Report:
Provider Survey

of the

Youth Empowerment Services (YES)

Quality Review (FY 2023-2024)

Provided by:

Union Point Group, LLC

for the

Idaho Department of Health and Welfare

Division of Behavioral Health

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Questions this Provider Survey Report Answers

The Jeff D Settlement requires that Idaho adopt and implement a meaningful annual Quality Review process. The purpose of Idaho's annual Quality Review is fourfold. Namely, to:

objectively assess and improve clinical practice and program effectiveness systemwide;
identify program strengths and needs;
develop actionable clinical data / information;
identify targeted areas for system improvement.

How is the capacity for intensive community-based treatment impacted by the actions of IDHW?

Each year, that purpose is applied to a central, clinical question. In collaboration with the Plaintiffs, the Idaho Department of Health and Welfare (IDHW) identified a need for a closer look at the process of providing engaging, high-quality care during the first 30 days of treatment.

IDHW and the Plaintiffs identified six related questions for further study:

1. What supports and barriers exist to standardizing the referral process?
2. How are service plans individualized to provide appropriate care while addressing current service access barriers?
3. How are care coordination services prioritized and accessed in the first 30 days post-assessment?
4. What efforts are the Divisions of Behavioral Health and Medicaid undertaking to grow the network of specialized community-based treatment providers?
5. **What change has there been in the provider network's capacity for intensive community-based treatment?**
6. **Do network providers perceive any change in the state-level barriers and supports that impact the expansion of intensive community-based treatment?**

The first four questions will be answered in the Annual Report of the Youth Empowerment Services Quality Review. The last two questions are the central focus of this report.

The Idaho Behavioral Health Plan (IBHP) vendor will also change "on a to-be-determined date in 2024," (source). To address this, we asked providers two open-ended questions about the transition. These are:

a) What concerns do you have about transitioning to the new Managed Care Organization's provider network?
b) What supports would be helpful to your organization to be able to successfully transition to the new Managed Care Organization's provider network?

Responses to these questions are summarized beginning on page 22. The results are interpreted in light of Idaho's continuing efforts to develop a continuum of care consistent with accepted standards of care and the requirements of the Jeff D Settlement Agreement.

Executive Summary and Recommendations: *Provider Survey*

This year's Provider Survey was designed to answer two related questions:

1. What change has there been in the provider network's capacity for intensive community-based treatment?

2. Do network providers perceive any change in the state-level barriers and supports that impact the expansion of intensive community-based treatment?

In terms of capacity for intensive community-based treatment, we found that:

a) The percentage of providers offering intensive community services plateaued this year after decreasing in the previous year;
b) Despite recent rate increases for providers, there is not a corresponding increase in the desire to expand the breadth or intensity of services offered;
c) Providers' lack of trust in IDHW continues to limit support for expanding the continuum of care.

Efforts to grow a continuum of care appear inconsistent with the magnitude of the need.

Concerns about IDHW's ability to provide network providers with appropriate supports extend to the transition to the new IBHP vendor. High priority supports identified by individual practitioners and agency providers include:

a) Clarifying expectations and policies;

b) Proactively preparing providers to enter the network;

c) Implementing sustainable reimbursement rates and processes;

d) Providing children and families with uninterrupted service access.

Examples of these supports are provided in Table 1, and then in expanded form in Tables 2-5. Supports are described in terms of the relevant concerns of providers and the actions needed to address these concerns. The new IBHP vendor's apparent inability to timely recruit sufficient providers to the network underscores the vital importance of addressing these concerns.

Table 1. **Concerns and Supports Associated with Managing the IBHP Vendor Transition**

Clarifying expectations and policies.	
Concerns	*Needed Supports*
"We have not received any kind of policy to create programs or our own policy around the new plan."	"If we could get our hands on policy and stipulations ASAP for the programs..."
"Preparing for credentialing process as an agency. … This was a lengthy and complicated process getting set up."	"As much information as possible well before the transition date. Provider manual, policies, anticipated changes, etc."
"not knowing expectations or what will change"	"Transparency on what to expect so we can budget, staff, and prep."
Proactively preparing providers.	
Concerns	*Needed Supports*
"Lack of training, [want] training [that] is at times that we do not need to cancel client"	"Provider forums that actually answer our questions…."
"Needing to reformat documentation and train providers in changes"	"Introductions and training on processes and procedures"
"Convoluted transition progress"	"Be able to have ongoing, consistent meetings with the managed care organization, so that we can all collaborate.."
Implementing sustainable reimbursement rates and processes.	
Concerns	*Needed Supports*
"reimbursement rate, if we will be paid right away"	"Any major changes should be done gradually and with plenty of communication well in advance of changes."
"That there will be a lapse in claims payment. …. we do not currently have money to get us through this time."	"Higher reimbursement, to incentivize more bringing more people into the field after the mass exodus during the pandemic."
"We fear that reimbursement rates will be scrutinized and minimized"	"We hope the new organization will advocate and effectively be able to offer higher reimbursement"
Providing uninterrupted service access.	
Concerns	*Needed Supports*
"…how will the eligibility / billing transition be for clients."	"All covered members automatically transferred or covered initially"
"I fear that Magellan will be like Optum and only care about cutting services…"	"….increase services, increased pay rate for services, less or no authorization for services for mental health services…"
""Changes to the service array what is staying and what is going….. increases/decreases to the number of units services are allotted to care for clients"	"IDHW being extremely clear with Magellan as to…. what thresholds are appropriate for approval."

Recommendations.

IDHW cannot grow the continuum of intensive supports needed for Idaho's children without significant investment by its provider network. Providers are unwilling to invest in expanding their services due to a lack of specific supports provided by IDHW. This problem may be amplified in the transition to a new IBHP vendor. We note that the survey results were obtained in September and October of 2023, and additional provider resources may have been made available in the interim.

The lack of growth in the service continuum and the pervasive low trust of providers indicates that IDHW staff need to set and track specific goals for growing the provider network. These include short-term goals for the IBHP vendor transition period, and ongoing goals. **We recommend four goal-directed actions:**

(1) Take ownership of provider engagement as a core responsibility of the Department, not the Managed Care Organization. This requires Leadership to set, track and act on numerical, quarterly targets for provider engagement;

(2) Explicitly require pilot testing, provider feedback, and MCO adaptation of any reimbursement mechanisms, including claims submission processes, before they go live;

(3) Direct the contracted Managed Care Organization to educate providers on key policy and procedure documents within an explicit timeframe. Support this by setting and tracking numerical standards for ongoing, accessible live training, provider training satisfaction, and timely, written MCO response to provider inquiries;

(4) Within the next 30 days, clarify and communicate statewide the policies that the Department will promulgate, support and enforce in order to minimize disruptions in Class Member service eligibility, authorization and receipt during the transition to the new MCO.

