



# YES Services Providers Manual

April 7, 2020



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**  
DIVISION OF BEHAVIORAL HEALTH

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## Introduction

Youth Empowerment Services (YES) is the mental health system of care in Idaho for youth with serious emotional disturbance (SED) — a term used to identify youth under the age of 18 who have both a mental health diagnosis and a functional impairment. Through YES, youth with SED are able to obtain services within the YES Service array. The Idaho Department of Health and Welfare's Division of Behavioral Health (DBH) ensures that youth not eligible for Medicaid have access to the same services as YES Medicaid members. DBH serves these families, providing access to services through regional contracts with community providers. This service array matches that of YES Medicaid.

### *Purpose of the DBH YES Provider Manual*

This manual was developed for community providers who have signed a contract or letter of notation to provide YES services to families. This manual is an extension of the provider contract and letter of notation and includes information about the DBH eligibility and service planning processes, vouchers and authorization of services, service descriptions, and provider billing and payment. Together, the provider contract or letter of notation and this manual outline the requirements and procedures applicable to participating providers in the DBH YES program.

## Youth Empowerment Services System of Care

The Youth Empowerment Services (YES) system of care refers to the entirety of the mental health support resources for children and adolescents who have been determined to have Serious Emotional Disturbance (SED). The YES system of care requires provider adherence to the YES Practice Model and the YES Principles of Care for all children and adolescents they serve. All children's mental health services are part of the YES system of care. More information about YES can be found at [yes.idaho.gov](https://yes.idaho.gov). More information about the practice model and the principles of care can be found in the Practice Manual at:

[https://yes.idaho.gov/wp-content/uploads/2021/04/YESPracticeManual\\_Final\\_V2.pdf](https://yes.idaho.gov/wp-content/uploads/2021/04/YESPracticeManual_Final_V2.pdf).

### *YES Practice Model*

The YES Practice Model describes the expected experience of care in the six practice components provided to youth served by Idaho's children's mental health system. The six components are:

1. Engagement — Getting youth and their families actively involved in the creation and implementation of their coordinated care plan
2. Assessment--Gathering and evaluating information to create a coordinated care plan
3. Care Planning & Implementation--Identifying and providing appropriate services and supports in a coordinated care plan
4. Teaming--Collaborating with youth, their families, providers, and community partners to create a coordinated care plan
5. Monitoring & Adapting--Evaluating and updating the services and supports in the coordinated care plan
6. Transition--Altering levels of care and support in the coordinated care plan

### *YES Principles of Care*

The YES Principles of Care are eleven values that are applied in all areas of mental health treatment planning, implementation and evaluation. They are intended to guide child-serving agencies in the delivery and management of mental health services and supports for youth in Idaho.

The 11 principles are:

1. Family-Centered--Emphasizes each family's strengths and resources
2. Family and Youth Voice and Choice--Prioritizes the preferences of youth and their families in all stages of care
3. Strengths-Based--Identifies and builds on strengths to improve functioning
4. Individualized Care--Customizes care specifically for each youth and family
5. Team-Based--Brings families together with professionals and others to create a coordinated care plan

6. Community-Based Service Array--Provides local services to help families reach the goals identified in their coordinated care plan
7. Collaboration--Partners families, informal supports, providers, and agencies together to meet identified goals
8. Unconditional--Commits to achieving the goals of the coordinated care plan
9. Culturally Competent--Considers the family's unique cultural needs and preferences
10. Early Identification and Intervention--Assesses mental health and provides access to services and supports
11. Outcome-Based--Contains measurable goals to assess change

## CANS

The Child and Adolescent Needs and Strengths (CANS) is an imperative aspect of providing behavioral health services in this program. Consistent with the Medicaid YES Service Pathway, families will be encouraged to receive both a CANS and Comprehensive Diagnostic Assessment (CDA) from the independent assessor. However, differing from the Medicaid Pathway, the Division of Behavioral Health (DBH) may administer both the CANS and CDA in the event the family refuses to receive them from Liberty Healthcare.

For both continuity of care and efficacy of process the objective remains for each youth to have one CANS path moving forward. This makes the effort of requesting and consenting to the CANS essential for both the provider and family.

### *Requesting an Initial CANS*

The initial CANS is completed by either the independent assessor or DBH. The treating provider should complete a Request of Information for the CANS to be consented. The provider will review both the CDA and CANS with the youth and their family and adjust them according to any new details they provide.

