

- iii. To the best of his knowledge and belief, the participant appeared mentally competent and knowingly and voluntarily consented to the sterilization. (3-30-07)
- f. The physician performing the sterilization must certify by signing the “Consent Form” that: (3-30-07)
 - i. At least thirty (30) days have passed between the participant's signature on that form and the date the sterilization was performed; and (3-30-07)
 - ii. To the best of the physician's knowledge the participant is at least twenty-one (21) years of age; and (3-30-07)
 - iii. Before the performance of the sterilization the physician advised the participant that no federal benefits will be withdrawn because of the decision to be or not to be sterilized; and (3-30-07)
 - iv. The physician explained orally the requirement for informed consent as set forth in the “Consent Form”; and (3-30-07)
 - v. To the best of his knowledge and belief the participant to be sterilized appeared mentally competent and knowingly and voluntarily consented to the sterilization. (3-30-07)
- g. If an interpreter is provided, he must certify by signing the “Consent Form” that: (3-30-07)
 - i. He accurately translated the information and advice presented orally to the participant; and (3-30-07)
 - ii. He read the “Consent Form” and accurately explained its contents; and (3-30-07)
 - iii. To the best of his knowledge and belief, the participant understood the interpreter. (3-30-07)
- h. The person obtaining consent must sign the “Consent Form” and certify that he or she has fulfilled specific requirements in obtaining the participant's consent. (3-30-07)
- i. The physician who performs the sterilization must sign the “Consent Form” HW 0034, certifying that the requirements of Section 683 of this chapter of rules have been fulfilled. (3-30-07)

684. (RESERVED).

685. FAMILY PLANNING SERVICES: PROVIDER REIMBURSEMENT.

Payment to providers of family planning services for contraceptive supplies is limited to estimated acquisition cost. (3-30-07)

686. -- 689. (RESERVED).

SUB AREA: SUBSTANCE ABUSE TREATMENT SERVICES
(Sections 690 Through 699)

690. SUBSTANCE ABUSE TREATMENT SERVICES: DEFINITIONS.

The following definitions apply to Sections 690 through 696 of these rules. (5-8-09)

01. Assessment Services. Assessment services include annual assessment, interviewing, and treatment plan building. (5-8-09)

02. Case Management Services. Case management services consist of the following: (5-8-09)

a. Finding, arranging, and assisting the participant to gain access to and maintain appropriate services, supports, and community resources. (5-8-09)

b. Monitoring participant's progress to verify that services are received and are satisfactory to the participant, ascertaining that services meet the participant's needs, documenting progress and any revisions in services needed, and making alternative arrangements if services become unavailable to the participant. (5-8-09)

c. Planning services with the participant that include both community reintegration planning and exit planning. (5-8-09)

03. Drug Testing. A urinalysis test used to detect the presence of alcohol or drugs. (5-8-09)

04. Family Therapy. Service provided jointly to a participant and the participant's family. The desired outcome is the elimination or reduction of alcohol and drug use and arresting, reversing, or retarding of problems associated with alcohol or drug abuse, or both. Family therapy sessions are for the exclusive benefit of the participant. (5-8-09)

05. Group Counseling. Service provided to participants in a peer group setting. The desired outcome is the elimination or reduction of alcohol and drug use and arresting, reversing, or retarding of problems associated with alcohol or drug abuse, or both. (5-8-09)

06. Individual Counseling. Service provided to a participant in a one-on-one setting with one (1) participant and one (1) counselor. The desired outcome is the elimination or reduction of alcohol and drug use and arresting, reversing, or retarding of problems associated with alcohol or drug abuse, or both. (5-8-09)

07. Qualified Substance Abuse Treatment Professional. A person who has one thousand forty (1,040) hours of supervised experience providing substance abuse treatment and meets one (1) of the criteria listed in Subsection 690.07.a. through 690.07.g. of this rule. (5-8-09)

a. Alcohol and drug counselor certified by the Idaho Board of Alcohol/Drug Counselor's Certification, Inc. (CADC or Advanced CADC); (5-8-09)

b. Licensed professional counselor or licensed clinical professional counselor; (5-8-09)

c. Licensed physician; (5-8-09)

d. Licensed psychologist; (5-8-09)

e. Mid-level practitioner including licensed physician assistant, nurse practitioner or clinical nurse specialist; (5-8-09)

f. Licensed clinical social worker or licensed master social worker; (5-8-09)

g. Licensed marriage and family therapist; or (5-8-09)

h. Qualified substance abuse treatment professional. (5-8-09)

08. Unit. An increment of fifteen (15) minutes of time. (5-8-09)

691. SUBSTANCE ABUSE TREATMENT SERVICES: PARTICIPANT ELIGIBILITY.
Each participant must meet the intake eligibility screening criteria described in IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services." (5-8-09)

692. SUBSTANCE ABUSE TREATMENT SERVICES: COVERAGE AND LIMITATIONS.

01. Included Services. The services listed in Subsections 692.01.a. through 692.01.f. of this rule are covered including any limitation on the service for substance abuse treatment. (5-8-09)

