

2Nd
ANNUAL

Raising

2Nd
ANNUAL



FUN IN THE PARK

5K/10K WALK & RUN

FAMILY EVENT

ON: October 31st

LIVE MUSIC

at: 10:00 AM

PRIZES

IN: BONNEVILLE PARK

RAFFLE

Contact Kristy For More Info: 236-6395

TRICK OR TREATING

Fundraiser to help Suicide Prevention Action Network (SPAN) Idaho in their mission to reduce suicide in Southeast Idaho through statewide advocacy, collaboration and education in best practices.

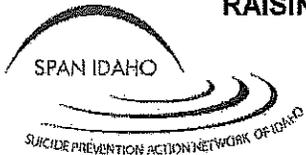
cost: \$15.00 INDIVIDUAL

\$40.00 group

18 and UNDER FREE!!

Register ON Active.com





RAISING HOPE, SPREADING HOPE, HELP AND STRENGTH
5K-10K Run/Walk
Saturday, October 31, 2015
10:00 am

Race Location: Bonneville Park

Registration begins at 9:00 am in the park.

Course Description: Bonneville Park via American Road and around the Holt Arena.

Proceeds: Will be used to help us end the stigma of suicide. Funds will be used to help increase awareness of the help that is available.

Entry Cost information: \$15.00 each, or \$10.00 if registering in a group of 4 -10. Children ages 18 and under race free. Donations are accepted.

Other Information: Goodie bags with shirt are provided day of the race. Registering the day of the race doesn't guarantee a shirt.

Make Checks Payable to: SPAN Idaho. **And Mail to:** 1070 Hilline Rd #320, Pocatello ID 83201

Contact: Kristy Rust 208-236-6395, email – kristy.rust@idjc.idaho.gov

Race forms are also available online at active.com through October 27th.

-----detach here-----

RAISING HOPE ENTRY FORM 10/31/2015 PLEASE PRINT LEGIBLY

Name: _____ Sex: _____ Age: _____
Address: _____
City, State Zip: _____
Phone: _____ E-mail: _____
Group Name: (if applicable) _____
Shirt Size: (mark one) SM M L XL
Activity: (mark one) 5K Walk 5K Run 10K Run

Waiver (MUST BE SIGNED)

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature _____ Date _____
Parent or Guardian if under 18 _____

_____ I understand that if I am participating in the 10K, I am to run on the sidewalk along 5th Ave. By initialing I indicate that I will not run in the road in this stretch of the race.

No refunds will be issued for any reason

REGIONAL BOARDS EXPENDITURE GUIDELINES

Purpose:

The purpose of this document is to provide general guidelines for Regional Behavioral Health Boards (RBHBs) on the utilization of the \$50,000 annual budget. These guidelines are only applicable to the RBHBs budget while they remain under the fiscal structure of DHW. While the funding is under DHW, the responsibility and authority to use the funding must also remain with DHW. Once the RBHBs partner with another entity, the expenditure guidelines for the RBHB will be those established by the partnering entity.

Guidelines:

- 1) The largest portion of the budget is utilized to pay the salary of the Community Resources Development Specialist (CRDS).
- 2) The remaining budget is intended for operating expenditures of the RBHB. These include meeting refreshments (per policy), member travel reimbursement (per policy), and other meeting expenses.
- 3) The budget can further be utilized for RBHB approved projects, including gaps and needs assessment of the regional BH system, printing of materials for outreach, etc.
- 4) If there is remaining budget capacity after accounting for the CRDS salary and expenses described above, the Board may make recommendations to the Department for expending the remaining budget.
- 5) The funding can be used on projects to improve the behavioral health system in the region, but must follow all State and Department expenditure guidelines.
- 6) The budget is allocated for the RBHB, but it is the responsibility of DHW's Regional Program Manager to ensure it is used in a manner consistent with the Department's obligation to be effective stewards of public funds.
- 7) The manner in which a RBHB recommends the funding be utilized must comply with the RBHB bylaws. Including, as applicable, approval by a quorum of the RBHB.
- 8) There are too many prohibited expenditures as a result of State and DHW guidelines to list all in this guidance document. However, Regional Program Managers are aware of all requirements and can serve as the RBHBs technical expert on approved and excluded expenditures.

Conflict Resolution:

If there is disagreement between the RBHB and the Regional Program Manager, the Board can ask the Manager to seek a second opinion through DHW's Central Office. The Manager can make a formal request for guidance in writing and Central Office will respond in writing. This request and response shall be shared with the RBHB for transparency.

Idaho Department of Correction Substance Use Disorder Services
Expenditures Incurred 7/1/15 - 8/31/15

