

Magellan Healthcare, Inc.*

Annual Network Development and Maintenance Plan (ANDMP) for Idaho Behavioral Health Plan

IDHW-54



Data from July 1 – Dec. 31, 2024

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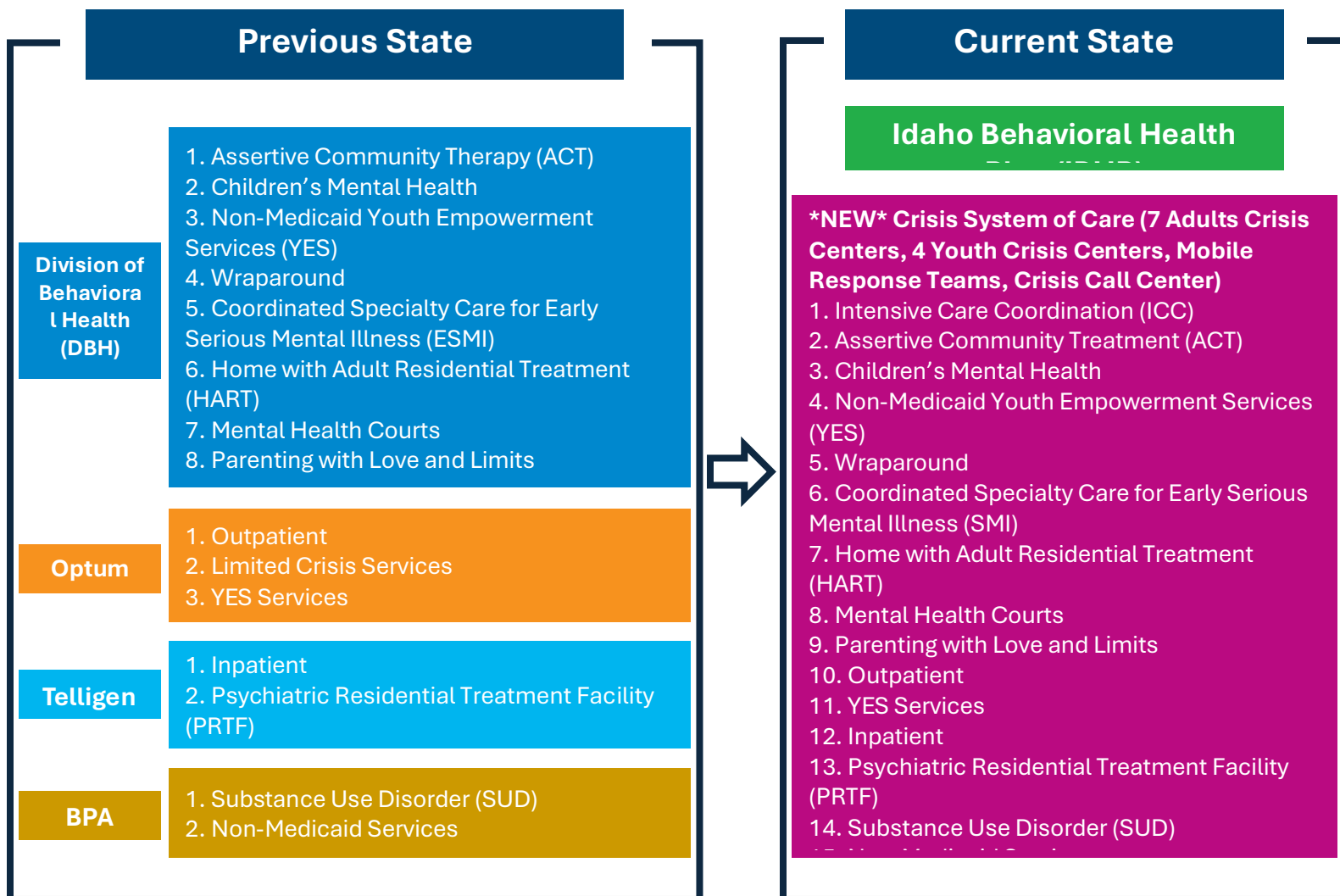
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Introduction and Overview

Magellan Healthcare began the implementation of the Idaho Behavioral Health Plan (IBHP) in July 2023, with a go-live date of July 2024. This new contract outlined key initiatives aimed at transforming the state's behavioral health service delivery system. The updated IBHP serves as the framework for providing behavioral health services, such as mental health and substance use disorder (SUD) treatment, across Idaho. Unlike the previous plan, the current IBHP contract was designed differently to include Medicaid inpatient, residential, and outpatient services, along with additional state and federal funding for non-Medicaid beneficiaries and services. The IBHP is a unified plan that manages all medically necessary behavioral health services on behalf of the Department of Health and Welfare's Division of Medicaid, Division of Behavioral Health, and the Idaho Department of Juvenile Corrections. All data collected and utilized has been gathered from July 1 – Dec. 31, 2024. As the network continues to develop over time, we anticipate being able to better refine our provider inventory by focusing on provider data and ensuring that all providers are appropriately categorized and up to date. This ongoing refinement will enhance service delivery, support more efficient network management, and ultimately improve access to quality care for those we serve.



Purpose

The Magellan provider network is a critical component of the IBHP's success, and we are committed to fostering strong, collaborative relationships with our providers to create positive system changes that benefit consumers, members, and other stakeholders. We are dedicated to being proactive in our communication with providers and serving as a reliable resource.

Our goal is to support providers by:

- Reducing administrative burdens
- Streamlining claims payment and reimbursement processes
- Improving clinical outcomes and service quality
- Enhancing the overall service delivery system through education, training, and provider development

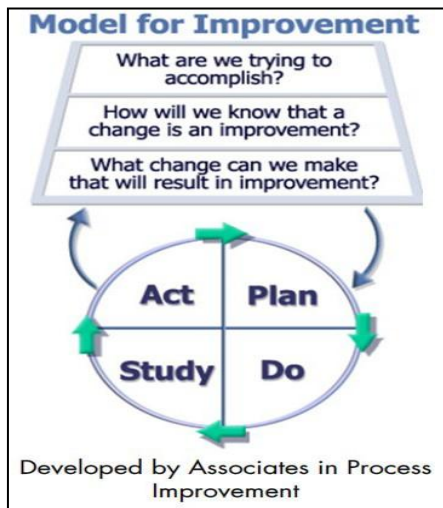
As part of this effort, the initial network development focused on:

- Ensuring a seamless transition with no disruption in care for members
- Engaging all providers participating in the IBHP
- Guaranteeing timely payment to providers at go-live
- Providing necessary training so providers can operate successfully under the new contract
- Supporting providers offering services not previously covered by the IBHP
- Collaborating closely with Idaho Department of Health and Welfare (IDHW) to develop an Annual Network Development Plan to analyze and enhance the continuum of care in Idaho

Magellan's network development plan was created utilizing data and information collected from not only internal sources, but collaborative meetings with IDHW and key stakeholders throughout 2024. The finalization of this report was a collaborative effort through feedback and discussions with our state partners. This ensures a comprehensive approach incorporating a variety of expertise and perspectives. This plan will be evaluated annually to assess the network's composition, identify unmet needs or gaps, track when these gaps are addressed, and outline steps to expand services and enhance the use of evidence-based practices. Both quantitative and qualitative data is reviewed to ensure members receive high-quality care from qualified providers. Our goal is to maintain a robust and diverse network that meets the needs of our members while also seeking opportunities to invest in the delivery system to improve service access and outcomes. Content for the annual network development plan is gathered from sources such as the Provider Advisory Committee (PAC), the Regional Network Credentialing Committee (RNCC), the Member Advisory Committee (MFAC), and the Quality Improvement Committee (QIC). We have designed specific activities to engage providers as advocates for best practices by setting clear expectations, promoting positive practices, and measuring impactful outcomes. Magellan supports these initiatives through transparent and accountable communication, ensuring we follow through on our commitments.

This plan is tailored to the IBHP service delivery system. It serves as the foundation for guiding provider relations and informing strategies for building and strengthening the provider network. At the same time, the plan is designed with enough flexibility to adapt to changes as they arise, ensuring the full achievement

of the goals identified. The Annual Network Development Plan is developed around a continuous quality improvement model supported by the IDHW.



Magellan fully supports integrating the three fundamental questions incorporated with the Plan, Do, Study, Act model to continuous network development and improvement. Data driven decision-making is at the core of our approach. Some examples of where we will use this approach are:

- Supporting use of evidence-based practices
- Developing value-based care approaches
- Expanding the availability of services in rural parts of the state
- Streamlining process to reduce administrative burden for providers

Figure X. The Model for Improvement, developed by Associates in Process Improvement and widely applied in healthcare by the Institute for Healthcare Improvement (IHI). Adapted from *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd ed., p. 24), by G. J. Langley, R. D. Moen, K. M. Nolan, T. W. Nolan, C. L. Norman, & L. P. Provost, 2009, Jossey-Bass.

During the first six months of State Fiscal Year 2025 (July 1 – Dec. 31, 2024), the Magellan network team focused on implementation activities, utilizing the “Plan” and “Do” stages of the Plan, Do, Study, Act (PDSA) process. In the subsequent months of this year, we will transition to the “Study” and “Act” stages to assess performance and implement targeted improvements necessary to support the IBHP network.

Throughout implementation from July 1-Dec. 31, 2024 , the PDSA cycle was also applied on a smaller scale, for example, through the development and refinement of the Sites and Services (SOS) form, which was modified in response to provider and staff feedback.

In preparing the Annual Network Development Plan, the Magellan network team analyzed key data sources, including geo-access and claims data, to better understand the current state of the network. These findings, combined with feedback from stakeholders (such as input provided by the IBHP team during meetings, as well as input from MFAC and PAC), were used to develop actionable strategies for the following year’s development.

This continuous quality improvement process aligns with and supports our goals of:

- Promoting the use of evidence-based practices,
- Advancing value-based care approaches,
- Expanding availability of services in rural areas of the state,
- And streamlining processes to reduce administrative burden for providers.

Magellan regularly monitors its network to ensure members have access to providers who can deliver evidence-based treatment. We are committed to offering person-centered, culturally competent services tailored to meet the specific needs of members in the IBHP.

Network Development Strategy – Target, Engage, Assess, Measure, Sustain	
<p>Our approach to network development uses a Target, Engage, Assess, Measure and Sustain (TEAMS) framework that supports provider collaboration, ensures network adequacy, offers members a choice of providers, and promotes a flexible network for an evolving delivery system. The table below outlines our previous efforts in 2024 and plans for the coming year in each area.</p>	
Target (Identify Providers)	<p>In 2024</p> <ul style="list-style-type: none"> • Identified currently contracted IBHP providers, to promote continuity of care; our network development strategy was to include all current providers. • Leveraged existing Magellan contracted providers in Idaho who are not currently providing Medicaid services. • Prioritized providers for contracting efforts based on available utilization data. • Negotiated contracts with new and existing providers to include IBHP services, rates, and requirements. • For expanded network development, conducted provider outreach that includes initial provider mailings, telephone follow-up, and in-person meetings. • Executed contracts prior to readiness review and the IBHP effective start date. • Completed credentialing and re-credentialing of providers. <p>Moving forward into 2025:</p> <ul style="list-style-type: none"> • Utilize geo-access reporting to identify geographic areas and services for targeted recruitment. • Leverage existing providers to explore expansion of contracts for additional service e.g. intensive home and community-based services (IHCBS), partial hospitalization program (PHP), intensive outpatient program (IOP), etc. • Outreach to telehealth providers to expand coverage in rural and frontier areas. • Outreach to non-Medicaid providers in target areas for potential recruitment to increase access.