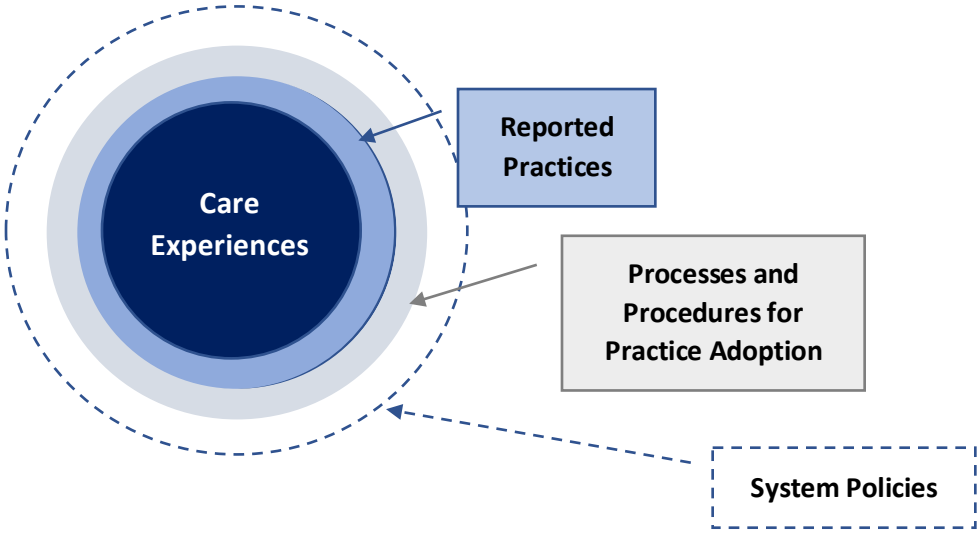
Quality Review Process and Provider Survey Design

A Quality Review (QR) process is designed to understand variation in practice. From a practical standpoint, we also want to identify the drivers of these variations in practice. This is because we want to use the findings of the QR. We want to identify a brief set of system actions likely to result in more youth having better experiences and outcomes of care.

The QR we used this year first identifies youth and families' experience of care. We interview youth and their caregivers. In the interviews we ask about the care received, and the emotions evoked during that care process. This way we can understand how care experiences affected motivation for treatment and treatment outcomes.

Then we review all clinical documentation provided to us. This includes assessments, plans of care, encounter notes, crisis plans, transition plans and any other practice documentation. We rate care in terms of its appropriateness and the collaboration providers documented. We follow up with structured interviews with the primary clinician delivering care. We ask clinicians about their decisions during treatment and policies and procedures which may have affected those decisions.

Figure 1. **Assessing the Ecology of Idaho's Youth Empowerment Services**



Then we survey agency representatives and individual practitioners regarding the continuum of care they currently provide, and expansion intentions within the next six months. We also ask about how well IDHW supports efforts to expand care. This year we added two open-ended questions about the transition in IBHP Vendor.

Method

Provider Survey. A statewide survey of providers was used to gauge how well the YES system of care provides the continuum of care needed by children and youth. The use of a core set of questions across survey administrations allows us to identify how the continuum of care is developing in response to policy changes. For the past two years, we asked about the practices currently provided by agencies and practitioners. This year we asked the same set of questions, in order to understand whether there have been any changes in the care available to YES members.

A second section of the survey focused on the drivers of care expansion (or contraction). We used six items regarding supports for service implementation generated by providers in previous QRs. We again asked providers to rate the importance of those supports, and how well the IDHW provides those supports. This year's provider survey also asked two open-ended questions about concerns and desired supports related to the transition in IBHP vendor.

Sampling. An invitation email with a survey description and link was provided to all individual practitioners, and all agency representatives in Optum Idaho's statewide behavioral health provider network. The provider list was obtained from Optum Idaho. We removed exact duplicate email addresses, email addresses to multiple individuals in the same agency at the same physical address, and email addresses that were not associated with an identified individual.

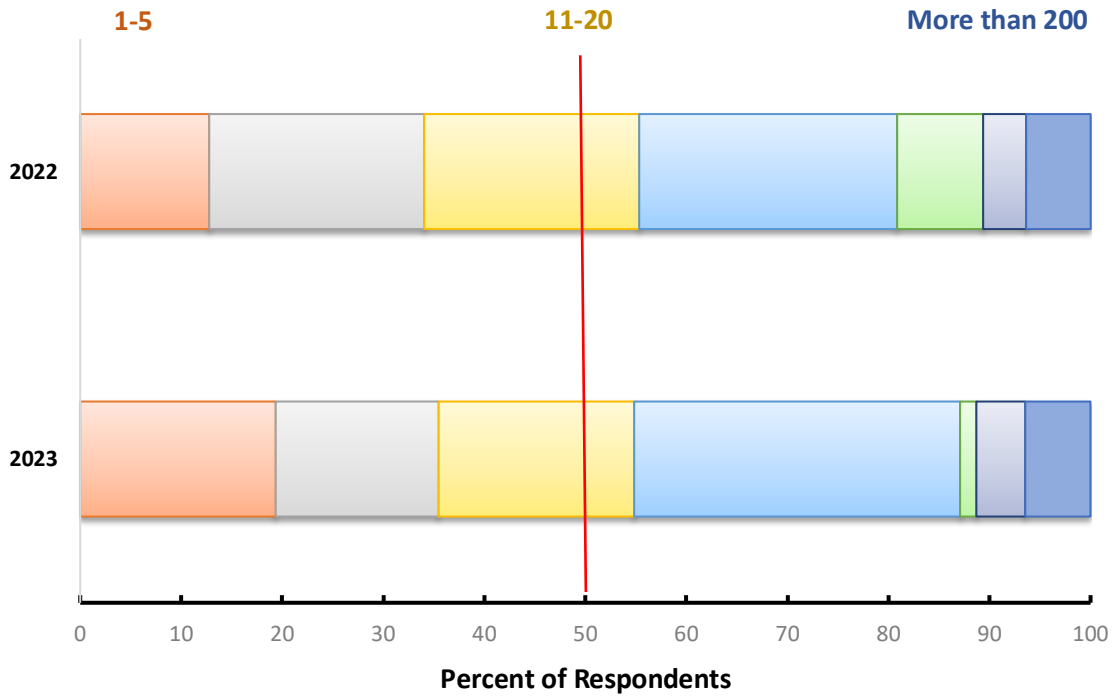
We sampled all resulting individual practitioners. In order to reduce the burden on agencies, we sampled one agency representative per location (address) in a given region. We retained 841 unduplicated agency contacts or individual practitioners. This included retention of 44 Telehealth/Virtual Visit-Only Providers. Each were contacted by e-mail for participation in the survey.

Of the 841 respondents contacted, 160 (19%) did not open the survey. Ninety-eight (12%) of the e-mails bounced back, indicating an invalid or inactive e-mail address. Eleven persons opted out (1%). The remaining 572 (68%) opened the survey. Two-hundred and fifty-nine (31%) of these respondents clicked through the survey. Two hundred and thirteen respondents provided partial (40; 19%) or complete (173; 81%) responses. Fifty-two of these individuals indicated that they did not provide behavioral health services to youth in the previous year and were excluded from further survey analysis.

Survey invitations were first sent out on September 15th, 2023. Automated reminders were sent out weekly to persons who had not opened or had not completed the survey. The survey was closed three weeks later, on October 6th, 2023.

More providers were invited to participate in the survey in 2023 (841 providers) compared to 2022 (547 providers). Provider response rates were similar across both years. In 2023, 25% (213 respondents out of 841 total invitations sent) either completely or partially responded to the survey, compared to 29% (158 respondents out of 547 total invitations sent) in 2022.

Chart 1. **Agency Size by Survey Year**



The size of the respondents' provider agency was largely consistent between 2022 and 2023 (Chart 1). The median agency size in both years was between 11 and 20 employees. In both years only 11 percent of responding agencies had more than 100 employees.

Results

Capacity for Community-based Treatment

Chart 2 (below) identifies agencies' self-reported service array. Response percentages are based on survey responses from 57 child-serving agencies who completed the Fall 2023 survey's agency-related services questions. Service descriptions are lightly edited versions of the descriptions appearing in the Optum Provider Handbook; they are included in Appendix A for reference.

Chart 2. Agency Respondents' Current and Planned Services.