Treatment Services	D1	D2	D3	D4	D5	D6	D7	Grand Total
Alcohol or Drug Assessment	\$ 11,367	\$ 3,484	\$ 10,318	\$ 35,241	\$ 11,549	\$ 3,447	\$ 6,494	\$ 81,900
Intensive Outpatient	\$ 4,105	\$ 7,301	\$ 17,870	\$ 31,250	\$ 5,326	\$ 3,012	\$ 12,128	\$ 80,992
Outpatient	\$ 21,106	\$ 34,911	\$ 34,136	\$ 54,505	\$ 33,240	\$ 12,646	\$ 11,461	\$ 202,006
Parolee Aftercare	\$ 9,514	\$ 5,915	\$ 13,922	\$ 49,713	\$ 20,925	\$ 6,723	\$ 13,487	\$ 120,200
Pre-Treatment Services	\$ 6,252	\$ 1,229	\$ 10,536	\$ 13,767	\$ 9,729	\$ 3,054	\$ 2,797	\$ 47,364
Travel for Professionals	\$ 72	\$ -	\$ 177	\$ 2,599	\$ 1,588	\$ -	\$ -	\$ 4,435
Total	\$ 52,415	\$ 52,841	\$ 86,960	\$ 187,074	\$ 82,357	\$ 28,882	\$ 46,368	\$ 536,897
Recovery Support Services								
Adult Safe & Sober Housing	\$ 13,714	\$ 13,009	\$ 9,241	\$ 65,661	\$ 11,112	\$ 5,548	\$ 2,183	\$ 120,466
Case Management	\$ 5,026	\$ 1,153	\$ 5,881	\$ 19,331	\$ 6,416	\$ 4,446	\$ 5,145	\$ 47,399
Drug/Alcohol Testing	\$ 6,480	\$ 5,211	\$ 9,815	\$ 16,700	\$ 6,224	\$ 1,539	\$ 1,458	\$ 47,426
Interpreter Services	\$ -	\$ -	\$ -	\$ 163	\$ -	\$ -	\$ -	\$ 163
Life Skills	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 175	\$ 85	\$ 260
Staffing (Planned Facilitation)	\$ 37	\$ 31	\$ 12	\$ 6	\$ 12	\$ 60	\$ 6	\$ 166
Transportation	\$ 338	\$ 171	\$ 408	\$ 8,895	\$ 616	\$ 446	\$ 545	\$ 11,419
Total	\$ 25,594	\$ 19,575	\$ 25,357	\$ 110,756	\$ 24,379	\$ 12,214	\$ 9,422	\$ 227,298
Grand Total	\$ 78,010	\$ 72,416	\$ 112,317	\$ 297,830	\$ 106,736	\$ 41,096	\$ 55,791	\$ 764,196
Percent of Total Expenditures	10%	9%	15%	39%	14%	5%	7%	100%
Number of Offenders Served*	139	78	193	398	195	66	100	1,169

FY16 Budget	
Budget Appropriation:	\$ 7,186,600
Total Expenditures Processed ² :	\$ 961,053
% of Budget Expended:	13%
Target Expenditure %:	2.1%

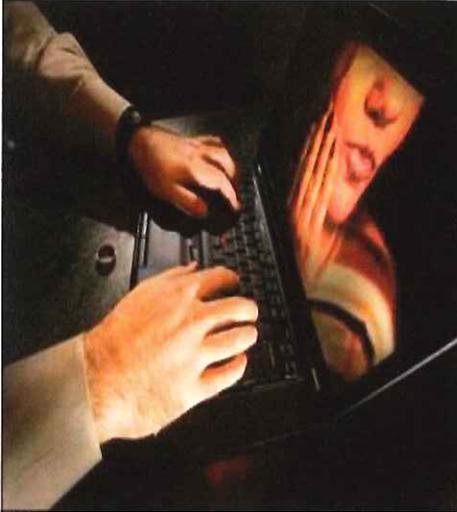
Budget Utilization by Priority Population	
19-2524	60.7%
Reentry	36.1%
Risk to Revocate	3.0%
Medicaid Supplemental	0.2%

Offender Count by Priority Population	
19-2524	699
Reentry	427
Risk to Revocate	57
Medicaid Supp.	4

*Number of Offenders Served: Number of unique offenders with a billable event in this report period
²Expenditures processed includes BPA administrative fees, direct payments to providers, and miscellaneous treatment expenditures external to WITS

Sexual Addiction: Trauma and Treatment

Presenter: Richard Blankenship, LPC, NCC, CCH, CPCS, CCPS, CCSAS



Idaho Falls, Idaho

October 23, 2015

For those outside of the state of Idaho this conference will be available via live webinar.

9:00 – 4:00

**6 Continuing Education Clock Hours
for counselors (NBCC), Social workers (related hours) and
Marriage & Family Therapists (related hours)**

This seminar is designed to provide resources for professional counselors, marriage & family therapists, clinical social workers and clergy who work with people struggling with problematic sexual behavior, their partners/spouses, and families. Treating core addictions such as sex, food, and others has features that are different from drugs, alcohol, and other chemical addictions. It is important that clinicians understand these differences and be equipped to address these issues in treatment. The mission of Cornerstone Professional Training Institute is to provide training and resources for the professional community for treating problematic sexual behavior and the families affected from a trauma model perspective.

Schedule

8:30 – 9:00 Registration/check-in/continental
breakfast
9:00 – 12:00 Morning Session
12:00 – 1:00 Lunch (on your own)
1:00 – 4:00 Afternoon Session

Conference Location

Creekside Counseling
550 W. Sunnyside, Suite 1
Idaho Falls, ID 83402

REGISTRATION

Registration (before October 8) – \$95.00

Registration (after October 8) – \$105.00

Walkup Registration – \$125.00

Continuing education clock hour credit – \$15.00

Register online at www.cornerstonetraining.org or call 470-545-4380.



“Cornerstone Professional Training Institute has been approved by NBCC as an Approved Continuing Education Provider ACEP No. 6247. Programs that do not qualify for NBCC credit are clearly identified. Cornerstone Professional Training Institute is solely responsible for all aspects of the programs.”

Hold Me Tight Workshop

Couples Enhancement Workshop

Rejuvenate your marriage in a single weekend...

- ✓ Build trust and safety with each other
- ✓ Explore ways to de-escalate conflicts
- ✓ Discover what drives distress and distance
- ✓ Learn how to stop your negative patterns
- ✓ Find new ways to renew your love



*Stronger Together...
Helping you get there*

Marriott Spring Hill Suites Conference Center
Rexburg, Idaho
Friday October 23, 2015 &
Saturday, October 24, 2015

Sign up at
www.centerpointcounseling.com
or call 208-359-4840



DaLynn Moore, LPC

Facilitators

Geoff Winfree, LMFT



Behavioral Health Integration Subcommittee

Strategic Healthcare Innovation Plan Working Group



Save the Date!