Engage (Train and Support)	<p>In 2024</p> <ul style="list-style-type: none"> • Conducted initial and new provider trainings (in-person, webinars, teleconference) and forums to elicit feedback. • Provided tools and resources, including the provider manual, provider newsletters, provider website, fact sheets, frequently asked questions, and other information targeted to IBHP requirements. • Conducted regular provider training and educational seminars in accordance with our annual provider training and education plan. • Identified all covered benefits and services offered under the IBHP, including services that were not previously part of the IBHP. • Determined anticipated enrollment including the geographic distribution of membership. <p>Moving forward into 2025:</p> <ul style="list-style-type: none"> • Continue new provider training offerings. • Create, revise and update provider materials including manuals, appendices, website, fact sheets, FAQ's etc. • Offer additional trainings for network providers.
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Network Development Strategy – Target, Engage, Assess, Measure, Sustain	
Assess (Assess and analyze)	<p>In 2024</p> <ul style="list-style-type: none"> • Identified a sufficient number and type of providers to ensure adequate access to covered services under the IBHP, taking into consideration the characteristics and healthcare needs of the population. • Reviewed utilization data provided by IDHW and performed disruption analysis to identify recruitment priorities. • Expanded the provider network as necessary to improve quality and cost effectiveness. <p>Moving forward into 2025:</p> <ul style="list-style-type: none"> • Analyze both quantitative and qualitative data regarding access to care across the state including the specific needs of certain populations e.g. children, youth, frontier communities etc. • Review utilization data provided by IDHW to perform disruption analysis to identify recruitment priorities. • Use data analysis from multiple sources to assess network capacity.
Measure (Monitor and Maintain)	<p>In 2024</p> <ul style="list-style-type: none"> • Produced monthly geo-access reports to ensure compliance with network adequacy (distance) requirements and as needed. • Assigned network staff to each provider as primary point of contact and conduct routine provider visits. • Collected and analyzed member satisfaction, complaint, and grievance data. • Routinely collected care manager feedback and input regarding gaps in the provider network and information on member use of non-participating providers. <p>Moving forward into 2025:</p> <ul style="list-style-type: none"> • Continue the above strategies into the coming year. • Revisit and revise provider relations staff assignments as indicated to ensure balance and support across the network. • Ensure providers are supported with any barriers and challenges.

<p>Sustain Develop the network for long-term success.</p>	<p>In 2024</p> <ul style="list-style-type: none"> • Provided local, knowledgeable support. • Engaged by listening to feedback. • Delivered the necessary training and support. • Worked towards administrative efficiency so providers can focus on delivering care and collaborating to improve outcomes. <p>Moving forward into 2025:</p> <ul style="list-style-type: none"> • Continue to engage providers across the network through a variety of pathways. • Continue to provide training to providers throughout the network creating new trainings as needs are identified. • Review processes and requirements with a goal to reduce provider administrative burden without sacrificing quality care.
<p>Employ targeted innovations and strategies</p>	<p>In 2024</p> <ul style="list-style-type: none"> • Developed reimbursement mechanisms, including single-case agreements (SCA), for procuring services from out-of-network providers who meet specific member needs. • Provided support to enable existing providers to expand their range of services, service locations, or hours of service. • Identified and contracted with in/out-of-state providers who can provide consultation, evaluation, and other services via telehealth, launch services to fill identified network gaps to ensure member access to routine and specialty services not otherwise available in their communities. <p>Moving forward into 2025:</p> <ul style="list-style-type: none"> • Continue to utilize single case agreements as needed with a goal to bring those providers in network when possible. • Engage providers in collaborative discussions about service expansion and any barriers and challenges. • Continue to identify in and out of state providers who can provide telehealth services to members in frontier communities in need of access to care.

Network Inventory Overview

Magellan has made significant efforts to contract with a comprehensive range of care providers, ensuring a full continuum of behavioral health services across Idaho. Our network includes a diverse array of providers, such as individual practitioners, group agencies, and facilities/organizations, all operating under the IBHP. The following provides a detailed breakdown of the current management information system (MIS), a unique number assigned by Magellan's system to a provider when added to allow for data base tracking, count, and Taxpayer Identification Number (TIN) count for the providers in-network, demonstrating our commitment to expanding access to quality care throughout the state.

Network Inventory Overview			
Provider Type	Distinct MIS Count	Distinct TIN Count	Distinct TIN Count serving Children
Facility/Organization	327	125	66
Group	740	734	615
Practitioner	3,785	880	87
Total	4,852	1,739	768

Group agencies and facilities are staffed by a mix of independently licensed providers, non-independently licensed master's-level clinicians, and paraprofessionals who deliver behavioral health services. Many of the practitioner MIS counts are providers within a group.

Magellan's individual practitioners are credentialed through a systemic approach to collect and verify a provider's professional qualifications. These providers either serve members as a solo practitioner or as a rostered provider in a group agency. The qualifications that we review and verify include relevant training, licensure, certification, and registration to practice in a healthcare field. This includes:

- Clinicians independently licensed through the State of Idaho.
 - LPC
 - LCPC
 - LCSW
 - LMFT
- PhD psychologists
- Prescribers, including:
 - MD psychiatrists
 - Psychologists with prescription authority
 - Nurse practitioners who:
 - Hold and maintain current ANCC Board Certification as a psychiatric-mental health nurse practitioner or psychiatric mental health clinical specialist
 - Qualify under Magellan's Advanced Practice Registered Nurse attestation.
 - Physician assistants who:
 - Maintain an unrestricted physician assistant license in all practicing states.
 - Uphold NCCPA board certification.

- Establish a supervisory relationship with a psychiatrist or work within a credentialed behavioral health facility per IDAPA requirements.
- Other independently licensed providers.

The Magellan network also includes group agencies and facilities staffed by a mix of independently licensed providers, non-independently licensed master's level clinicians, and paraprofessionals who deliver behavioral health services. To ensure high-quality care within the IBHP, Magellan has established a supervisory protocol for non-independently licensed staff. Given Idaho's rural landscape, expanding the network of non-credentialed practitioners is essential to ensuring accessible behavioral health services for our members. Our supervisory protocol defines the requirements for these practitioners under the IBHP, outlining structured supervision by licensed professionals. This framework upholds regulatory compliance, promotes best practices, and ensures high-quality care for those we serve.

Inpatient Services

As part of Magellan's comprehensive continuum of care, we have partnered to contract and credential inpatient psychiatric mental health services to provide critical, intensive care for individuals experiencing severe mental health crises. These services ensure safety and stabilization in a structured environment. Our network includes acute care hospitals with psychiatric units, psychiatric hospitals, state hospitals, and institutions for mental disease (IMDs). This year, Magellan has prioritized recruiting in-state providers and will continue to expand inpatient resources to ensure consistent availability for members in need.

State Hospitals		
Region	Number of facilities	Population Served
2,7	2	Adult
3	1	Adolescent (ages 12-17)
Total	3	

Standalone Psychiatric Hospital		
Region	Number of Facilities	Population Served
4	2	Adult/Adolescent
4	1	Adult
Total	3	

Psychiatric Unit		
Region	Number of Facilities	Population Served
2,3,5,6,7	6	Adult
1,4	2	Adult/Adolescent
Total	8	

Residential Services

Magellan offers an array of mental health and SUD residential services for both adults and adolescents.