**Note:** Neither an initial CANS nor CDA need to be completed with the youth by the Community Partner unless deemed clinically appropriate. As new information is shared by the youth, specific items or domains may need to be re-addressed for accuracy. This may be done through a CANS update as described below.

### *Updating the CANS*

Providers complete an update to the CANS at a minimum of every 90 days. DBH or other service providers may request these updates to either a Service Plan from DBH or a Treatment Plan completed by other providers. Guidelines for these updates should meet the standards outlined in the [ICANS eManual](#).

When completing a CANS update with the youth (either to meet the 90-day requirement or because new information has been revealed) not every item is required to be covered. For example, if a provider has focused on one or two actionable needs with the youth and improvement occurs, it is appropriate to only update these items and carry over the previous scores. If peripheral items need to be updated as a result of conversation, this may occur without the specific item being discussed. The CANS is a conversation, not a line-by-line assessment as treatment providers may have completed in the past. Items may be covered contextually or indirectly as long as there is consensus among the youth, family and provider once an item has been rated or the CANS has been completed.

### *Requesting New Services*

If at any point during treatment the clinician identifies a need for new services, the clinician should contact the youth's Children's Mental Health (CMH) clinician. Services are not covered through this program if they are not on a Service Plan completed by DBH, and have a coinciding DBH voucher given to the provider.

When a new service is recommended, the CMH clinician may request the family and provider participate on a Residential Review Team. This participation allows for a child and family team discussion around the clinical appropriateness of a service, and is intended to be collaborative and informational in order to ensure the most effective, least invasive treatment is recommended.

## ***ICANS eManual***

Providers should refer to the ICANS eManual or reach out to the ICANS help desk for technical questions or assistance related to any of the topics covered above.

The ICANS eManual is available here:

<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=3755&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>.

ICANS Helpdesk: (208) 332-7316, Toll-Free: (844) 7267493,  
[icanshelpdesk@dhw.idaho.gov](mailto:icanshelpdesk@dhw.idaho.gov).

## Service Plan

The Service Plan is the gate for a family to access specific services. Completed by the Division of Behavioral Health (DBH), the Service Plan is a broad form of the treatment plan that calls out the specific services the family and physician/clinician agree upon. Each service included in the family's Service Plan will be described in a voucher. A provider will not receive payment for a service that is not included in a voucher, and a service will not be included on a voucher unless it is on the family's Service Plan.

### *Service Plan Development*

The clinician will review the Child and Adolescent Needs and Strengths (CANS) and Comprehensive Diagnostic Assessment (CDA) with the family. These tools will be used to identify specific areas the youth and family wish to address services the youth and family wish to deploy to meet these needs. Clinically appropriate services within the YES service array identified by the child/youth family and clinician are added to the Services Plan. DBH provides the family with a copy of the Service Plan and a voucher to bring to the provider, both of which may be provided electronically upon request. The provider is responsible for the completion of an actual treatment plan with the family as they progress through treatment.

### *Updating the Service Plan*

The CMH Clinician completes an update to the Service Plan with the family every **120 days** regardless of treatment interactions. These updates are completed to ensure clinical appropriateness of services and to change requested services as needed.

When a provider and family identify a new service, the family returns to the CMH clinician for an update to the Service plan. Depending on the service, the family and provider may be invited to participate on a Residential Review Team to determine the clinical appropriateness of the service. The provider will not receive payment for a service not included on the Service Plan, and absent from a voucher.

## Vouchers

### *Initial Voucher*

Vouchers are generated by the Division of Behavioral Health (DBH) Children's Mental Health Clinical Staff. Contracted YES Service providers receive signed vouchers for services prior to or at the time of youth's enrollment in the provider's agency. Vouchers identify services listed on the child or youth's DBH Service Plan. Vouchers contain a voucher number, resource name and address (provider name and address), identifying information, list of services available to be rendered, total dollar amount not to be exceeded for services, and effective date range. Vouchers are valid for no more than 120 days and require an authorized signature and date.

### *Additional Vouchers*

Providers refer the family back to DBH if additional service needs are identified beyond those authorized in the voucher. The family must request from DBH any additional services and the contractor provides necessary documentation when requested by DBH. Any additional services will only be authorized through a DBH voucher.

## Provider Billing and Invoicing

The Division of Behavioral Health (DBH) is the intercessory for all service liability, thus holding all immediate service liability accrued by families. This step simultaneously builds in additional assistance for families accessing services and ensures providers are protected from loss as well.