Tuesday, November 3, 2015

1 to 3:30pm PST 2 to 4:30pm MST

Behavioral Health Integration— Strategies, Steps, and Solutions A Conversation Opportunity for Idaho Stakeholders

The Behavioral Health Integration subcommittee of the SHIP project invites you to attend a special event – Christina Collins, MSW is part of a National Academy of State Health Policy site visit team visiting Idaho. Ms. Collins will share her expertise in behavioral health integration with primary care, including solutions to common barriers, rural outreach and more. She will also engage in a conversation with Idaho stakeholders.

Christine Collins has a MSW from Southern Illinois University and serves as the Director for the North Carolina Office of Rural Health and Community Care (ORHCC). The mission of the Office is to assist underserved communities and populations to develop innovative strategies for improving access, quality, and cost-effectiveness of health care. Chris oversees programs that support: safety net primary care organizations, critical access hospitals, migrant health, prescription assistance, network development, healthcare workforce, integration of behavioral and physical health, telehealth, and rural health information technology. Within the Department of Health and Human Services her oversight responsibilities include: CMS' CHIPRA quality improvement and Multi-payer Primary Care Practice (MAPCP) Medical Home Demonstration. She serves on state and federal task forces pertaining to rural health, primary care, safety net, and models of integrated care.

**Available Statewide through VCE at DHW Locations.
Host Site (Boise Location)**

Region 4 Room 131 , 1720 Westgate Drive, Boise, ID 83704

Region 1—Coeur d' Alene—Moody Center, 2195 Ironwood Court

Region 2—Lewiston - 1st Floor Conference Room, 1118 F Street
Moscow - 1350 Troy Road #2

Orofino - State Hospital North in VCE Room, 300 Hospital Drive

Region 3—Caldwell - Sawtooth Room, 3402 Franklin Road

Region 5—Twin Falls - Big Conference Room, 823 Harrison Street

Region 6—Pocatello - Human Development Center, 421 Memorial Drive

Region 7—Idaho Falls - 2nd Floor ACT Team Conf. Room, 150 Shoup Avenue

Blackfoot State Hospital South—Large Classroom (A09) 700 East Alice

Reserve your seat today!

Send an email to thomasl@dhw.idaho.gov and include the location where you wish to attend.

National Adoption Month

ADOPTION CELEBRATION

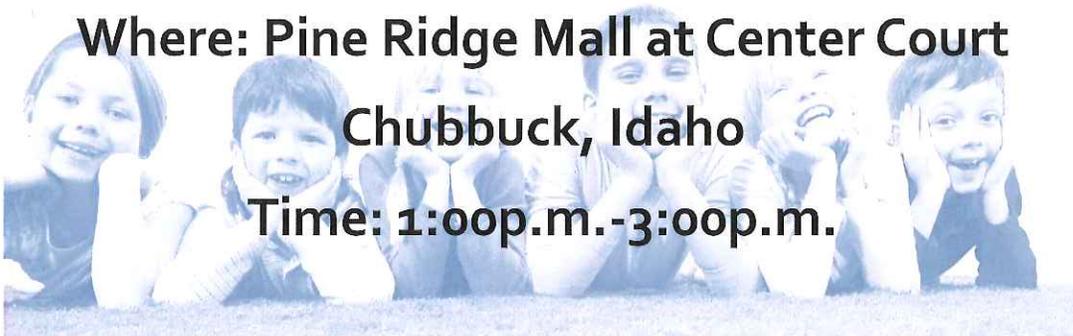
NOVEMBER 7TH, 2015

**Please join us in celebrating
Adoptive Families!**

Where: Pine Ridge Mall at Center Court

Chubbuck, Idaho

Time: 1:00p.m.-3:00p.m.



Proclamation

Speakers– Foster/Adoptive Families and other celebrants

Pizza and Refreshments will be served

Free Family portraits

Drawing for door prizes

**ADOPTION
ROCKS** 



Pine Ridge Mall



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Youth Mental Health Training Grant Application

Proposals are *due by 5pm MST on November 4, 2015*. Please e-mail proposals to grants@bcidahofoundation.org.

Instructions:

Use the guidelines below to prepare your proposal. Please use subheadings (i.e., Statement of Need, Training Description, Evaluation, Sustainability) to organize your proposal. Any citations, letters of support, or appendices should be included on separate pages at the end of the proposal. Delete these general instructions and the subheading descriptions in your proposal.

SECTION 1: Cover Sheet and Executive Summary (not to exceed one page)

This cover sheet should include:

- Title
- Organization
- Location (i.e., city, region)
- One paragraph summary of the **goal** of the training, the **target audience**, a **brief training description**, and the total **budget** amount requested.

SECTION 2: Narrative (not to exceed three pages, with the bulk being the Training Description)

A. Statement of Need (not to exceed one paragraph)

Provide background information pertaining to the training and why it is important. Questions to address in this section include:

- What is the situation or problem the training will address?
- Is there documented proof or data available to support the need for the training?
(Please include citations for data.)
- What will the training provide that is currently lacking?

B. Training Description

Provide detailed information pertaining to the proposed training. Areas to address in this section include:

1. **Goals and Objectives:** Clearly state the goals and objectives and tie them directly to the training need and rationale. State, if possible, how these goals represent best practices in addressing youth mental health.
2. **Training Activities:** Describe in detail the activities involved with the training, and explain how the activities will directly support the goals and objectives. Also, provide a brief summary of when and where the trainings will take place (*see Section 3 for more on activities.*)
3. **Audience:** Provide a detailed description of the target audience (i.e., who is training audience, how many people will attend). Detail any information already gathered about the level of interest among the target audience.
4. **Partners:** Describe all key partners and stakeholders who will support the training. If applicable, include letters of support as appendices.
5. **Impact:** Describe the short and long term impact of the training on the target audience.

