



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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Date: November 7, 2014
To: SUD Providers in IDHW Network
From: Idaho Department of Health and Welfare, Division of Behavioral Health
Subject: ATR-4 Implementation

As previously communicated to providers in September 2014, the Idaho Department of Health and Welfare announced that Idaho was selected as one of five states to receive an Access to Recovery 4 Grant.

The \$7,866,666 in grant funding for treatment will serve the following populations over a three year period:

- Veterans with SUD who have committed a crime and are on supervised probation
- Child Welfare families, specifically parents with SUD and involvement in Child Welfare Court
- Individuals experiencing homelessness, both unsheltered and sheltered

IDHW and BPA are working to open two of the ATR-4 populations, Supervised Veterans and Court involved Child Welfare families, in December 2014. The ATR-4 population for individuals experiencing homelessness will open in January 2015. See attached updated rate matrix for allowable services for the ATR-4 populations.

The ATR-4 Populations could be referred to treatment by the following:

- Supervised Veterans – Veteran Court Coordinator or a Misdemeanant Probation Officer refer clients using the Funding Profile Form
- Child Welfare – CPS Liaisons or a Child Protection Drug Court Coordinator refer clients using the Funding Profile Form
- Homeless – Community-based service provider refers clients for phone screening

As the ATR-4 implementation moves forward IDHW and BPA will send provider updates with the following information:

- Contract Addendums: BPA will distribute contract addendums to all providers in the IDHW network allowing providers to opt-in to the ATR-4 network.
- Training Opportunities: BPA will distribute provider communications outlining training opportunities from both BPA and the WITS Helpdesk.
- Technical Assistance Opportunities: BPA will distribute provider communications with scheduled ATR webinars offering technical assistance including Q&A on ATR-4.

If you have any questions about ATR-4 implementation, please contact your Regional Coordinator below:

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SUD Rate Matrix - Treatment Services

IDHW FY15 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 9/30/2014)																	
AUTHORIZED SERVICE		BILLABLE ITEM & RATE					APPLICABLE FUNDING/INSURER TYPES									FREQUENCY	
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General			IDHW - ATR-4			IDHW - PWWC			Service Limits	Auth Span Maximums
							IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share		
Alcohol or Drug Assessment	n/a	n/a	H0001	15 min.	Duration	\$12.40	✓	✓ (State Hospital Only)	Yes	✓		Yes	✓		Yes	1 assessment per treatment episode	20 units for 30 days 2 additional units will be authorized for assessments performed in an institution
Travel for Professionals (1 unit = 1 mile)	n/a	n/a	S0215	1 mile	Unit	\$0.55	✓	✓	No	✓		No	✓	✓	No	Must be documented in Care Plan.	120 units to be Consistent with Assessment or Interpreter Authorization
GPRA Interview	n/a	Intake Interview	90889.GI	Interview	Unit	\$12.40				✓						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
		6 month follow-up interview	90889.GF	Interview	Unit	\$45.00				✓		No					
		Discharge interview	90889.GD	Interview	Unit	\$12.40											
Outpatient	Level I	Outpatient (Education)	S9448	15 min.	Duration	\$4.14										No more than 8 hours of treatment per week for adults and no more than 6 hours of treatment per week for adolescents.	408 units for 90 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21											
		Outpatient (Individual)	H0004	15 min.	Duration	\$12.40	✓		Yes	✓		Yes	✓		Yes		
		Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20											
Intensive Outpatient	Level II.1	Intensive Outpatient (Education)	S9448	15 min.	Duration	\$4.14										A minimum of 9 hours of treatment per week for adults and 6 hours of treatment per week for adolescents.	648 units for 60 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21											
		Intensive Outpatient (Individual)	H0004	15 min.	Duration	\$12.40	✓		Yes	✓		Yes	✓		Yes		
		Intensive Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20											
Education (Medicaid Supplemental)	n/a	n/a	S9448	15 min.	Duration	\$4.14		✓	Yes					✓	Yes	Consistent with OP/IOP Frequency Limits	Consistent with OP/IOP Auth Span Maximums
Adult Halfway House	Level III.1	n/a	H0018	Day	Unit	\$49.61	✓	✓	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	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.
Adult Social Detox	Level III.2	n/a	H0008	Day	Unit	\$176.40	✓	✓	Yes	✓		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	H0017	Day	Unit	\$176.40	✓	✓	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	H0017.HA	Day	Unit	\$198.45	✓	✓	Yes				✓	✓	Yes	Once per day (include admit day, do not include discharge day)	14 units for 14 days