- a.** Assessment services are limited to thirty-two (32) units annually. Each assessment is valid for six (6) months and must meet the requirements in IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services." (5-8-09)
- b.** Case management services are limited to two hundred and twenty (220) units annually and must not exceed sixteen (16) units per week. Case management services for substance abuse treatment are not covered when the participant is enrolled in any service coordination services described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." Case management is only provided on an outpatient basis to participants who are at risk of being institutionalized. (5-8-09)
- c.** Drug testing is limited to three (3) tests per week. (5-8-09)
- d.** Family therapy services are limited to eight (8) units per week. (5-8-09)
- e.** Group counseling services are limited to forty-eight (48) units per week. (5-8-09)
- f.** Individual counseling services are limited to forty-eight (48) units per week. (5-8-09)
- 02. Lifetime Cap.** Substance abuse treatment services provided under this chapter of rules are limited to a lifetime cap of five (5) years. The five-year period begins on the date of the initial assessment, regardless of the source of payment for that assessment. This lifetime cap applies only to participants twenty-two (22) years of age or older. (5-8-09)
- 03. Excluded Services.** Services specifically excluded are described in IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services," residential services, and life skills training services. (5-8-09)

693. SUBSTANCE ABUSE TREATMENT SERVICES: PROCEDURAL REQUIREMENTS.

- 01. Assessment.** Each participant must receive a biopsychosocial assessment of the participant's alcohol or substance abuse treatment needs. This assessment must meet the requirements in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs," and IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services," and utilize a Department approved standardized assessment tool. (5-8-09)
- 02. Treatment Plan.** The assessment must be used to develop an individualized treatment plan for each participant. The development and content of the treatment plan must meet the requirements in IDAPA 16.06.03 "Alcohol/Drug Abuse Prevention and Treatment Programs," and IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services." (5-8-09)
- 03. Treatment Services.** Substance abuse treatment services necessary to meet participant needs must be identified in the individualized treatment plan. The treatment services must meet the requirements in IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services." (5-8-09)
- 04. Records.** Each treatment provider must maintain a written record for each participant. The record must meet the standards required for client records in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs." (5-8-09)
- 05. Prior Authorization.** Substance abuse treatment services must be prior authorized by the Department or its designee as required in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs." (5-8-09)
- 06. Healthy Connections Referral.** A referral from the participant's Healthy Connections provider is required for substance abuse treatment services when the participant is enrolled in Healthy Connections. (5-8-09)

694. SUBSTANCE ABUSE TREATMENT SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.

- 01. Provider Network.** Each provider of substance abuse treatment services must maintain a network

of approved programs and treatment facilities that meet the requirements in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs." (5-8-09)

02. Certificate of Approval for Programs and Facilities. Each program and facility providing substance abuse treatment services must meet the applicable approval and certification requirements described in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs." An agency must have a certificate of approval issued by the Department prior to staff providing substance abuse treatment services. (5-8-09)

03. Criminal History Check. Agency staff providing services to participants must have a criminal history check as provided in Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks." (5-8-09)

04. Assessment. Assessment must be conducted by a qualified substance abuse treatment professional who is certified to administer the standardized assessment tool being used. (5-8-09)

05. Therapy and Counseling Services. Therapy and counseling services must be provided by a qualified substance abuse treatment professional. (5-8-09)

06. Case Management. Case management services must be provided by a qualified substance abuse treatment professional. (5-8-09)

695. SUBSTANCE ABUSE TREATMENT SERVICES: PROVIDER REIMBURSEMENT. Each covered substance abuse treatment service, except drug testing, is reimbursed by units. Each unit is equal to fifteen (15) minutes of service provided. (5-8-09)

696. SUBSTANCE ABUSE TREATMENT SERVICES: QUALITY ASSURANCE.

01. Quality Assurance. Alcohol and drug programs are subject to the quality assurance provisions described in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs." (5-8-09)

02. Department Performance Measurements. The Department will establish performance measurements to evaluate the effectiveness of substance abuse treatment services. The measurements will be reviewed at least annually and adjusted as necessary to provide effective outcomes and quality services. (5-8-09)

697. -- 699. (RESERVED).

SUB AREA: MENTAL HEALTH SERVICES
(Sections 700 -- 719)

700. (RESERVED).

701. INPATIENT PSYCHIATRIC HOSPITAL SERVICES: PARTICIPANT ELIGIBILITY. Participants must have a DSM IV diagnosis with substantial impairment in thought, mood, perception or behavior. (3-30-07)

01. Medical Necessity Criteria. Both severity of illness and intensity of services criteria must be met for admission to an IMD or psychiatric unit of a general hospital. (3-30-07)

a. Severity of illness criteria. The child must meet one (1) of the following criteria related to the severity of his psychiatric illness: (3-30-07)

i. Is currently dangerous to self as indicated by at least one (1) of the following: (3-30-07)

(1) Has actually made an attempt to take his own life in the last seventy-two (72) hours (details of the attempt must be documented); or (3-30-07)