C. Evaluation

If applicable, describe in detail how and when you will measure the success of the training.

Questions to address in this section include:

- How will you determine whether and to what extent your training accomplished its objectives and completed training activities?
- How will you determine if the training achieved the desired outcomes?
- When will you measure the success of the training?
- What methods will you use (i.e., surveys, questionnaires, observations, physiological measurements, etc) to collect data?

D. Sustainability

If possible, provide information related to the sustainability of the training. Sustainability refers to the long term financing of the training after the initial grant period has concluded.

SECTION 3: Timeline of Project Activities (*Separate Page*)

Use the attached Timeline of Activities template to further specify the timeline for your training.

SECTION 4: Budget (*Separate Page*)

Use the attached Budget template to provide a detailed line-item budget for the proposed training, including as many specific and accurate costs as possible.

Notes:

- The max grant amount is \$15,000.
- Matching funds are encouraged. Matches can include in-kind support. Matches could include, but are not limited to, staffing, promotional advertisement, supplies, etc...
- Grant funding will not support endowment or capitol costs, research on drug therapies or devices, or lobbying.
- If grant funding is requested for direct support of staff, please include a brief paragraph following the budget (may be included on a separate page if needed) that describes how the staff position(s) are either sustainable or time-specific.

SECTION 3: Timeline of Activities

Instructions:

Please use the chart below to detail the timeline for your training. For each activity, list the start and end dates (estimated if necessary) as well as any outcomes of that activity and/or how you will measure the success of that activity. *Delete these general instructions on your proposal.*

Activity	Start Date	End Date	Outcome/ Measure of Success

SECTION 4: Budget

Instructions:

Use the budget template below to prepare the budget for your proposal. *Delete these general instructions and the definitions below.*

Matching funds through in-kind support or donation are encouraged. Funding will not support ongoing operating expenses, endowment or capitol costs, research on drug therapies or devices, or lobbying. Funding for direct support of staff must be justified with a description of how it is either sustainable or time-specific.

In the **Blue Cross Foundation Support** column please list the monetary amounts you are requesting through the Youth Mental Health Training Grant. In the **In-Kind or Donated Support** column please list the funds that your organization is providing for the project or other funds you have dedicated to the project. The **Total** column should represent the sum of the **Blue Cross Foundation Support** and **In-Kind/Donated Support**. In the **Justification** column please briefly describe the expenses for each line item (e.g., cost per unit).

Definitions:

Personnel: Salary and fringe costs.

Operating Expenses: Expenses related to implementing the proposed training. Use the subheadings (supplies, educational materials, equipment, printing and copying, marketing and advertising) to detail the operating expenses. Please use the justification column to provide information related to the costs. For example, "copy costs for 10,000 fliers = \$1,000."

Travel: Expenses related to travel for the proposed training. Please provide details related to the cost of travel in the justification column.

Budget Category	Blue Cross Foundation Support	In-Kind or Donated Support	Total	Justification
Personnel				
Operating Expenses				
Supplies				
Educational Materials				
Equipment				
Printing and Copying				
Marketing, Advertising, Media				
Other (please clarify)				
Travel				
TOTAL				



NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH, 2015

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

Every day, resilient Americans with substance use disorders summon extraordinary courage and strength and commit to living healthy and productive lives through recovery. From big cities to small towns to Indian Country, substance use disorders affect the lives of millions of Americans. This month, we reaffirm our unwavering commitment to all those who are seeking or in need of treatment, and we recognize the key role families, friends, and health care providers play in supporting those on the path to a better tomorrow.

This year's theme is "Join the Voices for Recovery: Visible, Vocal, Valuable!" It encourages us all to do our part to eliminate negative public attitudes associated with substance use disorders and treatment. People in recovery are part of our communities—they are our family and friends, colleagues and neighbors—and by supporting them and raising awareness of the challenges they face, we can help eradicate prejudice and discrimination associated with substance use disorders, as well as with co-occurring mental disorders. Prevention and treatment work, and people recover—and we must ensure all those seeking help feel empowered, encouraged, and confident in their ability to take control of their future. Americans looking for help for themselves or their loved ones can call 1-800-662-HELP or use the "Treatment Locator" tool at www.SAMHSA.gov.

My Administration remains dedicated to pursuing evidence-based strategies to address substance use disorders as part of our National Drug Control Strategy. Seeking to widen pathways to recovery, our strategy supports the integration of substance use treatment into primary health care settings and the expansion of support services in places such as high schools, institutions of higher education, and throughout the criminal justice system. In the wake of public health crises related to non-medical use of prescription drugs and heroin in communities across our Nation, my Administration has pledged considerable resources to help Federal, State, and local authorities boost prevention efforts, improve public health and safety, and increase access to treatment in communities across the country. And the Affordable Care Act has extended substance use disorder and mental health benefits and Federal parity protections to millions of Americans.

Behavioral health is essential to overall health, and recovery is a process through which individuals are able to improve their wellness, live increasingly self-directed lives, and strive to fulfill their greatest potential. During National Alcohol and Drug Addiction Recovery Month, we reaffirm our belief that recovery and limitless opportunity are within reach of every single American battling substance use disorders, and we continue our work to achieve this reality.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim September 2015 as National Alcohol and Drug Addiction Recovery Month. I call upon the people of the United States to observe this month with appropriate programs, ceremonies, and activities.

IN WITNESS WHEREOF, I have hereunto set my hand this thirty-first day of August, in the year of our Lord two thousand fifteen, and of the Independence of the United States of America the two hundred and fortieth.