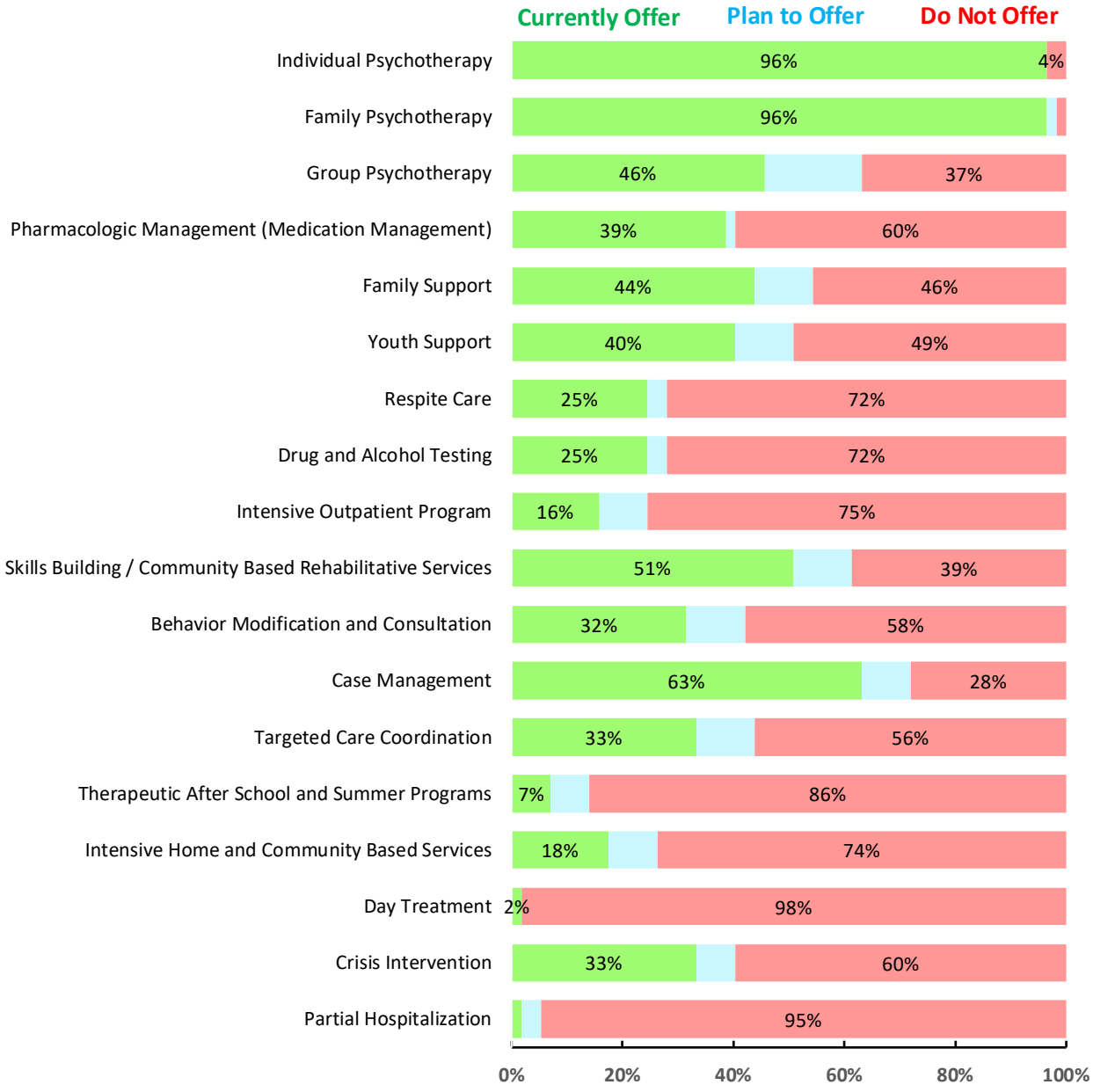
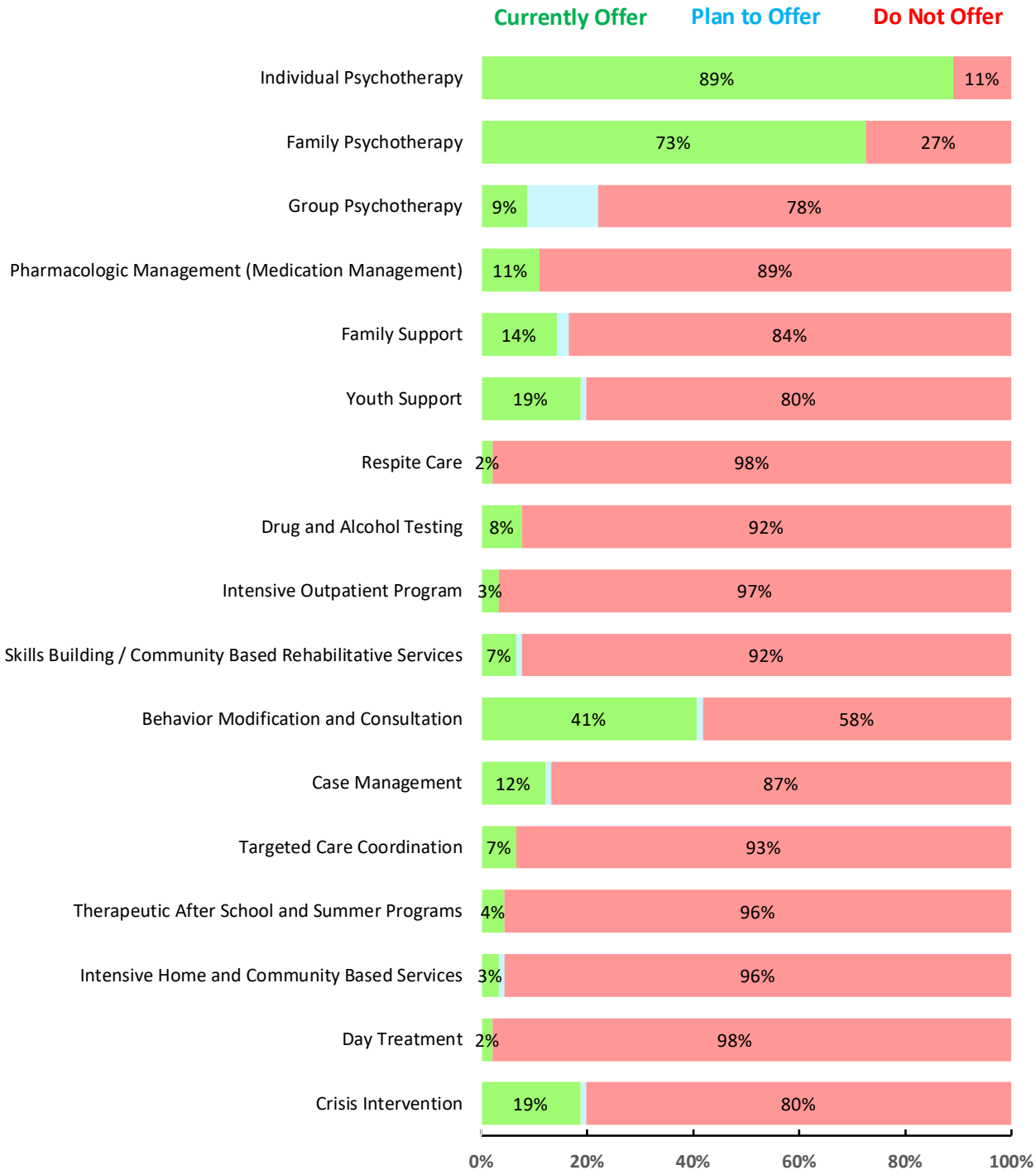


Chart 3 (below) identifies individual practitioners' self-reported service array. Response percentages are based on survey responses from 91 child-serving individual practitioners who completed the Fall 2023 survey's individual practitioner services questions.

Chart 3. Individual Practitioners' Current and Planned Services.



Summarizing the Current Service Array

As we have identified in previous iterations of the Quality Review, Idaho's YES population is disproportionately skewed towards youth with high levels of behavioral health concerns. Yet the service arrays we see in Charts 1 and 2 focus on services which are appropriate for youth with mild to moderate behavioral health concerns. Only about 8% of individual practitioners provide services targeted towards youth with severe or complex behavioral health needs.