SUD Rate Matrix - Recovery Support Services (RSS)

IDHW FY15 SUD RECOVERY SUPPORT SERVICES MATRIX (Effective 9/30/2014)																	
AUTHORIZED SERVICE		BILLABLE ITEM & RATE					APPLICABLE FUNDING/INSURER TYPES									FREQUENCY	
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General			IDHW - ATR-4			IDHW - PWWC			Service Limits	Auth Span Maximums
							IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share		
Case Management (Basic and Intensive)	n/a	n/a	H0006	15 min.	Duration	\$12.40	✓		No	✓		No				Up to 4 hours per week	Consistent with treatment authorization. When in Case Management if client is receiving services after successfully completing treatment, authorization for 204 units for 180 days
Case Management (PWWC)	n/a	n/a	H0006	15 min.	Duration	\$13.23							✓		No	Up to 4 hours per week	Consistent with treatment authorization. When in Case Management if client is receiving services after successfully completing treatment, authorization for 204 units for 180 days
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				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	\$11.50	✓	✓	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 Transportation of Client	T2002 A0080	Pick-up & 1st Mile 1 mile	Unit Unit	\$4.20 \$1.17	✓	✓	No	✓		No	✓	✓	No	Must be documented in care plan	Initial authorization span will be consistent with treatment authorization. Or consistent with Case Management authorization if client is receiving
Child Care	n/a	n/a	T1009	15 min.	Duration	\$4.04	✓		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.
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. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment.
		Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94											
		Life Skills-Client not present (Individual)	H2015.HS	15 min.	Duration	\$6.56											
		Life Skills-Client not present (Group)	HQ2015.HS	15 min.	Duration	\$3.94											
Life Skills (Medicaid Supplemental)	n/a	Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94	✓		No					✓	No	Up to 2 hours 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.
		Life Skills-Client not present (Individual)	H2015.HS	15 min.	Duration	\$6.56											
		Life Skills-Client not present (Group)	HQ2015.HS	15 min.	Duration	\$3.94											
Medical Needs Benefit	n/a	n/a	H2016	\$1.00	Unit	\$1.00	✓ (CP/ SUD Only)	✓ (CP/ SUD Only)	No					✓	✓	No	\$263.00 treatment episode maximum Consistent with treatment authorization or 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 263 units



SUD Rate Matrix - Recovery Support Services (RSS)

IDHW FY15 SUD RECOVERY SUPPORT SERVICES MATRIX (Effective 9/30/2014)

AUTHORIZED SERVICE		BILLABLE ITEM & RATE					APPLICABLE FUNDING/INSURER TYPES									FREQUENCY	
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General			IDHW - ATR-4			IDHW - PWWC			Service Limits	Auth Span Maximums
							IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share		
Staffing (Planned Facilitation)	n/a	n/a	H0022	15 min.	Duration	\$6.21	✓	✓	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.
Interpreter Services	n/a	n/a	T1013	\$1.00	Duration	\$1.00	✓		No	✓		No	✓		No	Must be documented in care plan	Tx Provider will inform of hourly rate & needed hours. Authorized units will be the total dollars to be billed. If travel is needed, authorize "Travel for Professionals". Time frame consistent with treatment authorization. Time frame consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment.
Aftercare (Group) <i>(needs built in WITS for IDHW)</i>	n/a	n/a	H0047	15 min	Duration	\$5.91	✓	✓	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.
Em. / Temp. Housing <i>(needs built in WITS for IDHW)</i>	n/a	n/a	H0044.ET	Day	Unit	\$25.00	✓	✓	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.
Lodging <i>(needs built in WITS for IDHW)</i>	n/a	n/a	H0047	Billed unit	Unit	Billed Amount	✓	✓	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.
Prenatal Care <i>(needs built in WITS for IDHW)</i>	n/a	n/a	H1000	15 min.	Duration	Case by Case							✓	✓	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.