A handwritten signature in black ink, which appears to be "Barack Obama", is written below the text.



Idaho Office of Drug Policy

News Release

FOR IMMEDIATE RELEASE
September 23, 2015

CONTACT: Elisha Figueroa
(208)854-3040

IDAHO HEALTHCARE PROVIDERS JOIN TOGETHER AGAINST PRESCRIPTION DRUG ABUSE

(Boise) – Recognizing the delicate balance between treating pain and the problem of prescription drug abuse, Idaho’s professional healthcare boards have signed a joint policy statement regarding the safe prescribing and dispensing of pain medications.

The Idaho Boards of Medicine, Pharmacy, Nursing, Dentistry, Podiatry, and Optometry – with support from the Legislature and the Office of Drug Policy – drafted and signed the statement of understanding. Members said they hope to promote their shared expectations of responsible prescribing and dispensing in the professions they regulate.

“We expect professions to be self-governing here in Idaho, and this commitment on their part to this goal of improving the prescribing of controlled substances for our citizens is laudable,” State Senator Dan Schmidt said. “We thank these professions for their commitment to Idaho citizens, and their commitment to self-governance.”

The boards recognize the need for appropriate treatment of acute and chronic pain, while also understanding the potential for diversion, abuse, misuse and injury or death from narcotic medications. The general principles agreed to include:

1. A thorough evaluation of the patient’s condition, needs and history as well as their risks for addiction or diversion and establishment of a therapeutic relationship with ongoing reconciliation and alignment of goals.
2. Regular access to the Idaho Prescription Monitoring Program.
3. Collaboration with others on the healthcare team.
4. Educating patients on the appropriate use, storage and disposal of narcotic medication as well as their potential for abuse, diversion and misuse.

In addition to this agreement, Idaho’s Prescription Drug Workgroup – with broad representation from the community – has worked to promote recent changes in Idaho law. Those changes include the requirement for those professionals prescribing controlled substances to register for the State’s prescription monitoring database and allowances to make opiate overdose reversal drugs more readily available to those who may benefit from them.

“This coming together of healthcare professionals in our state who prescribe and dispense medications with high potential for abuse demonstrates their commitment to addressing the problems of

prescription drug abuse and misuse,” said Elisha Figueroa, administrator of the Office of Drug Policy. “They have the difficult task of ensuring the safe treatment of patients while at the same time safeguarding against abuse. I admire their willingness to work together to hit the problem head on.”

More than one in five Idaho high school seniors have taken a prescription drug without a doctor’s prescription, according to the 2013 Idaho Youth Risk Behavior Survey. In addition, according to the National Bureau of Vital Statistics, in 2013 Idaho ranked 21st in the United States for the rate of age-adjusted drug-induced deaths.

###



SUD Rate Matrix - Treatment Services

IDHW FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 09/15/2015)														
AUTHORIZED SERVICE		BILLABLE ITEM & RATE						APPLICABLE FUNDING/INSURER TYPES				FREQUENCY		
		ASAMI Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW	IDHW - General Medicaid Supplemental	Cost Share	ATR-4	IDHW - ATR-4 Medicaid Supplemental	Cost Share	Service Limits
Individual or Parent Service	n/a	n/a	n/a	H0001	15 min.	Duration	\$12.40	✓	✓	Yes	✓	Yes	1 assessment per treatment episode	20 units for 30 days
Alcohol or Drug Assessment	n/a	n/a	n/a	S0215	1 mile	Unit	\$0.55	✓	✓	No	✓	No	2 additional units will be authorized for assessments performed in an outpatient setting.	120 units to be consistent with Assessment or Interpreter Authorization
Travel for Professionals (1 unit = 1 mile)	n/a	n/a	n/a	90889.GI	Interview	Unit	\$12.40	✓	✓	No	✓	No	Payment will be made for completed GPRA interviews. Interviews must occur at admission, 6 months post admission and at discharge.	1 unit for Intake, 2 units for Follow-up, 1 unit for Discharge
GPRA Interview	n/a	n/a	n/a	90889.GF	Interview	Unit	\$45.00	✓	✓	No	✓	No	No more than 1 hour per interview. Only completed GPRA interviews will be reimbursed.	4 units per interview. Authorizations will start 5/1/2015 or after.
GPRA Interview (Duration)	n/a	n/a	n/a	90889.GD	Interview	Unit	\$12.40	✓	✓	No	✓	No	Interviews must occur at admission, 6 months post admission and at discharge.	408 units for 90 days
Outpatient	Level I	Outpatient (Education)	90848	15 min.	Duration	\$4.14	✓	✓	Yes	✓	✓	Yes	No more than 6 hours of treatment per week for adults and no more than 6 hours of treatment per week for adolescents.	
		CP and IOP (Group)	H0005	15 min.	Duration	\$6.21	✓	✓	Yes	✓	✓	Yes		
		Outpatient (Individual)	H0004	15 min.	Duration	\$12.40	✓	✓	Yes	✓	✓	Yes		
		Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20	✓	✓	Yes	✓	✓	Yes		
		Outpatient (Family)	90846	15 min.	Duration	\$14.20	✓	✓	Yes	✓	✓	Yes		
		Intensive Outpatient (without client/parent)	90848	15 min.	Duration	\$4.14	✓	✓	Yes	✓	✓	Yes		
		Intensive Outpatient (Education)	H0005	15 min.	Duration	\$6.21	✓	✓	Yes	✓	✓	Yes		
		CP and IOP (Group)	H0004	15 min.	Duration	\$12.40	✓	✓	Yes	✓	✓	Yes		
		Intensive Outpatient (Individual)	90847	15 min.	Duration	\$14.20	✓	✓	Yes	✓	✓	Yes		
		Intensive Outpatient (Individual with Family Members)	90846	15 min.	Duration	\$14.20	✓	✓	Yes	✓	✓	Yes		
		Intensive Outpatient (Family without client/parent)	90848	15 min.	Duration	\$4.14	✓	✓	Yes	✓	✓	Yes		
Education (Medicaid Supplemental)	n/a	n/a	n/a	H0018	Day	Unit	\$49.61	✓	✓	Yes	✓	Yes	Consistent with OP/IOF Frequency Units	Consistent with OP/IOF Auth Span Maximums
Adult Halfway House	Level III.1	n/a	n/a	H0043	Day	Unit	\$143.33	✓	✓	Yes	✓	Yes	Once per day (include admit day, do not include discharge day). Client must be engaged in an Outpatient or Intensive Outpatient program.	Consistent with treatment authorization.
Adolescent Transitional	Level III.1	n/a	n/a	H0008	Day	Unit	\$76.40	✓	✓	Yes	✓	Yes	Once per day (include admit day, do not include discharge day). Client must be engaged in an Outpatient or Intensive Outpatient program.	Consistent with treatment authorization.
Adult Social Detox	Level III.2	n/a	n/a	H0017	Day	Unit	\$76.40	✓	✓	Yes	✓	Yes	Once per day (include admit day, do not include discharge day)	5 units for 5 days
Adult Residential *	Level III.5	n/a	n/a	H0017.HA	Day	Unit	\$198.45	✓	✓	Yes	✓	Yes	Once per day (include admit day, do not include discharge day)	14 units for 14 days
Adolescent Residential	Level III.5	n/a	n/a	H0017.HA	Day	Unit	\$198.45	✓	✓	Yes	✓	Yes	Once per day (include admit day, do not include discharge day)	14 units for 14 days