Mental health and substance use residential treatment provides individuals with a structured, supportive environment to address complex behavioral health challenges. These programs offer 24-hour care, combining evidence-based therapies, medical support, and peer engagement to promote long-term recovery. With a focus on individualized treatment plans, residential programs integrate mental health and substance use care to address co-occurring disorders, ensuring a holistic approach to recovery. By removing individuals from potentially harmful environments and providing a stable setting, residential treatment fosters healing, personal growth, and long-term success in managing mental health and substance use disorders.

Psychiatric Residential Treatment Facilities (PRTF)

A psychiatric residential treatment facility (PRTF) is a licensed, non-hospital facility that provides 24-hour psychiatric services to youth in a highly structured inpatient setting. Under the direction of a physician, PRTFs offer strengths- and outcome-based care that is culturally responsive and tailored to each youth's individual needs. PRTF care is the most intensive and restrictive treatment option on the care continuum, designed for youth who require a therapeutic environment due to the complexity of their clinical needs. In 2025, Magellan is committed to enhancing residential behavioral health services by onboarding two in-state PRTFs. This strategic initiative aims to address the increasing demand for residential care and ensure that individuals have access to high-quality, localized treatment options. By expanding our network to include these facilities, we are reinforcing our dedication to providing comprehensive and accessible behavioral health services to the communities we serve.

Region	Number of PRTF Facilities
3	1
Out of State	26
Total	27

Adolescent Residential Treatment Centers (RTC)

A behavioral health residential treatment center (RTC) for youth is a non-hospital facility that offers comprehensive treatment for youth with significant behavioral health issues that affect their ability to function in home, school, or community settings. RTCs provide therapeutic services for severe psychiatric, behavioral, substance use, or cognitive problems that cannot be addressed in lower levels of care. Services, including therapy and educational programs, are delivered by qualified professionals in a structured residential setting. RTC care is generally less intensive than that provided in a PRTF.

Region	Number of RTC Facilities
1	1
6	3
7	3
Out of State	1
Total	8

Homes for Adult Residential Treatment (HART)

Homes for Adult Residential Treatment (HART) homes offer structured, therapeutic mental health treatment for individuals aged 18 or older with SPMI who do not require hospitalization but need ongoing, 24-hour, supervision and care. The HART model provides additional support to help residents

maintain stable housing and recovery, offering integrated behavioral health treatment and peer support services within the home. This setup includes extra staff and licensed professionals to monitor and support residents in managing their SPMI symptoms.

In 2025, Magellan’s network team will contract with our additional HART homes, expanding the network and increasing access to specialized care for members in need of HART-level services. This growth enhances availability, ensuring more individuals receive the structured, supportive care essential for their recovery and well-being.

Region	Number of HART Facilities
1	2
3	2
4	3
5	1
6	2
Total	10

ASAM 4.0- Inpatient SUD

ASAM Level 4.0 is medically managed intensive inpatient services for adults delivered in an acute inpatient setting. This level of care provides medically directed acute withdrawal management and related treatment designed to alleviate acute emotional, behavioral, cognitive, and/or biomedical distress.

Claims data is currently being analyzed to identify additional ASAM 4.0 services that may be offered by standalone psychiatric hospitals that bill under a different payment methodology.

Region	Number of 4.0 Facilities
1	1
4	1
Total	2

ASAM 3.7- Inpatient/Residential SUD

ASAM Level 3.7 is medically monitored intensive residential or inpatient treatment for individuals who need withdrawal management and monitoring in a 24-hour setting but do not need daily physician interaction. Services may be provided in an acute inpatient setting or in a residential treatment facility.

Region	Number of 3.7 Facilities
4	3
5	1
6	1
7	1
Total	6

ASAM 3.5- Residential SUD

ASAM Level 3.5 is clinically managed high-intensity residential services intended for individuals who are medically stable but cannot safely participate in substance use disorder treatment without continuous 24-hour supervision by behavioral health professionals.

Region	Number of 3.5 Facilities
1	1
3	1
4	1
5	2
6	2
7	1
Total	8

ASAM 3.3- Residential SUD

ASAM Level 3.3 is a high-intensity residential treatment program designed for adults with functional limitations who need a slower-paced, structured approach to recovery. It provides 24-hour supportive care in a safe environment, helping individuals develop early recovery skills, build resilience, and receive peer support. Under physician direction, services include individual and group therapy, family counseling, clinical monitoring, room and board, drug screening, medication management, and access to medical and mental health services based on individual needs. The goal is to stabilize individuals and prepare them for transition to a lower level of care.

Region	Number of 3.3 Facilities
7	1
Total	1

ASAM 3.2- Clinically Managed Residential Withdrawal Management Services

ASAM Level 3.2 provides clinical managed withdrawal management for adults with a moderate risk of withdrawal who require support in a structured and supervised medically supported environment.

Region	Number of 3.2 Facilities
7	1
Total	1

ASAM 3.1- Low-Intensity Residential Treatment

ASAM Level 3.1 provides clinically managed low-intensity residential treatment services intended for adults and youth who require additional time in a structured residential setting to practice coping skills and prepare for successful transition to a lesser level of care.

Region	Number of 3.1 Facilities
3	1
6	1
7	1
Out of State	2
Total	5

Safe and Sober Housing (SSH), Enhanced Safe and Sober Housing (ESSH)

Adult safe and sober housing (SSH) is a staffed recovery residence that provides a safe, clean, and sober environment for adults with substance use disorders who are transitioning back into the community. Adult enhanced safe and sober housing (ESSH) is focused on serving individuals with a co-occurring mental health and substance use disorder.

Region	Number of ESSH Facilities	Residential Type
4	1	Enhanced SSH
7	2	Enhanced SSH
Total	3	

Region	Number of SSH Facilities	Residential Type
1	1	SSH
3	6	SSH
4	3	SSH
5	5	SSH
6	3	SSH
7	4	SSH
Total	22	

Outpatient & Community Based Services

Magellan provides a comprehensive range of outpatient mental health and SUD services across Idaho, supporting both adults and adolescents. Many network providers have expanded their programs in response to the YES initiative, ensuring high-quality, specialized care for youth. These services align with the Jeff D. Settlement Agreement requirements, reinforcing Magellan's commitment to improving behavioral healthcare. In collaboration with IDHW, Magellan continues to enhance access and availability, striving to better serve youth and their families with tailored, effective treatment options.