Across multiple service types, provider agencies are also unlikely to provide the intensive treatment options best suited for youth with severe or complex needs. Sixteen to twenty-five percent of agencies indicate that they provide Intensive Outpatient Programs, Intensive Home and Community-Based Services, or Drug and Alcohol Testing. Only 2% of respondents indicated that their agency provides Day Treatment; similarly 2% indicated that they provide Partial Hospitalization. This indicates that youth who are exiting Hospital or Residential-based care may have difficulty finding the types of very intensive, community based treatment options needed for community re-integration. Similarly, youth at risk of Out-of-Home-Care are also likely to experience challenges in finding appropriate community based treatment options.

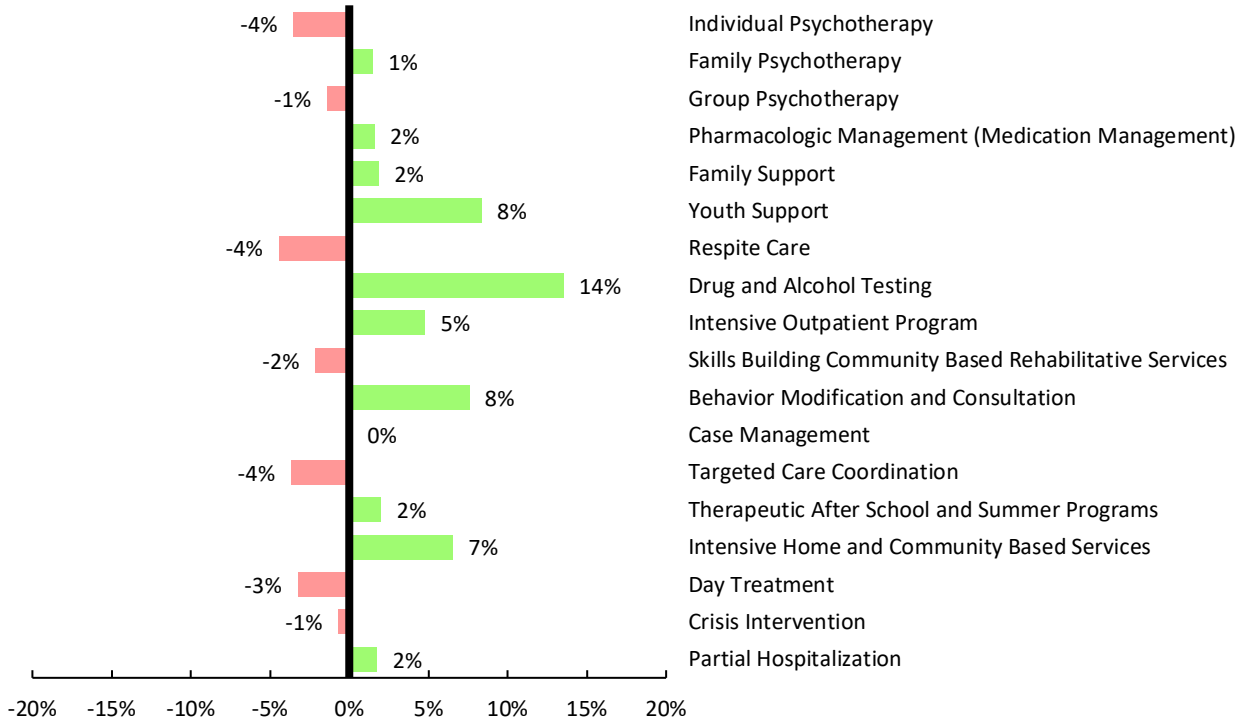
Projected versus Actual Growth in Service Capacity between 2022 and 2023

In the 2022 QR we asked respondents about their intentions to add a new service type in the next six months. Across services, about 6% of providers indicated that they planned to add at least one specific service in the next 6 months. When this year's respondents were asked about services they currently provide, they were 2% more likely than last year's respondents to currently be providing a given service (Chart 4). This is the first time in three years of provider surveys that respondents have indicated a net addition in services provided. Though statistically insignificant, the change bears further monitoring.

We examined the provision of eighteen different types of services. Providers were more likely to provide ten types of services in 2023 than they were in 2022. Seven services were less likely to be offered in 2023 than in 2022. One service (Case Management) was offered at the same rate. For 12 of the 18 services assessed, the magnitude of change was less than 5%. For one service (Drug and Alcohol Testing) there was there a double digit increase in the percentage of providers providing this service.

More agencies responded to these questions in 2023 (57 agencies completed these items) compared to 2022 (38 agencies responded). Minor differences in services endorsed may be due to a wider array of agencies responding to the survey.

Chart 4. Net Change in Care Types that Agencies Currently Provide (from 2022-2023).



Understanding Why Services are Expanded or Reduced

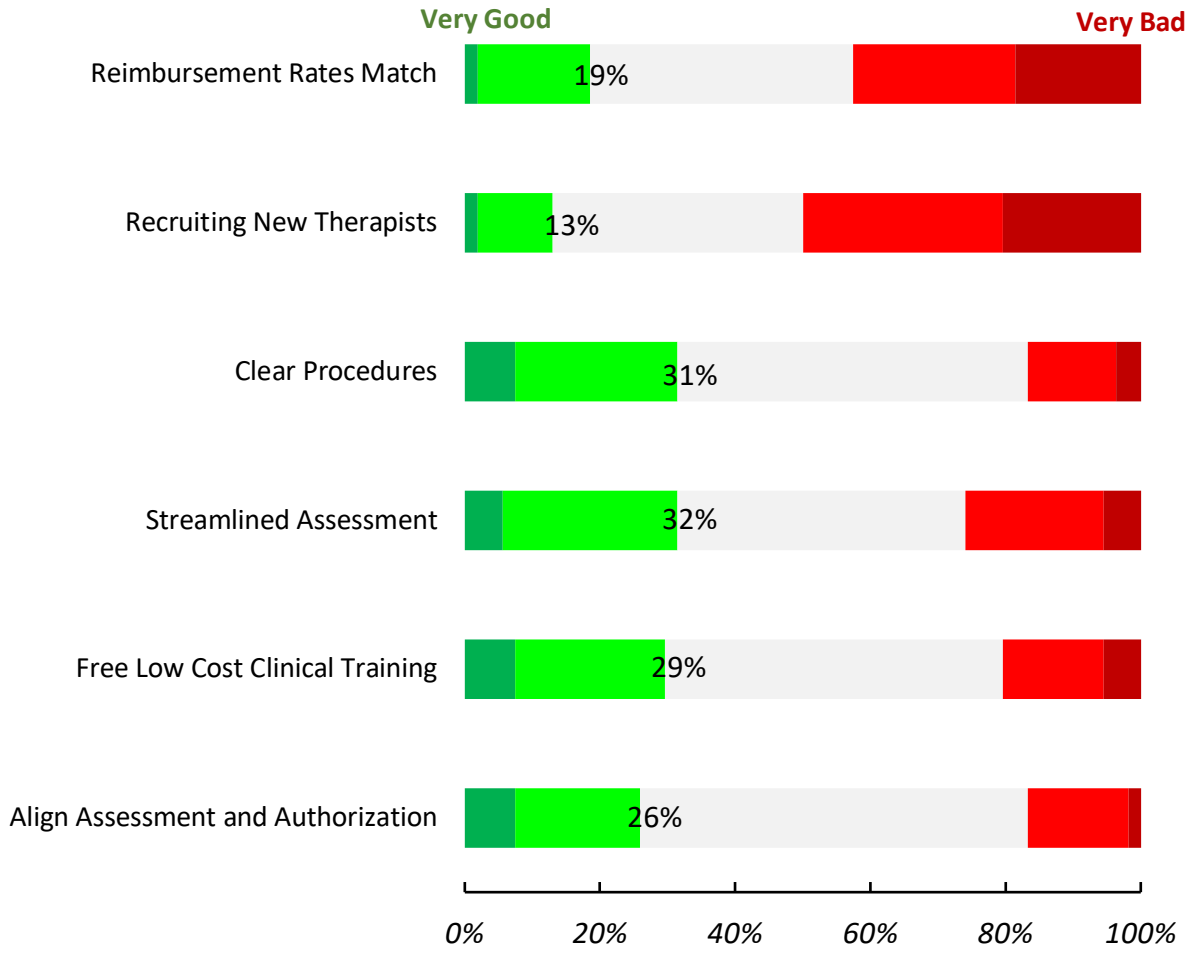
Service expansion or reduction can be influenced by multiple factors. Idaho providers previously indicated that the following factors are important in their decisions to add or reduce the scope of care they provide:

- Availability of clear procedures for service initiation;
- Reimbursement rates consistent with the costs of doing business;
- Effort needed to recruit therapists willing to work in the public sector;
- Supply of affordable, high-quality training needed to provide effective services;
- Alignment between assessment and service authorization procedures;
- Streamlined assessment processes.

We used these responses to construct a scale asking how well or poorly IDHW addressed these needs in order to support service expansion. Fifty-four agencies (Chart 5) and 87 individual practitioners (Chart 6) responded to these questions in the survey.

Respondents rated, on a 5 point scale ranging from "Very Good" to "Very Bad," how well IDHW currently provides these supports for service expansion. These supports are arranged in the chart from most important ("Reimbursement Rates Match Costs") to least important ("Align Assessment and Authorization Procedures"), as rated by providers. Consistent with industry standards, we calculate satisfaction as the percentage of respondents indicating that the State of Idaho does a Good or Very Good job at providing these supports.

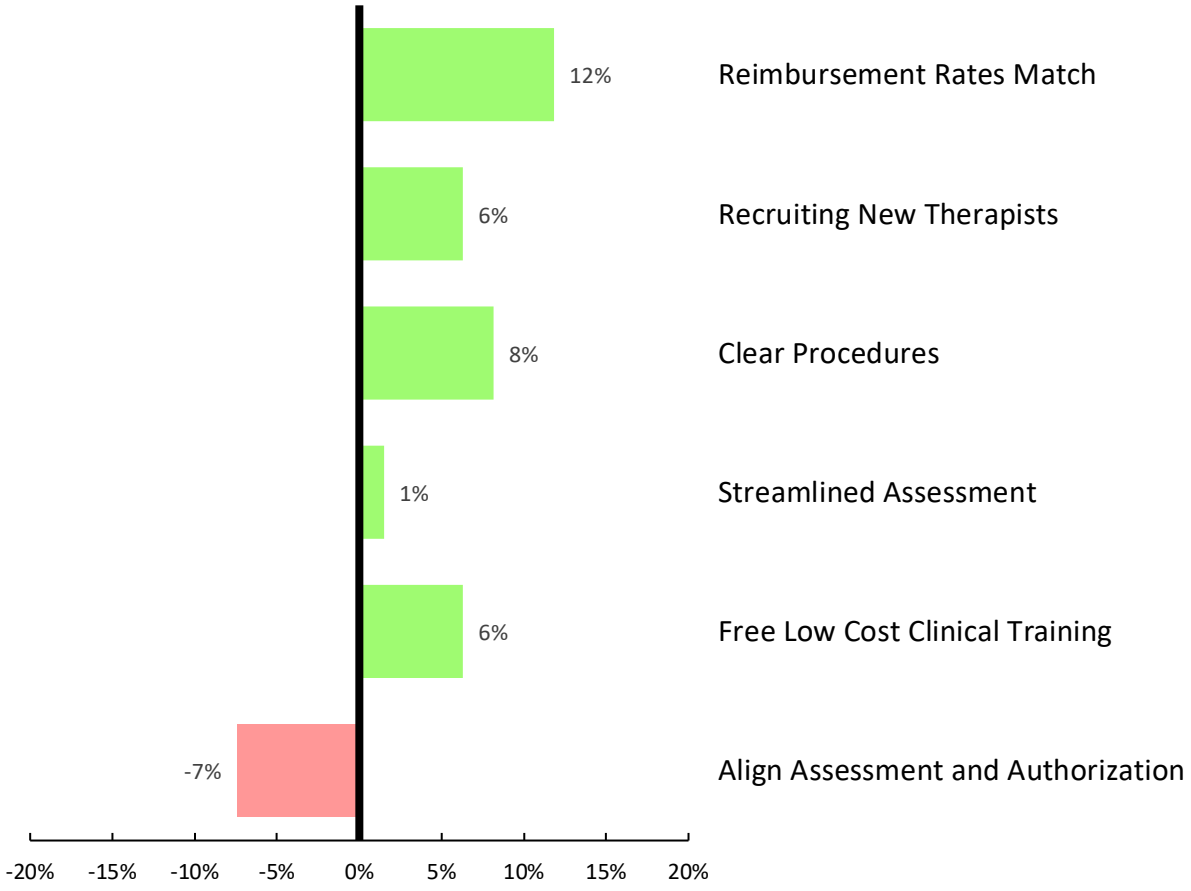
Chart 5. Agency Respondents' Satisfaction with Supports for Service Expansion.



The percentage of agency respondents satisfied with the State's supports for expanding the continuum of care ranged across items from 13% to 32%, averaging 25% across all supports. Consistent with the previous year's survey, the most important supports for service expansion ("Reimbursement Rates Match Costs," "Help Recruiting New Therapists") had the lowest rates of satisfaction.

Chart 6 (below) describes the net change in agency satisfaction with the State's supports for expanding the continuum of care between 2022 and 2023.

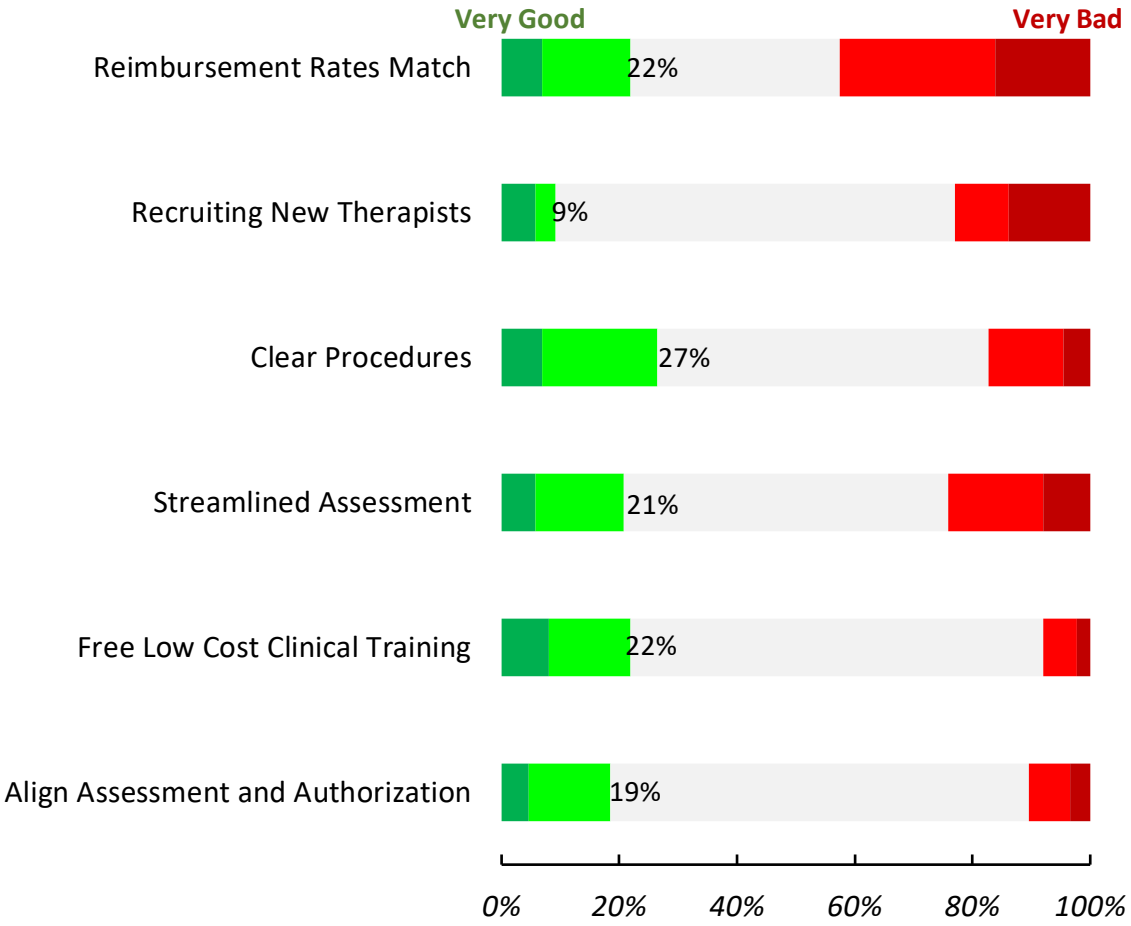
Chart 6. Net change in Agency Provider Satisfaction with the State's Supports for Expanding the Continuum of Care (from 2022-2023).