* Residential Treatment for IDHW-Adult Population: is only available for IDHW-Adult clients referred by an IDHW Adult Mental Health referral source.

SUD Rate Matrix - Recovery Support Services (RSS)

IDHW FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 09/15/2015)																			
AUTHORIZED SERVICE			BILLABLE ITEM & RATE				APPLICABLE FUNDING/INSURER TYPES						FREQUENCY						
Individual or Parent Services	ASAMI Level (if applicable)	Child Services (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW	IDHW - General	Cost Share	ATR-4	Medicaid Supplemental	IDHW - ATR-4	Cost Share	PWWC	Medicaid Supplemental	IDHW - PWWC	Cost Share	Service Limits	Auth Span Maximums
Case Management (Basic and Intensive)	n/a	n/a	H0006	15 min.	Duration	\$12.40	✓		No	✓			No	✓			No	Up to 4 hours per week	Compliant with treatment authorization. When in Case Management if client is receiving services after successfully completing treatment, authorization for 204 units for 180 days Consistent with treatment authorization.
Case Management (PWWC)	n/a	n/a	H0006	15 min.	Duration	\$13.23								✓			No	Up to 4 hours per week	When in Case Management if client is receiving services after successfully completing treatment, authorization for 204 units for 180 days Consistent with treatment authorization.
Drug/Alcohol Testing	n/a	n/a	H0003	1 Test	Unit	\$13.50	✓		No	✓			No	✓			No	Up to 2 tests per week	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment.
Adolescent Safe & Sober Housing	n/a	n/a	H0045	Day	Unit	\$75.00			No	✓			No					Once per day (include admit day, do not include discharge day). Client must be engaged with Outpatient or Intensive Outpatient program or Case Management (after completed treatment successfully) provider	Consistent with treatment authorization - 90 day treatment episode maximum. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment.
Adult Safe & Sober Housing	n/a	n/a	H0044	Day	Unit	\$71.50	✓		No	✓			No	✓			No	Once per day (include admit day, do not include discharge day). Client must be engaged with Outpatient or Intensive Outpatient program or Case Management (after completed treatment successfully) provider	Consistent with treatment authorization - 180 day treatment episode maximum. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment.
Transportation	n/a	Transportation Pick Up	T2002	Pick-up & 1st Mile	Unit	\$4.20			No	✓			No	✓			No	Must be documented in care plan	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment. Initial units will be authorized based on request, care plan, and client need. Additional units can be requested.
		Transportation of Client	A0080	1 mile	Unit	\$1.17	✓		No	✓ (*)			No	✓			No		
Transportation of Child	n/a	Transportation of Child Pick Up	T2002.HA	Pick-up & 1st Mile	Unit	\$4.20								✓			No	Must be documented in care plan	Consistent with client's treatment authorization. Consistent with client's Case Management authorization if client is receiving services after client successfully completed treatment in 1-year maximum of continued RSS after successfully completing treatment.
		Transportation of Child Per Mile	A0080.HA	1 mile	Unit	\$1.17								✓			No		Initial units will be authorized based on request, care plan, and client need. Additional units can be requested.
Transportation Flat Fee	n/a	n/a	T2003	\$1.00	Unit	\$1.00	✓		No	✓			No	✓			No	Must be documented in care plan.	TX Provider will inform of total rate for transportation (i.e. bus tickets, air fare, etc). Authorizer units are total dollars billed. Authorization date will cover for day of purchase only. Rates that are not whole dollars will be rounded - \$0.49 and below will be rounded down and \$0.50 and above will be rounded up to the nearest dollar.
Child Care	n/a	n/a	T1009	15 min.	Duration	\$4.04	✓		No	✓			No	✓			No	Must be documented in care plan Authorized units will allow for billing per child in childcare services.	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment.