### *Order of Billing*

The family's primary insurance is always the first party billed by the provider. Once the cost of service covered by insurance is identified or paid, the provider bills DBH, who processes and renders payment within 30 business days of receipt. The family should not be directly billed by the provider for any of the services accessed via the voucher described in the [Vouchers](#) section.

### *Frequency of Billing and Contents of Invoice*

The provider bills DBH on a monthly basis for services rendered. The invoice should be posted no later than ten business days into the proceeding month, and be sent directly to DBH Central Office at:

Division of Behavioral Health  
450 W. State St.  
3rd Floor  
Boise, ID 83702

To guarantee on-time and full payment, the invoice must be submitted by the provider prior to six months after the date the service was rendered. The provider invoices on a client basis using the form represented in the [appendix of this document](#). Every invoice contains:

- Name and Date of Birth of the youth
- Invoice Number, using the following naming convention
  - YYYY-MM-PROVIDERNAMER-FI-LI-INVOICENUMBER
- Itemized Breakdown of service provision
  - Date of service
  - Unit provided
  - Balance per service
  - Primary Insurance Coverage
  - Monthly Balance

## ***Division of Behavioral Health Payment***

DBH renders payment for service provided. The payment is rendered within 30 days of receipt of invoice. DBH is only liable for payment of services included on the official DBH voucher. A provider may render services outside of this voucher, but a payment agreement must then be established with family separate from this program.

## ***Billing and Invoicing Questions and Complaints***

Billing concerns may be addressed directly with DBH. The Division works internally with the Department's Business Unit to ensure accurate payment is received by the provider in a timely fashion.

If specific billing concerns arise, they may be directed by email or phone to:

- Contact Email
- Contact Phone

These questions or complaints will be resolved within 30 days of initiation. Proof of payment may be requested from either DBH or the provider to help inform the resolution.

## Complaints and Appeals

When a youth or family member is dissatisfied with any part of their care within the YES system, they may file a complaint. When an individual receives a Notice of Decision in the mail and they are unhappy with the decision, they may file an appeal. The appeal must be sent in writing within 28 days of the date on the Notice of Decision. To learn more about complaints and appeals, refer to the [YES Practice Manual](#).

### Complaints Process

The Youth and/or their family may file a complaint through the mail, by phone, email, or in person. When a complaint is received, the following steps are taken:

1. The complaint is logged into the Department of Behavioral Health (DBH) system.
2. DBH staff reviews the complaint and sends it to the appropriate parties.
3. DBH staff addresses the complainant with an acknowledgement letter and/or call within five days when possible.
4. Staff reviews all pertinent information.
5. Staff sends a disposition letter within 30 days when possible, summarizing the findings of the review and informing the youth and family of their rights to appeal the disposition if they are not satisfied.

### Appeals Process

A family may file an appeal by fax or mail. When an appeal is received, the following steps are taken:

1. The appeal is logged into the DBH system.
2. The appeal is routed to designated staff to review and begin an investigation. An appeal can have one of three outcomes:
  - Resolved (the first decision is reversed)
  - Withdrawn - if the appeal is withdrawn, a letter will be sent to the appellant
  - Upheld (the first decision is confirmed) - if the first decision is upheld, the hearing officer is contacted to begin the fair hearing process

A disposition letter is sent within 30 days, or 72 hours if it is an *Expedited Appeal* (granted when request is supported by evidence that a youth or family's health and/or wellness requires immediate action).

## *Fair Hearing Process*

When the hearing officer receives a request for a hearing, the following actions take place:

1. The hearing officer schedules the hearing and sends a letter that has the date and time of the hearing, the deadline to send exhibits (supporting materials) and witness lists, and other important instructions.
2. On the day and time specified in the letter, all parties call the number provided in the hearing notice and enter their identification number.
3. The hearing officer writes a decision and sends it within 30 days of the hearing. There are three possible decisions:
  - Affirmed — the hearing officer agrees with the department and the appeal is dismissed.
  - Remanded — the hearing officer decides the department decision was not right. The appeal is automatically closed.
  - Default — the appellant did not appear at the hearing. This decision may be reversed, and the hearing may be rescheduled if the appellant sends a request in writing.

The hearing officer's decision is final after 14 days. During this time the appellant or department may appeal the decision to the director of the Idaho Department of Health and Welfare, who will conduct a review and issue a final order within 56 days.