Partial Hospitalization Program (PHP) Mental Health & ASAM 2.5

Partial hospitalization programs (PHP) provide structured, facility-based care for individuals with mental health conditions, eating disorders, SUD, or co-occurring conditions. These programs offer a higher level of care than routine outpatient services but are less intensive than psychiatric hospitalization. PHP services are tailored to each individual's needs, focusing on strengths-based and culturally responsive care under the supervision of a licensed physician (MD/DO).

For substance use disorders (PHP-SUD), programs support both adults and adolescents in recovery, offering intensive treatment like residential care while allowing individuals to maintain their daily routines and live at home.

Partial Hospitalization Program (PHP)	
Region	Number of Providers
1	1
3	4
4	6
5	2
6	2
7	5
Out of State	4
Total	24

Intensive Outpatient Program (IOP) Mental Health and ASAM 2.1

Intensive outpatient programs (IOP) provide structured, strengths-based, and culturally responsive care for adults and adolescents recovering from mental health conditions, including eating disorder (IOP-MH), and substance use disorders (IOP-SUD). These programs offer a higher level of care than traditional outpatient therapy but are less intensive than partial hospitalization. IOP services are individualized to meet each member's psychosocial, developmental, and treatment needs, functioning as either a step-down from higher levels of care or as a preventive measure to avoid hospitalization.

Specifically credentialed providers offer specialized IOP for eating disorders. The typical duration for IOP-SUD treatment is six to eight weeks.

Intensive Outpatient Program (IOP)	
Region	Number of Providers
1	2
3	5
4	13
5	3
6	4
7	2
Out of State	2
Total	31

Outpatient Substance Use Disorder (SUD) Services

Outpatient SUD services include alcohol and/or drug assessments, SUD individual therapy, and group therapy. These services aim to help individuals recover by addressing both the psychological and behavioral aspects of addiction in a structured, outpatient setting.

Outpatient Substance Use Disorder (SUD) Services	
Region	Number of Providers
1	30
2	13
3	26
4	71
5	21
6	27
7	30
Out of State	7
Total	225

Opioid Treatment Program (OTP)

The use of medications, sometimes in combination with counseling and behavioral therapies, is effective in the treatment of opioid use disorders (OUDs) and can help to sustain recovery.

Opioid Treatment Program	
Region	Number of Providers
4	2
Total	2

Case Management

Case management helps individuals with behavioral health, SUD, or co-occurring diagnoses navigate the system and coordinate care. Provided by community-based providers, it focuses on outcome-driven, strengths-based support to connect members and families with essential services, including mental and physical health, social services, and education. Case management involves assessing, planning, monitoring, and advocating for necessary services. For youth in the YES system of care, case managers follow a CFT approach, while adults with SMI or SPMI receive support through multi-disciplinary teams (MDTs).

Case management serves as the foundation of Idaho’s behavioral health continuum of care, ensuring individuals receive coordinated, person-centered support across services. By assessing needs, developing care plans, and connecting individuals to appropriate resources, case managers help bridge gaps in care and promote long-term stability. This essential service enhances access to mental health and substance use treatment, facilitates transitions between levels of care, and improves overall outcomes. Through a collaborative approach, case management strengthens Idaho’s behavioral health system by promoting continuity, reducing barriers, and empowering individuals on their path to recovery. Magellan will continue to collaborate with IDHW to look at opportunities to enhance service delivery and reimbursement to support network growth.

Case Management (MH)	
Region	Number of Providers
1	19
2	10
3	24
4	46
5	16
6	18
7	27
Out of State	3
Total	163

Case Management (SUD)	
Region	Number of Providers
1	12
2	8
3	10
4	20
5	14
6	10
7	18
OOS	2
Total	94

The total number of providers is equal to the amount of TINs Magellan has contracted with. This does not include the unique number of providers providing the service.

Community Based Rehabilitative Services (CBRS)

Skills Building/Community-Based Rehabilitative Services (CBRS) is a home- or community-based program that uses psychiatric rehabilitation to enhance behavioral, social, communication, and daily living skills. It aims to strengthen functional abilities and confidence, supporting individuals in achieving successful independent living.

Community Based Rehabilitative Services (CBRS)	
Region	Number of Providers
1	12
2	10
3	10
4	31
5	7
6	15
7	18
Out of State	1
Total	104

The total number of providers is equal to the amount of TINs Magellan has contracted with. This does not include the unique number of providers providing the service.

Respite Care

Respite services provide short-term care and supervision for youth with SED to relieve stress, prevent crises, and support emotional well-being. The goal is to give caregivers and youth a break while maintaining stability and promoting independence. Services can be provided regularly for a few hours, overnight, or a weekend in various settings, including the youth's home, a foster home, or a community location.

Respite	
Region	Number of Providers
1	2
2	3
3	3
4	7
5	3
6	6
7	4
Out of State	1
Total	29

Day Treatment

Day treatment is a structured program for youth with severe needs requiring a higher level of care than outpatient services but less intensive than inpatient, partial hospitalization, or residential treatment. It provides a therapeutic environment with services such as skills building, medication management, and various therapies. An interdisciplinary team delivers care while ensuring coordination with schools and other agencies involved in the youth's support.

Day Treatment	
Region	Number of Providers
1	1
4	1
Total	2

Skills Training and Development (STAD) or Partial Care

Skills Training and Development (STAD) is a treatment program for adults and children whose daily functioning is significantly impacted, as determined by a comprehensive diagnostic and functional assessment. Provided in a structured group setting within a mental health clinic or appropriate environment, STAD focuses on skill-building tailored to the individual's developmental and age-related needs to improve their ability to manage daily life.

Skills Training and Development (STAD)	
Region	Number of Providers
3	1
4	8
5	5
6	8
7	6
Total	28

Behavioral Modification and Consultation (BMC)

Behavior Modification and Consultation (BMC) involves designing, implementing, and evaluating strategies to create meaningful behavioral changes using research-based interventions. Through direct observation and functional analysis, BMC teaches youth alternative skills such as problem-solving, anger management, and social skills across various settings. Services are outcome-based, youth-centered, family-focused, and culturally responsive, ensuring individualized care that meets each youth's developmental and psychosocial needs.