SUD Rate Matrix - Recovery Support Services (RSS)

IDHW FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 09/15/2016)																		
AUTHORIZED SERVICE		BILLABLE ITEM & RATE					IDHW - ATR-4				IDHW - PWWC		FREQUENCY					
		ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share	Service Limits	Auth-Span Maximums
Life Skills	n/a	Life Skills (Individual)	H2015	15 min.	Duration	\$6.56	✓		No	✓		No	✓		No	Up to 2 hours per week	Consistent with treatment authorization.	
			H2015,HS	15 min.	Duration	\$3.94												Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
			H2015,HS	15 min.	Duration	\$3.94												Consistent with treatment authorization.
Life Skills (Medicaid Supplemental)	n/a	Life Skills-Client not present (Individual)	H2015	15 min.	Duration	\$3.94			No							Up to 2 hours per week	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
			H2015,HS	15 min.	Duration	\$6.56												Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
			H2015,HS	15 min.	Duration	\$3.94												Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
Medical Needs Benefit	n/a	Life Skills-Client not present (Individual)	H2015	15 min.	Duration	\$3.94	✓		No							\$253.00 treatment episode maximum	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
			H2015,HS	15 min.	Duration	\$6.56												Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
			H2015,HS	15 min.	Duration	\$3.94												Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
Staffing (Planned Facilitation)	n/a	n/a	H0022	15 min.	Duration	\$6.21	✓		No	✓		No	✓		Must be documented in care plan	Consistent with treatment authorization.		
			T1013	15 min.	Unit	\$1.00										Must be documented in care plan	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
																	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Lodging	n/a	n/a	S9976	15 min.	Unit	\$1.00	✓		No	✓		No	✓		\$250.00 treatment episode maximum.	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 250 units.		
																	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 250 units.	
																	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 250 units.	
Recovery Coaching	n/a	n/a	H0038	15 min.	Duration	\$10.00			No	✓		No	✓		Up to 192 units for 6 months for individual sessions.	Consistent with treatment authorization for a total of 192 units for 6 months.		
																	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 192 units for 6 months.	
																	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 192 units for 6 months.	
Aftercare (Group) (previously built in WTS for IDHW)	n/a	n/a	H0047	15 min.	Duration	\$5.91	✓		No	✓		No	✓		Must be documented in care plan	Consistent with treatment authorization.		
																	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
																		Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.



SUD Rate Matrix - Recovery Support Services (RSS)

IDHW FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 09/15/2015)																	
AUTHORIZED SERVICE			BILLABLE ITEM & RATE				APPLICABLE FUNDING/INSURER TYPES					FREQUENCY					
Individual or Parent Service	ASSM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW	IDHW - General Medicaid Supplemental	Cost Share	ATR-4	IDHW - ATR-4 Medicaid Supplemental	Cost Share	PWWC	IDHW - PWWC Medicaid Supplemental	Cost Share	Service Limits	FREQUENCY
Em./Temp. Housing (needs built in WITS for IDHW)	n/a	n/a	H0044.ET	Day	Unit	\$25.00	✓	✓	No	✓	✓	No	✓	✓	No	Must be documented in care plan	Consistent with treatment authorization.
Prenatal Care (needs built in WITS for IDHW)	n/a	n/a	H1000	15 min.	Duration	Case by Case							✓	✓	No	Must be documented in care plan	Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.

* ATR Funded Clients: Transportation authorizations placed to allow client to get to their assessment can only be authorized to the treatment provider and not a stand alone RSS provider.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

ROSS EDMUNDS – Administrator
DIVISION OF BEHAVIORAL HEALTH
450 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6997

DATE: September 17, 2015

TO: BPA Treatment Provider Network

FROM: Rosie Andueza, SUD Operations Program Manager
Idaho Department of Health and Welfare

SUBJECT: Residential Treatment for IDHW-Adult Population

Due to an increase of spending in the IDHW-Adult Population, IDHW is temporarily discontinuing funding for Residential Treatment for this population. IDHW will continue to monitor the budget to determine if other steps are necessary to remain within the amount of funding available. Additional communication will be sent out if any other changes are forthcoming.

Clients who have already been approved for Residential Treatment services through the IDHW-Adult Population will continue with their approved course of treatment. Any necessary reauthorizations to remain in Residential Treatment will be processed as usual to ensure continuity of care for the completion of the assessed level of care.

Clients who are eligible for Residential Treatment through other IDHW populations will not be affected by this change. Additionally, those clients that are referred into treatment directly from a DHW Adult Mental Health Provider will continue to be eligible for Residential Treatment services.

If you have any questions about specific cases, please contact Business Psychology Associates (BPA) at (800) 922-3406 or (208) 947-4393.



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450 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6997

DATE: September 22, 2015
TO: Business Psychology Associates Provider Network
FROM: Division of Behavioral Health
RE: Standards Published to eManual

Thank you to those who reviewed and provided feedback on the proposed Phase II Special Populations and Phase I Integrated Care, Treatment, and Services Standards during the public comment periods. Revisions were made to the standards based on the feedback received, and Idaho's Behavioral Health Standards eManual has been updated to include the following Standards:

Special Populations:

Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ); Tribes; Adults; Vulnerable Youth; and Older Adults

Integrated Care, Treatment, and Services:

Respite Care, Community Based Rehabilitation Services (CBRS)

The current version of the Standards eManual can be accessed at the following web locations:

<http://www.healthandwelfare.idaho.gov/Medical/MentalHealth/tabid/103/Default.aspx>

<http://www.healthandwelfare.idaho.gov/Medical/SubstanceUseDisorders/tabid/105/Default.aspx>

To access the standards, scroll down to the banner labeled "Current Status of Behavioral Health Standards" and click on the link provided. *If your browser is not accessing the most current version of the eManual which includes the addition of the TBH Standards, clear your internet browsing history and try again.*

Questions may be submitted to BHSurvey@dhw.idaho.gov.