## YES Service Descriptions

<i>Service</i>	<i>Description</i>
Behavioral Health Treatment Plan	Development of the provider Treatment Plan. Treatment planning consists of engagement of the youth and family; review and discussion of the assessment; team formation; treatment plan development and modification; crisis planning; and transition planning.
Behavioral Modification and Consultation	Behavioral/therapeutic aide services focus on social and behavioral skill development and building a youth's competencies and confidence. These services are individualized and are related to goals identified in the youth's treatment plan. Services that a behavioral/therapeutic aide or mentor may provide include crisis intervention, implementation of a behavioral management plan, and rehabilitation services, such as teaching the youth appropriate problem-solving skills, anger management, and other social skills. Behavioral strategies should be used to teach the youth alternative skills to manage targeted behaviors across social and learning environments. Behavioral/therapeutic aides or mentors may provide assistance at any time and in any setting appropriate to meet the youth's needs, including home, school, and community.
Case Consultation	Case consultation is an in-person or telephonic meeting to develop, monitor, or modify a comprehensive assessment or individualized treatment plan, or to review services and progress towards objectives in the treatment plan between two or more of the following: the case manager, treating providers, physician, and other professionals or paraprofessionals involved in a youth's care. Case consultation includes attendance at Child and Family Team meetings or educational case conferences.
Community-Based Rehabilitation Services (Individual/Group)	Behavioral, social, communication, rehabilitation, and/or basic living skills training designed to build a youth's competency and confidence while increasing functioning and decreasing mental health and/or behavioral symptoms. Interventions should be related to specific goals identified by the Child and Family Team in the individualized treatment plan. Examples of areas that may be addressed include self-care, behavior, social decorum, avoidance of exploitation, anger management, budgeting, development of social support networks, and use of community resources.
Community Crisis Intervention	Services should be provided in-person and include safely identifying and assessing immediate strengths and needs to ensure that appropriate services are provided to de-escalate the current crisis and prevent future crises. Intervention services should address the immediate safety of the youth and family. Services should be provided consistent with an existing crisis plan using formal and informal supports, in partnership with the family. Services are available 24-hours a day, seven days a week by trained clinical staff. The provider should remain with the family until the crisis is resolved or other services and supports are in place to manage the crisis.

Day Treatment	<p>Psychotherapy and/or skills building provided in a structured group environment that includes individual or group activities, therapies, social, communication, and behavior and basic living skills training. Treatment is individualized and related to goals identified in the youth’s individualized treatment plan. Day treatment services may be provided at any time including during the day in the youth’s school or other community settings. This structured level of intervention should be available to youth who have treatment needs that exceed lower intensity outpatient treatment but are not clinically indicated to receive a residential (or higher) level of care. These services typically include various treatments that may include skills building, medication management, and group, individual and family therapy. Youth may participate in the program up to 3 hours a day, 4-5 days per week.</p>
Family Psychoeducation	<p>Psychoeducation and training educate the family and youth about the youth’s mental health needs and strengths and train the family and youth in managing them. Services should foster community integration and/or help avoid an out-of-home placement by teaching the family how to help the youth function within the family, school, and community, including by developing and implementing a behavioral plan. Services should be strength based, outcome focused, culturally competent and individualized. Services may be provided individually, in the home, or through group trainings. The youth and family may attend a session with just their family or with a group of other families. Services should follow protocols described in the <a href="#">SAMHSA Evidence-Based KIT for Family Psychoeducation</a>.</p>
Family Support Services	<p>Services provided by other parents who have lived experience and specialized training to assist and support the family in gaining access to services, and to help the family become informed consumers of services and self-advocates. Family support such as, but not limited to, mentoring, advocating, and educating may be provided one-on-one to the family or through family support groups. Services should be provided by a Certified Family Support Partner (CFSP), under the supervision of a licensed clinician.</p>
Intensive Home and Community Based Services	<p>Intensive in-home services are intensive services provided to youth in their home or in the community on a short-term basis. Services should be individualized, strength based, family centered, and culturally competent. All services should focus on the youth’s emotional/ behavioral needs. Services may include behavior management, therapy, crisis intervention, and parent education and training. Intensive services should be provided to, among others, youth at risk of out-of-home placement, including a residential program or psychiatric hospital, youth transitioning from an out-of-home placement back to their families or other community setting, and youth with significant behavioral health needs. Interventions should follow specific treatment modalities, including Functional Family Therapy (FFT), Multidimensional Family Therapy (MDFT) or Multisystemic Family Therapy (MST). This program is for youth who have severe needs, and provides them and their families with support in an effort to keep the youth at home rather than in an out-of-home placement.</p>