Overall, agency providers reported somewhat higher average levels of satisfaction with state supports in 2023 (25%) compared to 2022 (21%). Satisfaction improved in 2023 for five of the six supports (with net changes ranging from 1-12%). Agency respondents reported a 7% decline in satisfaction with one state support (aligning assessment and authorization).

The largest reported change in satisfaction was a 12% increase in satisfaction with reimbursement rates. Satisfaction with rates changed from 7% in 2022 to 19% in 2023. This may be related to the July 1st, 2023 fee schedule increases to most behavioral health services. Rates were increased for 38 services, including a 20% rate increase for individual psychotherapy. We note that several substance use treatment services saw 30% reimbursement rates increases in the past year, which may have contributed to the double-digit expansion of Drug and Alcohol Testing (Chart 4).

Chart 7. Individual Practitioners' Satisfaction with Supports for Service Expansion.



Across support types, individual practitioners' satisfaction with supports ranged from 9% to 27%. Practitioners were satisfied with supports, on average, 20% of the time. "Recruiting new therapists" and "Align assessment and authorization" had the lowest rates of satisfaction among individual providers.

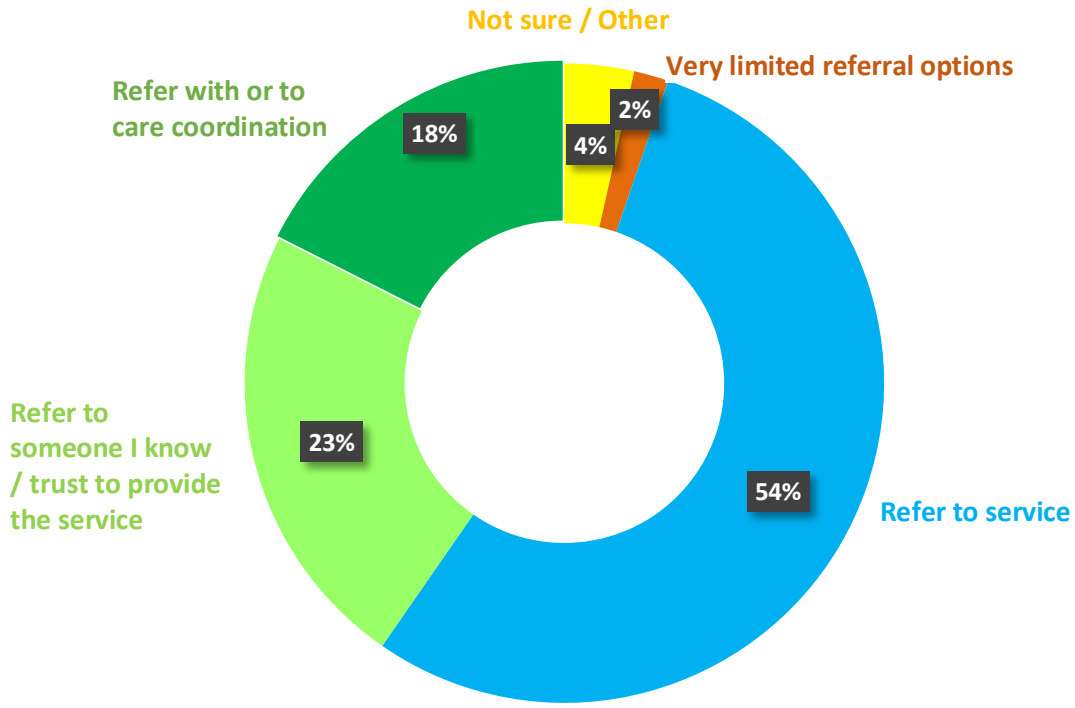
Both agency and individual respondents also emphasized the need for recruiting new therapists, with agencies identifying this as the top need for service expansion. Clear procedures were also identified as a leading concern across provider types. The need for clear procedures may be especially salient with the advent of a new Managed Care entity; we discuss this in greater detail in the following section.

Overall, all groups surveyed indicated an ongoing need for IDHW to substantially improve efforts to engage and equip providers for service array expansion. The current data indicate very modest improvements in perceived supports from IDHW. Substantially more persistent and effective efforts to provide the listed supports are likely required to expand the service array consistent with the Settlement Agreement.

Referral Patterns and Practices

Agency Respondents. Agency respondents (n=57) indicated that 25-31% of youth served in their agency need additional behavioral health services that their agency does not provide (Median = 25%, Arithmetic Mean = 31%). When asked what happens when a youth has these needs, respondents provided a variety of answers. These were classified by theme. Their frequencies are represented in the chart below (Chart 8).

Chart 8. Agency Respondents' Processes for Connecting Youth Needing Other Services.