Behavioral Modification and Consultation	
Region	Number of Providers
1	1
3	1
4	7
5	1
Total	10

Therapeutic After School and Summer Programs (TASSP)

Therapeutic After School and Summer Programs (TASSP) are structured programs offering individualized therapeutic, recreational, and social activities for youth. These programs help develop social, communication, behavioral, and life skills, as well as psychosocial and problem-solving abilities. TASSP is a collaborative effort involving provider agencies, community organizations, and professionals. Services are strengths-based, culturally responsive, and tailored to each youth's psychosocial, developmental, and treatment needs. The aim is to improve youth functioning in home, school, and community settings by providing structured treatment during after-school, summer, or out-of-school times.

Therapeutic After School and Summer Programs (TASSP)	
Region	Number of Providers
1	1
2	2
3	1
4	4
5	2
6	3
7	2
Total	15

Intensive Home and Community-Based Services (IHCBS)

Intensive Home and Community-Based Services (IHCBS) provide individualized, strengths-based, and culturally competent support to youth in their homes or communities. These services focus on addressing emotional and behavioral needs through interventions such as behavior management, therapy, crisis intervention, and parent education. IHCBS is designed for youth at risk of out-of-home placement, those transitioning back to their families or communities, and those with significant behavioral health needs. The goal is to provide intensive support to help stabilize and improve youth

functioning in their natural environments. Treatment modalities include Functional Family Therapy (FFT), Multidimensional Therapy (FFT), Multidimensional Family Therapy (MDFT), Multisystemic Therapy (MST), Therapeutic Behavioral Services (TBS), Family Program (FP), and other modalities for IHCBS.

Intensive Home and Community Based Services (IHCBS)	
Region	Number of Providers
1	1
2	1
3	2
4	7
6	2
7	3
Total	16

Peer Services

Peer support services in Idaho provide non-clinical, recovery-focused assistance to individuals and families facing mental health or co-occurring conditions.

- Adult peer support services help individuals aged 18 and older by promoting self-directed recovery, resilience, and community integration through Idaho-certified peer support specialists (CPSS).
- Family peer support services assist parents and caregivers of youth (21 and younger) with SED or mental health conditions, empowering them with advocacy skills and support networks through Idaho-certified family support partners (CFSP).
- Youth peer support services support adolescents aged 12-17 with SED or mental health conditions, fostering empowerment, resilience, and natural community connections under the guidance of Idaho-certified peer support specialists trained in youth support.

These services are provided in home, community, or agency settings and focus on promoting hope, empowerment, and long-term well-being.

Peer/Family Support	
Region	Number of Providers
1	22
2	8
3	19
4	53
5	20
6	23
7	35
Out of State	2
Total	182

Youth Support Services	
Region	Number of Providers
1	6
2	2
3	8
4	28
5	6
6	8
7	16
Out of State	1
Total	75

Recovery Coaching Services	
Region	Number of Providers
1	10
2	5
3	4
4	14
5	11
6	9
7	12
Total	65

Recovery & Resiliency (R&R) and Peer Support Services

Peer, recovery, and family support services are offered for individuals with mental health or substance use diagnoses. These services are available through Magellan network providers and include adult peer support, adult recovery coaching, youth support for SED, and family support for caregivers of youth with mental health concerns.

Magellan's Recovery Support Navigators (RSNs) and Family Support Navigators (FSNs) provide additional assistance. RSNs, who are Certified Peer Support Specialists, help adults with mental health and substance use challenges. FSNs, who are Certified Family Support Partners, assist parents and caregivers of youth facing similar issues. Both types of navigators use their lived experience to support individuals and families by offering guidance on wellness goals, connecting to community resources, and fostering resilience for long-term recovery.

Throughout implementation and onward, it is a high priority to continue implementing strategic initiatives that opens opportunities for peer services to be delivered. As part of these efforts, the Magellan has implemented the following Recovery & Resiliency (R&R) efforts:

Peer Support and Case Management now Available Prior to a Comprehensive Diagnostic Assessment (CDA)

During pre-implementation listening sessions, network providers shared feedback about the need for providing short-term support to members while they are waiting to receive a Comprehensive Diagnostic Assessment (CDA). In response to provider's feedback, 16 units of case management, adult peer support, youth peer support, family support, and recovery coaching services can now be initiated prior to the completion of a CDA.

Youth Peer Support Training

Certified peer support specialists, who complete youth peer support training, can provide support to youth members aged 12-17. Magellan held its training October 22-25, 2024, with 16 providers participating. Additional trainings will be held in the second, third and fourth quarters of calendar year 2025. To accommodate demand, training capacity has been expanded to 24 providers per session. To improve accessible for the network, Magellan is also developing e-learning modules for a portion of the training.

Peer Support Groups & Provider Guidance

In response to feedback from the network about the need for providing additional group opportunities for members, the network is now able to provide, and bill, for adult peer support, youth peer support, family peer support, and recovery coaching groups. Additional guidance on group facilitation is being developed. The R&R team has subject matter experts who support the network in integrating adult peer support, family peer support, youth peer support, and recovery coaching services. In addition to answering provider questions, the R&R team is in the process of creating additional guidance and opportunities to support the network in providing these services.

Peer Services Webpage

To support the network in effective integration of peer support services, a new webpage will soon be published on the Magellan of Idaho website to provide resources on: integrating and supervising peer support services, R&R-oriented principles and approaches, peer support training & certification, providing peer support in groups, and continuing education for the peer workforce.

Recovery & Resiliency Language Guide

In honor of National Recovery Month, Magellan sent a [provider notice](#) to the network to introduce Magellan's [Recovery & Resiliency Language Guide](#). The guide was developed by R&R team members who have lived experience with mental health and/or substance use conditions. Knowing that language reflects and reinforces our worldview, the guide supports the network in intentional use of respectful language to support members in their mental health and substance use recovery.

Recovery Support Navigation (RSN) & Family Support Navigation (FSN)- Magellan's Internal Peer & Family Support Program

The R&R team is collaborating with several behavioral health providers, including Idaho State Hospital South, Cottonwood Creek Behavioral Hospital, and Lifeways Hospital, to create a system for these facilities to refer IBHP members who need peer support services. The team is also working on establishing partnerships with other facilities, such as the One Love Agency Partial Hospitalization Program, Moonlight Mountain Recovery, Northpoint Recovery, Intermountain Hospital, Idaho State Hospital West, and various adult and youth crisis centers. In addition to these partnerships, the RSN/FSN

team works alongside Magellan's care management team to offer support to members and their families, particularly those who are hospitalized, receiving PHP, IOP, or are involved in Magellan's intensive care coordination.