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DIVISION OF BEHAVIORAL HEALTH
450 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6997

Date: September 28, 2015

To: SUD Provider Network

From: DHW, IDOC, IDJC, ISC

Re: Criminal Background Check Compliance

IDAPA rule 16.07.17.009 defines the criminal background check requirements for substance use disorder services providers. The rule states that:

- Any individual bound by these rules is “available to work on a provisional basis at the discretion of the employer or agency once the individual has submitted his criminal history and background check application, it has been signed and notarized, reviewed by the employer or agency and no disqualifying crimes or relevant records are disclosed on the application. An individual must be fingerprinted within twenty-one (21) days of submitting his criminal history and background check application.” If the individual is required to apply for a waiver due to disqualifying crimes, they cannot provide services until the waiver is granted.
- An individual is allowed to work or have access to clients only under supervision until the history and background check is completed.
- An individual who does not receive a criminal history and background check clearance or a waiver granted under the provisions in this chapter, may not provide direct care or services, or serve in a position that requires regular contact with clients in an alcohol and substance use disorders treatment and recovery support services program.

The Department of Health and Welfare’s Division of Behavioral Health has implemented a new process in which the Criminal History Unit notifies the Division of Behavioral Health when an individual has provided services prior to clearance or waiver granted. Providing services prior to submission of the criminal history and background check application is in violation of this rule and may be subject to claim recoupment.

Compliance with these rules is critical in protecting the health and safety of our customers. If you have questions regarding the Criminal Background Check process or results, please contact the Criminal History Unit at crimhist@dhw.idaho.gov or by calling 1-800-340-1246.



DATE: October 5, 2015
TO: SUD Provider Network
FROM: BPA Provider Network Management
SUBJECT: Juveniles Turning 18 in Treatment

Per the IDAPA rule cited below, when an adolescent reaches the age of 18 and is engaged in outpatient treatment, the provider is required to submit documents to BPA:

16.07.20.452. **3. Continued Care of an Eighteen-Year-Old Adolescent.** An adolescent in a state-approved outpatient or intensive outpatient treatment program who reaches the age of eighteen (18) years may remain in the program in continued care for up to ninety (90) days after his eighteenth birthday, or, until the close of the current school year for an individual attending school. Prior to accepting an individual into continued care, the following are required to be presented to the Department's MSC:

- a. A signed voluntary agreement to remain in the program or a copy of a court order authorizing continued placement after the individual's eighteenth birthday.
- b. A written assessment to assure that an individual in continued care does not jeopardize the health, safety, and well-being of other children and adolescents in the program
- c. Written documentation verifying the individual in continued care was in the care of the program prior to his eighteenth birthday.
- d. Written documentation verifying the individual needs to remain in continued care in order to complete treatment, education, or other similar needs.

Please submit the documents to ProviderRelations@bpahealth.com. If you have any questions, please contact your Regional Coordinator below:

Region 1

Nancy Irvin, LMSW & ACADC
nancyi@bpahealth.com
208 964-4868

Region 2

Dean Allen, LCPC
dean.allen@bpahealth.com
208-305-4439

Region 3 & 4

LaDessa Foster, LCPC, MAC, NCC
ladessa.foster@bpahealth.com
208-284-4511

Region 5

Sharon Burke
sharon.burke@bpahealth.com
208-841-4944

Region 6 & 7

Doug Hulett, LPC, ACADC
doug.hulett@bpahealth.com
208-921-8923

Address:

380 E. Parkcenter Blvd., Suite 300
Boise, ID 83706



Date: October 12, 2015
To: SUD Provider Network
From: Business Psychology Associates
RE: Substance Abuse Treatment for Persons with Co-Occurring Disorders Training

Business Psychology Associates is offering a training on *Substance Abuse Treatment for Persons with Co-Occurring Disorders* on November 12, 2015. We will be reviewing some of the mental health disorders commonly seen in substance abuse treatment facilities, the Substance Abuse Mental Health Services Administration's (SAMHSA) Treatment Improvement Protocol (TIP), and the DSM 5. **Participants are encouraged to bring a copy of TIP 42 to the training. The TIP is free and can be ordered from SAMHSA or RADAR.**

Information on the training:

Date: November 12, 2015
Time: 9:00 am – 4:00 pm
Location: Region 2
Idaho Department of Health & Welfare
1350 Troy Highway, Ste. 2
Moscow, ID 83843

Please submit the attached registration form by **5:00 pm, Thursday, November 5, 2015** to Provider Network Management via fax or email:

- Fax: (208) 344-7430 - Attention: Michelle Barker or
- Email: michelle.barker@bpahealth.com

BPA will accept registrations only for individuals currently working for agencies contracted in the SUD Funded Provider Network.

PC-180-10/12/2015



Co-Occurring Training
Registration Form
Due by November 5, 2015

Training Date: November 12, 2015

Location – Region 2
Idaho Department of Health & Welfare
1350 Troy Highway, Ste. 2
Moscow, ID

Time: 9:00 am – 4:00 pm

****Please fill out a registration form for each participant****

Name: _____

Organization: _____

Address: _____

Phone Number: _____

Email: _____

Please notify us of any special needs you may have (dietary restrictions, large print for training materials etc.): _____

Registration is limited to 30 participants. BPA will accept registrations only for those individuals currently working for agencies contracted in the SUD Funded Provider Network. Agencies in the application process may request consideration for attendance contingent on space available.

Please complete the registration information by **5:00 pm, Thursday, November 5, 2015** and fax or email back to:

Provider Network Management

- Fax: (208) 344-7430 - Attention: Michelle Barker **or**
- Email: michelle.barker@bpahealth.com

Confirmation of attendance will be confirmed by BPA via email. Please plan to bring the confirmation information to the training.