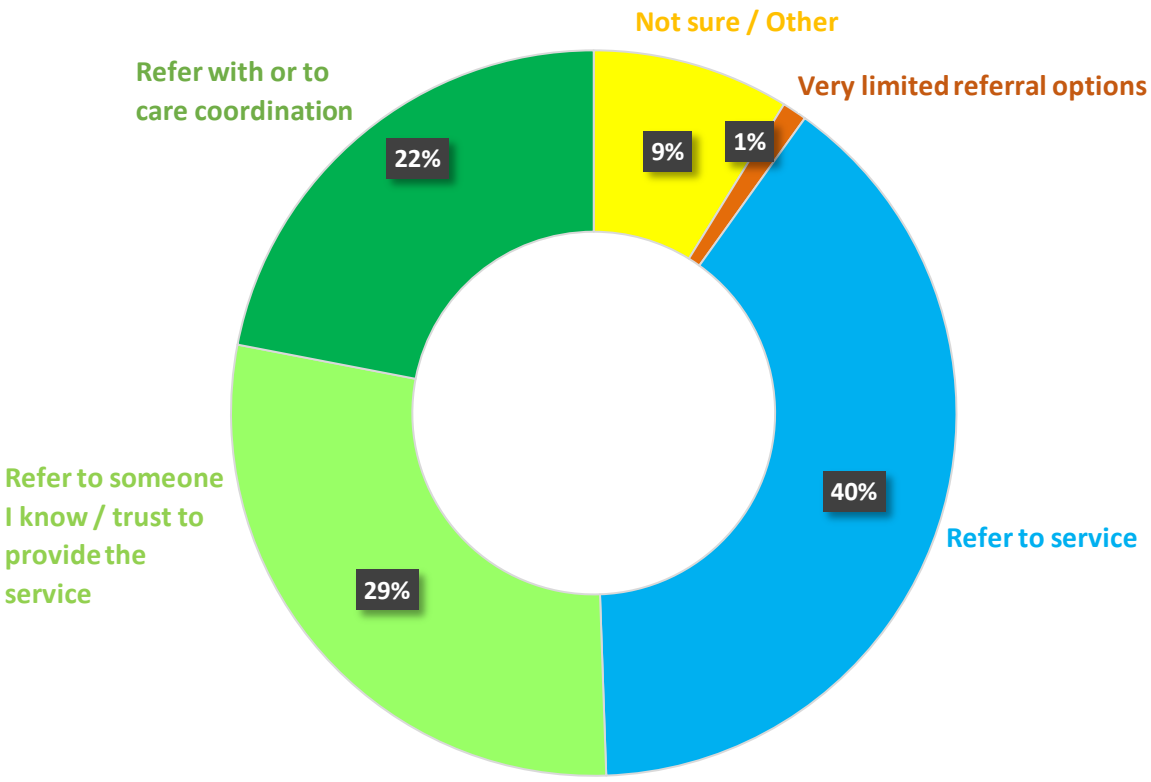
Of note, only about 1 in 5 agency respondents mentioned using care coordination when youth required services outside of their organization. About 8% fewer agency respondents mentioned using care coordination in 2023 compared to 2022. This may be related to the fact that the availability of care coordination services has decreased over the last three years. For example, our provider surveys indicate a decline in agencies offering Targeted Care Coordination. In 2021, 50% of agencies reported providing Targeted Care Coordination; in 2022 this dropped to 37%, and in 2023 this dropped to 33%.

Additionally, the percentage of agency providers who said that they refer to someone they know/trust modestly decreased. In 2022 this represented 27% of providers; in 2023 it was noted by 23% of providers. In order to get youth connected to services during the first 30 days of treatment, it seems likely that providers would utilize care providers whom they know personally. If respondents' networks are shrinking, it will be harder for practitioners to efficiently connect youth to appropriate care.

Individual Practitioners.

Individual practitioners (n=91) indicated that about 25-30% of youth served in their agency will need additional behavioral health services not provided by their agency (Arithmetic Mean = 30%, Median = 25%). When asked what happens when a youth has these needs, respondents provided a variety of answers. These were classified by theme. Their frequencies are represented in the chart below (Chart 7).

Chart 7. Individual Practitioners' Processes for Connecting Youth Needing Other Services



Both individual practitioners and agencies routinely need to make referrals to outside service providers in order to meet the needs of their clients. When asked what percent of their youth have needs requiring outside services, 84% of individual practitioners and 98% of agency respondents reported that some youth they see require outside services. Twenty-five percent of individual practitioners indicated that more than half of the youth they see require outside services; 30% of agency respondents indicated this.

About one in five respondents mentioned the use of care coordination or care coordinators to connect youth with needed, outside services. Individual practitioners mentioned the use of care coordination more frequently in 2023 (22%) compared to 2022 (16%). Individual practitioners also reported relying on their personal referral networks more frequently in 2023 (29%) than in 2022 (14%).

Taken together, these findings indicate a growing burden on providers in finding appropriate care for children and youth with serious or complex needs. Should the provider network change significantly with the new IBHP vendor, we would expect that these challenges could become even more acute.

Transition to the New IBHP Vendor's Provider Network

In this year's survey we asked current network providers two additional questions:

(1) "What concerns do you have about transitioning to the new Managed Care Organization's provider network?"
(2) "What supports would be helpful to your organization to be able to successfully transition to the new Managed Care Organization's provider network?"

Fifty-one agency providers and 81 individual practitioners provided responses.

These responses were first categorized into themes. Then, the frequency of responses within each category was tallied. This provides a rough metric of the extent to which these concerns may be front of mind for providers, not necessarily the extent to which they may impact their engagement. Then we analyzed the comments within each theme. We used the providers' own words to create clear and specific descriptions of their concerns, and the supports needed to facilitate integration into the new provider network.

Results of these analyses point to four high-priority action areas for IDHW to focus its efforts in the transition. The four action areas are:

(1) Clarify expectations and policies;
(2) Proactively prepare providers for the transition;
(3) Implement sustainable reimbursement rates and processes;
(4) Provide uninterrupted service access.

In the pages that follow, each focus area is briefly described. Examples of concerns and needed supports for each focus area are provided in corresponding tables, with direct quotes from providers.

Focal Action Area 1: Clarify expectations and policies.

Table 2. Respondents descriptions of needed clarifications.

Clarify expectations and policies.	
Concerns	*Needed Supports*
"We have not received any kind of policy to create programs or our own policy around the new plan. I am concerned about the auth process. I am concerned about our systems being able to communicate with each other."	"If we could get our hands on policy and stipulations ASAP for the programs - as well as job qualifications for the programs we will be able to credential for - that would be helpful for us to think through which programs we may want to open."
"Preparing for credentialing process as an agency. We currently hold Agency Credentialing with Optum. This was a lengthy and complicated process getting set up. New policy and procedures, forms, expectations and training of providers will also significantly impact our operations for services."	"As much information as possible well before the transition date. Provider manual, policies, anticipated changes, etc."
	"Information on transition expectations, overall needs from us to make sure the transition is smooth."
	Transparency on what to expect so we can budget, staff, and prep.

Providers described two sets of concerns to be addressed in this first set of focal actions. These included lack of clarity regarding credentialing requirements and the absence of policy and procedure documents. There was also an allusion to a third concern. This was that systems provided by the new vendor would not operate as needed for information to be transmitted and appropriate actions taken. Providers indicated that they want to be able to make a 'smooth' transition to the new vendor, but that the lack of information on what changes to make in program operations were hindering their ability to do so.

Focal Action Area 2: Proactively prepare providers.

Table 3. Respondents descriptions of needed preparations.

Proactively prepare providers.	
Concerns	*Needed Supports*
"Lack of training, [want] training [that] is at times that we do not need to cancel client"	"Provider forums that actually answer our questions instead of provide generalized answers and tell [us] to email a general email address with our questions."
"Needing to reformat documentation and train providers in changes"	"Introductions and training on processes and procedures"
"Convoluted transition progress"	"Lots of communication, training and ability to get questions answered."
"That they [new Vendor] aren't ready"	"Be able to have ongoing, consistent meetings with the managed care organization, so that we can all collaborate and have an understanding of what works and what doesn't work"

Adding to the intent identified in the previous action area, providers indicated that a hands-on approach to transition preparations was needed. Specifically, providers identified a need for accessible training on the changes that would be coming. Providers indicated marked frustration that they could not get their questions answered in the forums provided by the new vendor. Providers have indicated a desire to collaborate with the new vendor and problem solve throughout the transition period. However, their responses indicate that this willingness has not been met with consistent, meaningful responses from the vendor.

Focal Action Area 3: Implement sustainable reimbursement rates and processes.

Table 4. Respondents' descriptions of needed processes and advocacy.