Pharmacological Management	Services include a clinical assessment of a youth, the prescription of medication and follow-up reviews as part of the Individualized Treatment Plan for the purpose of evaluating the effectiveness and side effects of the medication by medical personnel.
Neuropsychological Evaluation and Testing	Neuropsychological Testing is a set of formal procedures utilizing reliable and valid tests specifically focused on identifying the presence of brain damage, injury, or dysfunction, and any associated functional needs. The abilities measured include information processing within the domains of executive functions, intellect, memory, perceptual and sensory motor functions, language and speed of processing.
Psychiatric Diagnostic Evaluation	Strengths-based evaluation of a youth's mental health and functioning to determine whether the youth is eligible for the YES program. Assessment activities include face-to-face contact for the purpose of assessing the youth's strengths and needs; an evaluation of the youth's current mental health, living situation, relationship, and family functioning; contacts, as necessary, with significant others such as family and teachers; and a review of information regarding the youth's clinical, educational, social, behavioral health, and juvenile/criminal justice history. The assessments should be strength based, culturally competent, and conducted in the family home whenever possible. Assessment methods may include, but are not limited to, conversations with youth, family and other members of their natural support system; observations of behaviors and interactions with others; a review of relevant assessments and other historical documents; and coordination with other service providers. The Child and Adolescent Needs and Strengths (CANS) should be used to identify the strengths and needs (including functional impairment) of the youth and family, to assist in treatment planning, and to monitor the outcomes of services. This service should be conducted by a licensed mental health clinician and results should include the youth's biopsychosocial history, mental status exam, legal issues, and the diagnosis.
Psychological Evaluation and Testing	Psychological Testing is a set of formal procedures that utilize reliable and valid tests that are designed to measure areas of intellectual, cognitive emotional, and behavioral functioning, in addition to identifying psychopathology, personality style, interpersonal processes, and adaptive skills.

<p>Psychotherapy (Individual/Group/Family)</p>	<p>Individual, family, or group therapy involves outcome-based and strength-based therapeutic interventions. Services may be provided in the home, community, or an office setting. Priority is given to evidence-based therapies, such as, Cognitive Behavioral Therapy, Parent-child Interaction Therapy, and Functional Family Therapy. Services should be tailored to the youth and family's needs, strengths, culture and goals. There are three types of psychotherapy available: 1. Individual psychotherapy includes either a youth and therapist or a parent and the youth's therapist. 2. Family psychotherapy includes the youth, family and a therapist. 3. Group psychotherapy includes a group of people with similar emotional problems and/or functional impairments and a therapist.</p>
<p>Respite (Individual/Group)</p>	<p>Respite services are short-term, temporary direct care and supervision for a youth with SED that is provided by someone other than the youth's primary care giver. The service should relieve a stressful situation, de-escalate a potential crisis situation, or provide a therapeutic outlet for a youth's emotional problems. The goal is to prevent disruption of a youth's placement by providing rest and relief to caregivers and youth while helping the youth to function as independently as possible. Respite services are generally limited to a few hours, overnight, a weekend, or other relatively short period of time. Services can be furnished on a regular basis. Respite services can be provided in the youth's home, another home, a therapeutic foster home, or any other appropriate community location and may be offered as an individual or group service. Respite can be used as long as the youth is not experiencing a mental health crisis.</p>
<p>Youth Support Services</p>	<p>Services provided by other youth or young adults to assist and support youth with SED in understanding their role in accessing services, and in becoming informed consumers of services and self-advocates. Youth support such as, but not limited to, mentoring, advocating, and educating may be provided through youth support groups and activities. Services should be youth-centered, culturally competent and strengths based.</p>



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**YES Provider Invoice**

Contract #	
Invoice Date	
Invoice Number*	
Time Period Of Services	

\*Invoice Number-- YYYY-MM-PROVIDERNAMER-FI-LI-INVOICENUMBER

Provider Name	
Taxpayer ID#	
Address	
City	
State	
Zip	

Child/Youth Name	
DOB	
Voucher #	

Date of Services	Procedure Code	Description	Rate per Unit	# of Units	Total Charge	Insurance Payment	Balance Due
Invoice Total							

**When the services are provided via telehealth, the invoice must include the GT modifier appended to the procedure code.**

Services rendered are billed monthly. To guarantee on-time and full payment, the invoice must be submitted prior to six months after the date the service was rendered

The invoice should be posted no later than ten days before the end of the month, and be sent directly to DBH Central Office at:

Division of Behavioral Health  
450 W. State St.  
3rd Floor  
Boise, ID 83702