisions about appropriate levels of supervision by corrections and treatment.

Manual: The Provider Manual describes the requirements and procedures applicable to providers in all the BPA Health networks and applicable payor programs. Supplements to this Manual include information specific to the individual networks.

Member: an individual receiving funding for SUD services. The term member may be used interchangeably with client.

Medical Necessity: Services justified as reasonable, necessary and/or appropriate,

based on evidence-based clinical standards of care.

Medication Assisted Treatment (MAT): Prescribed medication for use in the treatment of addiction.

OM (out-of-matrix): Request for services beyond service limits in a Payor's rate matrix.

Out-patient (OP): A non-residential service, delivered in a variety of settings, in which addiction and mental health treatment personnel provide professionally directed evaluation and treatment for substance-related, addictive, and mental disorders. It includes 8 hours or less of treatment per week for adults and 5 hours or less of treatment per week for adolescents. The hours of service do not include recovery support services.

OUD: Opioid Use Disorder.

Partners: An organization such as a state, department of a state, business, charity, etc. that BPA Health conducts business with or for on a contractual basis

Payor: An organization such as a state or department of a state that BPA Health pays claims for (such as IDJC, IDOC, or ISC).

Peer Support Services: A recovery support service for participants in Idaho's Treatment Court programs. Certified Peer Support Specialists (CPSS) use their lived experience to provide encouragement, guidance, and support throughout the recovery process. BPA Health administers the provider network, claims processing, and reimbursement for these services on behalf of the Idaho Supreme Court (ISC).

Pre-Treatment: A 30-day authorization for individuals in IDOC's Risk to Revocate funding. During the 30 days, the provider is expected to engage in individual and/or group counseling as well as case management services right away and conduct an assessment (or updated assessment if one is not current/valid). Upon review of the completed assessment, IDOC may enter an authorization for additional, ongoing services.

Program Fees: Safe and sober housing providers may collect approved program fees from clients in accordance with rate matrix for items such as internet services, streaming services, etc. Providers must disclose to clients how these fees are used

Provider: Anyone contracted to perform SUD services with or for BPA Health.

QP: Qualified Substance Use Disorder Professional as defined in Idaho Code Title 39 Chapter 3

Rate Matrix: Reimbursement and billing code schedule for all SUD benefit program streams including frequency, duration, and maximum allowable services. Each Payor has their own Rate Matrix.

Recovery Coach (RC): A personal guide and mentor for people seeking or in recovery. The Recovery Coach helps to remove barriers and obstacles and links the recovering person to the recovery community. Recovery Coaches can act as a mentor, ally, role model, motivator, problem solver, resource broker, advocate, and/or community organizer.

Recovery Support Service (RSS): Approved non-clinical SUD services designed to engage and maximize the ability of eligible recipients to be successful in their recovery, and to live productively in the community. Recovery Support Services are initiated with the client at the earliest possible point in the individual planning and service delivery process.

Risk to Revocate (R to R): IDOC funding for individuals on felony probation or parole who are at risk of having the terms and conditions of supervision revoked due to relapsing (not lapsing), on a controlled substance.

Service Plan: A combined treatment and case management plan.

SSH (Safe and Sober Housing): Temporary housing that enhances the therapeutic effect of the individual's substance use treatment and assists the individual in transitioning back into the community.

Staffing (planned facilitation): Staffing (planned facilitation) is to be used by professional staff for collaboration with external collateral sources.

SUD: Substance Use Disorder(s) as defined in DSM5 TR

Website: BPA Health's website **-** http://www.bpahealth.com.

Wellness Recovery Action Plan (WRAP): a written plan created by the client, with the support of Recovery Coach, that can help guide the client through the

process of identifying and utilizing their personal strengths and resources.

Appendix B: Provider Insurance Requirements for BPA Health Network Providers

Please ensure you send us updated insurance annually or once renewed. These are subject reviews during provider audits.

Coverage Type	Coverage Limits
Worker's Compensation (Statutory) and Employer's Liability	Coverage A – Statutory and Coverage B – $1 million for each employee for bodily injury by accident; $1 million for each employee for bodily injury by disease; $1 million policy limit for bodily injury by disease
General Commercial Liability	$ 1 million per occurrence & $3 million per aggregate
Professional Liability / Malpractice (only required if work requires licensed or credentialed staff)	$1 million per occurrence & $3 million per aggregate
Sexual Misconduct (only required if work with minors)	$1 million per occurrence
Commercial Automobile Liability	$1 million combined single limit/ accident for bodily injury and property damage for all owned, hired, and non-owned vehicles.
Information Security /Cyber Liability	Providers are encouraged to obtain.

Transportation – privately owned vehicles not used for sole purpose of transporting members	**Auto Liability:** Must show proof of minimum auto insurance coverage required by Idaho law for each vehicle used. When the program permits an employee to transport participants in an employee's personal vehicle the program must ensure that employee(s) auto insurance coverage covers use for those services.