Transition-Aged Youth Gameplan for Youth

The R&R and marketing teams are developing a guide for youth who have experience receiving YES services and are transitioning to adulthood. The guide will be a resource for youth and a helpful reference for network providers who support youth.

Community Health Aide Program (CHAP)

The Community Health Aide Program (CHAP) is a network of mid-level healthcare professionals providing increased access to quality care in rural Alaska, working alongside licensed providers. In 2016, the Indian Health Service (IHS) began consulting with Tribes on expanding the program, and in 2018, the CHAP Tribal Advisory Group (CHAP TAG) was formed to extend the program to the lower 48 states. For tribal providers in Idaho, if a CHAP provider's scope of practice encompasses the delivery of existing services under the IBHP, then Magellan's supervisory protocol applies, and they may submit claims for reimbursement in that manner. Magellan will work with tribal providers to continue building out the CHAP network in calendar year 2025.

Tribal Services

Indian Health Care Providers (IHCPs) play an essential and valued role in Idaho's healthcare system. These providers are primarily focused on serving American Indian (AI) and Alaska Native (AN) communities, although some also provide services to non-Tribal members. The term IHCP refers to healthcare programs operated by the Indian Health Service (IHS) or by Indian Tribes, Tribal Organizations, or Urban Indian Organizations (commonly referred to as I/T/U). These terms are defined in Section 14 of the Indian Health Care Improvement Act (25 U.S.C. § 1603).

Idaho is home to five federally recognized Tribes:

- The Shoshone Bannock Tribe, who are also known as the Newene and the Bahnuckwa people.
- The Shoshone Paiute Tribe
- The Coeur d'Alene Tribe
- The Kootenai Tribe
- The Nez Perce Tribe, also known as the Nimiipuu.

Magellan treats all IHCPs as 'in-network' for accurate and timely payments, regardless of their participation status. AI/AN individuals can access Medicaid services through any IHCP of their choice, whether the provider is in the network or not. Non-participating IHCPs can refer patients to in-network providers without requiring an additional referral. All tribal providers, even those without a contract with Magellan, can access Magellan's electronic systems for submitting claims and reviewing information, as well as participate in training and continuing education (CEU) opportunities.

The overarching goal of the IBHP in working with tribes is to be a trusted partner in ensuring tribal members have access to culturally respectful behavioral health services. Key goals entail including IHCPs in the IBHP network, maintaining strong partnerships with Idaho Tribes and organizations, and providing continuous information to tribal members and providers about the IBHP. The program aims

to engage tribal communities with up-to-date resources, encourage feedback on services, and collaborate with I/T/U providers, psychiatrists, and behavioral health clinicians. It also seeks to build partnerships with tribal leaders and organizations to connect with tribal members in need, provide targeted training, and ensure seamless transitions through active engagement with tribal representatives on advisory committees. Additionally, the IBHP participates in the Tribal Technical Advisory Board (T-TAB) and monthly/quarterly meetings with Idaho Tribes and the IDHW.

Magellan works with each tribe to provide mobile crisis services on tribal lands. We have signed resolutions with the Nez Perce Tribe and the Kootenai Tribe, enabling Magellan to help coordinate crisis services on their reservations. Magellan will continue to collaborate with all Idaho Tribes to support individuals in need of emergency behavioral health services.

Telehealth Utilization

Implementing telehealth behavioral health services offers a vital solution to increase access to care, especially for individuals in remote or underserved areas. This approach not only improves convenience for patients but also enhances the flexibility of providers, allowing them to serve a larger population without geographical limitations. Through telehealth, we can reach individuals experiencing mental health concerns, including those who may have mobility issues, time constraints, or live in areas with limited behavioral health resources. Additionally, telehealth services align with the growing demand for modern, technology-driven solutions in healthcare while maintaining high-quality care and confidentiality for patients.

Magellan has been closely monitoring the utilization of telehealth services in comparison to in-person care since the inception of the contract. Currently, approximately 33% of member services are being delivered through telehealth, reflecting a significant portion of care that is now accessible remotely. This data highlights the growing role of telehealth in enhancing service delivery, improving access to care, and providing members with greater flexibility in how they receive behavioral health services.

Telehealth Utilization			
Service Month	Utilization %	Telehealth Members	Non-Telehealth Members
July 2024	14.30%	8,740	27,044
Aug 2024	13.99%	8,961	27,937
Sept 2024	14.14%	9,025	27,811
Oct 2024	14.26%	9,587	28,809
Nov 2024	14.32%	9,249	27,625
Dec 2024	15.40%	9,208	26,030

New Service Development

Magellan is working collaboratively with DBH to expand access to members with new service offerings. In partnership with DBH’s Center of Excellence (COE), Magellan will continue to utilize these COE teams as subject matter experts to collaborate, create, provide, and share expertise, best practices,

and support through individual competency centers. These dedicated teams will organize, manage, and assist in the implementation of best practices, including coaching, mentoring, training, fidelity monitoring, technical assistance, certifications, and analysis of standards/guidelines to support administrative code. Currently, DBH supports six competency centers that include:

- Assertive Community Treatment (ACT)
- Transformation Collaborative Outcome Management (TCOM)
- Early Serious Mental Illness (ESMI)
- Wraparound (IWInS)
- Parenting with Love and Limits (PLL)
- Crisis Mobile Response Team (MRT)

As outlined in the IBHP, Magellan is providing all services upon the service start date, which includes a phased approach for the new services.

ACT Teams (Assertive Community Treatment)

ACT teams are a team-based model approach to provide a range of intensive community-based services to people who experience Severe and Persistent Mental Illness (SPMI) and often have co-occurring substance abuse disorders. ACT teams strive to function as a psychiatric hospital without walls, helping people maintain recovery in the community and reduce psychiatric hospital and jail stays. The ACT COE has partnered with the University of Washington Spirit Lab to assist with: manualized training, monthly coaching calls, ACT fidelity monitoring and training, role-specific training, coaching, and guided step-by-step implementation.

Currently, Magellan has contracted with six ACT teams (two full teams with a capacity of 100 members and four half teams with a capacity of 50 members) throughout Idaho:

Region	ACT Provider
2	Riverside Recovery (Half Team)
3	Human Supports of Idaho (Half Team)
4	Access Behavioral Health (Full Team)
5	Family Health Services (Half Team)
6	Mental Health Specialists (Half Team)
7	Tueller Counseling Services (Full Team)
Total	6

Future staffing and ACT expansion will be developed in collaboration with IDHW.