Implement sustainable reimbursement rates and processes.	
Concerns	*Needed Supports*
"reimbursement rate, if we will be paid right away-When OPTUM first took over agencies did not see payments for services rendered for months"	"Any major changes should be done gradually and with plenty of communication well in advance of changes. Concerned that billing will collapse if Magellan is as ill-prepared as Optum was in 2013."
"That there will be a lapse in claims payment. I have been involved in the last three transitions and each time there was a lapse in timely payment. In the past our agency had savings to back us up but we do not currently have money to get us through this time."	"Higher reimbursement, to incentivize more bringing more people into the field after the mass exodus during the pandemic. We are too short staffed and our ability to help all those that come to us is dwindling."
"We fear that reimbursement rates will be scrutinized and minimized to save on cost, whereas it should go the opposite direction."	"We hope the new organization will advocate and effectively be able to offer higher reimbursement for the services our communities need."

Providers identified three types of actions to address fiscal concerns. These were:

minimizing the delay in reimbursement;

testing billing processes and systems before instituting changes;

continuing to advocate for higher reimbursement rates for providers.

There was note of weariness among providers that with each systems change instituted by IDHW, substantial payment delays occurred. Providers observed that vendors have previously worked to cut reimbursement rates. This puts them in direct conflict with providers' need to generate sustainable margins for their organization, and to attract new practitioners. They also noted two important changes in context, which may make this transition different from previous system transitions. First, organization may not have sufficient reserves to whether delays in payment. Second, practitioner priorities appear to have changed since the pandemic, making it more difficult to attract and retain practitioners without strong incentives for joining the Network.

Focal Action Area 4: Provide uninterrupted service access.

Table 5. Respondents' descriptions of actions needed to retain continuity of care.

Provide uninterrupted service access.	
Concerns	*Needed Supports*
"Transition period-adequate training / transparency of policies / how will the eligibility / billing transition be for clients."	"All covered members automatically transferred or covered initially"
"Increase in crisis that are non bill (due to client losing insurance)"	"No disruption of services and fair reimbursement rates"
"I fear that Magellan will be like Optum and only care about cutting services so they can fulfill their Bonus requirements and will not be mindful to the needs of the community. Cutting off needed services for clients (CBRS), and/or being too restrictive in how the service can be provided."	"….increase services, increased pay rate for services, less or no authorization for services for mental health services…"
"Changes to the service array what is staying and what is going….. increases/decreases to the number of units services are allotted to care for clients, what is going to require prior authorization and how much time/documentation/steps is there"	"IDHW being extremely clear with Magellan as to what you wish to do and what thresholds are appropriate for approval."

Related to service access, providers identified two needs. One need was short term: to make sure that all members are covered throughout the transition period. The second was longer term: to make sure that access to services of the appropriate type and duration were not curtailed by the vendor. Providers described a series of previous instances in which the IBHP vendor curtailed a particular service or restricted the units of services which could be provided. Providing mechanisms for ensuring that youth are not dropped from coverage during the transition, and that services are authorized consistent with assessed need and providers' professional judgment.

Summary

In last year's Report, we noted that "Providers have opportunities to pursue work with higher reimbursement rates, substantially fewer authorization and documentation requirements, and better hours. They are choosing those opportunities. IDHW must make providing care, particularly intensive community treatment, attractive to providers."

IDHW took a substantial first step in addressing this by increasing provider reimbursement rates. In our survey, there was a corresponding double-digit increase in provider satisfaction with reimbursement rates. The largest rate increases, for Substance Use service providers, likely also helped drive double-digit increases in the availability of Drug and Alcohol Testing services.

Providers have indicated that a reimbursement rate increase is only one step in stabilizing and growing the Provider Network. Respondents indicated continuing concerns regarding the new IBHP vendor's poor communication and lack of detail regarding credentialing, reimbursement processes, service authorization procedures, and client transition procedures. This Report finds that current IDHW efforts to make the Provider Network attractive to the provider community are not well communicated, clearly focused on high-impact actions, or publicly accountable. The behavioral health industry is increasingly marked by competition for practitioners due to personnel shortages, increasing demand, and technological changes. To compete, IDHW needs to center its efforts on making the Provider Network an understandable, hassle-free, promptly and predictably reimbursing entity that results in appropriate, effective care for families and youth.

References

Israel, N. *for* State of Idaho, Department of Health and Welfare (2022, Fall). *Quality Review of Youth Empowerment Services.* Boise, ID: Author. Accessed at: https://yes.idaho.gov/wp-content/uploads/2023/01/QR-Report_Final-Report_2022v2.pdf

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Appendix A: Service List and Descriptions

Below are the service types, service type abbreviations, and service descriptions provided in the Provider Survey. Descriptions are lightly edited versions of the service descriptions provided in the Optum Idaho Provider Manual.

Table 2. Service Types and Descriptions

Service Type	Description
Individual Psychotherapy.	Youth can talk with a behavioral health care professional about emotional issues youth may be having and learn coping skills to help them manage them.
Family Psychotherapy.	Families can talk with a behavioral health care professional about emotional problems youth and their family may be having and learn coping skills to help youth and their family manage them.
Group Psychotherapy.	Youth meet with a group of people with similar emotional issues and a behavioral health care professional. Group members share experiences and practice coping skills to learn how to manage issues as independently as possible.
Pharmacologic Management (Medication Management).	A doctor or nurse meets with youth to discuss the medicines youth are taking and order new prescriptions youth might need.
Family Support.	Family support helps a youth's family learn to how to help manage their treatment. This service is provided by a parent who also has lived experience of caring for a child with behavioral health issues, and specific specialist training.
Youth Support.	Youth support helps youth learn how to manage their treatment, makes sure that youth know their rights, and helps youth speak for themselves. This service is provided by someone who also has lived experience of mental health issues as a child or youth, and specific specialist training to teach them how to work with youth. This can be done individually or in groups.
Respite.	Respite care is a short-term or temporary care so youth and their primary caregiver can have a break, and to give relief to the person who usually takes care of the youth.
Drug/Alcohol Testing.	A test to see if a youth has been using chemical substances or alcohol.

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Table 2. Service Types and Descriptions (cont.)

Service Type	Description
Intensive Outpatient Program (IOP).	This service gives youth outpatient therapy to help manage their behavioral health or substance use disorder needs and meet their treatment goals. Adolescents participate at least two hours per day, three times a week.
Skills Building / Community Based Rehabilitative Services.	Services are provided in a youth's home or community to help them gain skills for successful living, overall wellness, independent living.
Behavior Modification and Consultation.	The provider works with youth to develop strategies to improve skills for identified behavior; this support can be provided at any time and in any setting to meet the youth's needs.
Case Management.	A behavioral health care professional helps youth learn how to coordinate and access their medical, mental health, and community-living supports.
Targeted Care Coordination.	A trained individual helps youth access services and coordinate care between various providers and agencies. The Coordinator may: help navigate the system of care; run Child and Family Team (CFT) meetings; link the youth to services and supports; develop, implement, and monitor the youth's person-centered service plan; update the CANS assessment for the youth if requested by the treating clinician.
Therapeutic After School and Summer Programs (TASSP).	Qualified behavioral health professionals work with youth on behavioral goals in a recreational or after school setting.
Intensive Home and Community Based Services (IHBS).	Provided for children and youth who have severe needs. Intensive Home and Community Based Services include specialized treatments, and are used to increase stability and help prevent out of home placements.
Day Treatment.	This service provides therapeutic outpatient care for severe needs that require more than intensive or routine outpatient care. This service may include managing medication, skills building or group, individual, and family therapy. Youth are in therapy at least 3 to 5 hours per day, 4 to 5 days a week. Day Treatment providers coordinate and communicate with other agencies, including coordination with schools.

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Table 2. Service Types and Descriptions (cont.)

Service Type	Description
Crisis Intervention.	Crisis Intervention services allow youth to talk to a behavioral health professional in a face-to-face setting, and are available 24-hours a day, seven days a week.
Partial Hospitalization.	Partial Hospitalization is a structured program that you attend for 20 or more hours a week and you do not spend the night in the hospital. Services may include: individual, group and family psychotherapy, cognitive behavioral therapy, substance use monitoring, and more.

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