Appendix C: Important Resources

Name/Link	Type / Location	SUD Program	Purpose
BPA Health Payor Portal Agreement	Link on BPA Health website	ISC and IDJC	Obtain/remove access to Portal
IDOC Status Report	Third Party Website	IDOC / ISC	Update PO's on client progress
Idaho Criminal History Unit	Third Party Website	All	Background Check Entity
SUD Network Provider Program Update Form	Link on BPA Health website	All	Contract compliance
SUD Network Provider Staff Update Form	Link on BPA Health website	All	Contract compliance
Safe and Sober Housing Code of Ethics	Link on BPA Health website	All	Best practice standards
Case Mangers Code of Professional Conduct	Third Party Website	Commission for Care Mngmt. Certification	Best practice standards
Audits are generally conducted virtually, although BPA Health reserves the right to conduct these on-site.	Third Party Website	IDOC	IDOC utilization software

Appendix D: SUD Treatment Provider Documentation Standards

General File Requirements
Chart includes signed copy of **Informed Consent** (must include limits of confidentiality and, if applicable, telehealth).
Chart includes acknowledgement of review of **Notice of Privacy Practices.**
All necessary **ROIs** in place, (i.e., RSS providers, Probation and Parole, Prescribers) completed with appropriate 42 CFR Part 2 and HIPAA language.
Treatment Planning
Treatment (Tx) Plan is developed within thirty (30) days of start of treatment in outpatient setting.
Evidence that the development of Treatment Plan and Discharge criteria was a **collaborative process** with the client (i.e., client signature on plan).
Tx plan **addresses, refers, and/or defers** all of the identified needs on the assessment (e.g. co-occurring disorders, safety, linguistic, trauma, cultural, etc.)
Treatment **goals and objectives** are written in simple, measurable, attainable, realistic terms, with expected target dates (S.M.A.R.T.).
Treatment interventions are related to the goals, S.M.A.R.T., and include identified EBPs and the frequency of each of the services/interventions.
Tx Plan updates are completed as required, a minimum of every ninety (90) days in OP or IOP, thirty (30) days in PHP, and fourteen (14) days in Level 3.5. (30 for IDJC)
Ongoing Treatment, Referrals and Discharge
Encounter/Progress notes for each date of service includes personalized description of the session (group note must reference EBP). If an intern or SUDA created note, it is reviewed and co-signed by licensed/certified clinician.
A **discharge summary** is entered in the client record within fifteen (15) days following formal discharge or 30 days of inactivity. The summary includes status at intake and discharge including progress and/or lack of progress made in treatment and recommendations of referrals or services to be provided after discharge.

Appendix E: Recovery Support Services Documentation Standards

CASE MANAGEMENT (CM) DOCUMENTATION STANDARDS
Case Management (CM) Assessment is completed within thirty (30) days of first CM appointment.
CM Plan developed within fourteen (14) days of completion of CM Assessment.
Evidence that the development of CM Plan was a **collaborative process** with the client (i.e., client signature on plan).
CM Plan **addresses, refers, and/or defers** all of the identified needs on the assessment (e.g. housing, employment, medical, etc.).
CM **goals and objectives** are written in simple, measurable, attainable, realistic terms, with expected target dates (S.M.A.R.T.).
CM Interventions include care coordination and linkages to needed services as well frequency of CM services. The interventions are tied to goals and objectives on the plan. Look for evidence of interventions and care coordination on the plan and in encounter notes.
CM Plan updates are completed as required, a minimum of every ninety (90) days in OP or IOP, thirty (30) days in PHP, and fourteen (14) days in Level 3.5 (30 for IDJC).
Encounter/progress notes include personalized description of the CM services. If an intern entered note, it is co-signed by QP.
SAFE AND SOBER HOUSING (SSH) DOCUMENTATION STANDARDS
ROI's for other professionals are filled out completely. At a minimum, need one for treatment provider (unless in same facility).
Documented **proof that client was in house** on billed dates of service (i.e. client signed the sign-in sheet for the audited billed dates of service.). If PO approved client to be out for the day, documentation from the PO is in the client file.

DRUG/ALCOHOL SCREENING (DS) DOCUMENTATION STANDARDS
ROI's for other professionals are filled out completely. At a minimum, need one for treatment provider (unless in same facility).
Documentation of **test results being sent** to treatment provider
RECOVERY COACHING (RC) DOCUMENTATION STANDARDS
WRAP Plan is completed within thirty (30) days of first RC appointment.
Evidence that the development of WRAP Plan was a **collaborative process** with the client (i.e., client signature on plan).
WRAP Plan considers and **incorporates clients strengths, needs and culture**.
WRAP **goals and objectives** are written in simple, measurable, attainable, realistic terms, with expected target dates (S.M.A.R.T.).
Wrap Plan updates are completed at a minimum of every ninety (90) days.
Encounter/Progress notes for each date of service includes personalized description of the RC services.