Transformation Collaborative Outcome Management (TCOM)

To support children and youth, Magellan meets monthly with the Transformation Collaborative Outcome Management (TCOM) COE for the “One Kid, One CANS” meeting. This group includes department staff, network providers and community advocates, and focuses on ensuring that every youth has one CANS assessment. The group also discusses ways to improve delivery and adoption of the CANS, including enhancements to the Person-Centered Intelligence System (P-CIS) system.

Providers in all seven regions currently use the CANS with children and youth in need of services. In calendar year 2025, Magellan will seek collaboration with tribal communities across Idaho to expand the use of the CANS with tribal members. Additional efforts will also focus on increasing access to services for children and youth statewide and broadening the use of the CANS assessment among providers.

ESMI Teams (Early Serious Mental Illness)

Early Serious Mental Illness (ESMI) is the initial period of symptom onset. The Idaho ESMI COE focuses on individuals ages 15 to 30, who have recently struggled with schizophrenia-spectrum disorder or bipolar disorder with psychiatric features, and who have had their first episode of psychosis in the past two years. The ESMI Competency Center utilizes a Coordinated Specialty Care (CSC) approach based off the OnTrack NY model that includes an evidence-based team approach. The approach strives for decreased hospitalizations and increases shared decision-making to reach educational, vocational, relational, and independent living goals. Studies show early diagnosis and appropriate treatment make it possible to recover from psychosis. Recovery means the ability to live a fulfilling and productive life, even if the psychotic symptoms sometimes return.

Currently, Magellan has contracted with three ESMI teams throughout Idaho:

Region	ESMI Providers
3	Clarvida of Idaho
4	Clarvida of Idaho
6	Behavioral Enhancement Health Services (BEST) LLC
7	Rehabilitative Health Services
Total	4

Magellan will begin recruitment and will establish ESMI teams in regions 1, 2, and 5 within two years of the service start date.

Parenting with Love and Limits (PLL) Teams

Parenting with Love and Limits (PLL) is an evidence-based, family-focused intervention and treatment program. It integrates multi-family group therapy and individual family therapy to treat youth, ages 10-18, with severe emotional and behavioral problems. The PLL COE assists providers in coordinating the best practices for program implementation, coaching, mentoring, training, fidelity monitoring, technical assistance, certifications, and analysis of standards/guidelines to support administrative code, data analysis, and outcomes. A team of certified PLL subject matter experts collaborates, creates, provides, and shares expertise, best practices, and support for the PLL Competency Center in Idaho.

Currently, Magellan has contracted with nine PLL teams throughout Idaho:

Region	PLL Providers
1	Idaho Youth Ranch
2	Paradise Creek Counseling
3	Access Behavioral Health
4	Access Behavioral Health
4	Idaho Youth Ranch
5	Positive Connections Plus
6	Bannock Youth Foundation
7	Children's Supportive Services
7	Pettingill Counseling Services
Total	9

By the start of the second year of service, Magellan will increase the number of providers to ensure there are at least two PLL clinicians in each region. By the start of the third year, this number will increase to at least three PLL clinicians per region. By the start of the fourth year and continuing for the rest of the contract, Magellan will ensure there are at least four PLL clinicians per region.

Wraparound Teams (Intensive Care Coordination)

Wraparound Intensive Services (WInS) is a form of high-fidelity wraparound (HFW) that is a structured fidelity-based care coordination planning process, which is an evidence-based modality of ICC. Wraparound planning involves multiple systems and is intended to assist youth and families who may be experiencing high levels of need or are at risk of requiring more intensive services, including out-of-home placement. WInS is strengths-based, culturally responsive, family-driven, youth-guided, has a structured framework, and is implemented through a CFT facilitated by a high-fidelity trained wraparound coordinator. While building relationships of trust and understanding, the team will work together to create a system of supports that helps the family move forward with confidence.

The Idaho Wraparound Intensive Service (IWInS) COE provides coaching, training, fidelity monitoring, quality management, and technical assistance to providers implementing the IWInS high-fidelity model of wraparound. This model serves youth and their families facing significant behavioral health needs. IWInS ensures fidelity to the [National Wraparound Initiative \(NWI\) model](#) through standardized fidelity tools and quality monitoring; it establishes Idaho-specific coaching models and standards of practice tailored to the state's requirements. IWInS reports outcomes from quality reviews to families, system partners, and stakeholders, ensuring high-quality Wraparound services for youth and families in need of behavioral health support.

Currently, Magellan has contracted with nine WInS providers:

Region	WInS Providers
2	Sequoia Counseling Services Inc.
2	Scott Community Care
3	Access Behavioral Health
4	Noble Intent
4	BPA Health (and Remote)
5	Positive Connections Plus
5	Crosspointe Family Services
6	Life Changes Associates (Center Counseling)
7	A Penney for Your Thoughts
Total	9

Within the first year after the service start date, Magellan must provide Wraparound services to at least 300 children, youth, and their families. After the first year, Magellan must develop the capacity to provide wraparound services to all eligible children and youth in Idaho, based on their needs. Additionally, Magellan must establish annual goals, approved by the IDHW, that are based on the identified needs of the population.

988, Mobile Crisis Services, Crisis Centers

Magellan has implemented a statewide crisis system based on SAMHSA's best practices, which include three key components: someone to talk to (988), someone to respond (mobile response), and somewhere to go (crisis centers). Initially, Magellan equipped the crisis call center with advanced software, Behavioral Health Link (BHL), that enables the Idaho Crisis and Suicide Hotline (ICSH) to serve as the Care Traffic Controller or Crisis Hub. This software helps guide call responders through assessments and directs them to appropriate resources, such as mobile crisis responders. The new system will also allow us to track important data, including time, location, and call volume, across the state and throughout the entire crisis care system.

988 (Crisis Telephonic Response)

Idaho residents can call or text 988 at any time to speak with a trained professional who can assist them during a behavioral health crisis. Whether experiencing suicidal thoughts, mental health struggles, a substance use crisis, or any form of emotional distress, individuals can reach out to 988. Additionally, people concerned about a loved one in need of crisis intervention can also call or text 988.

Mobile Crisis Response

Magellan has partnered with Community Bridges, Inc (CBI) and Benchmark Human Services to provide mobile crisis services in Idaho. Magellan has and will continue to use a phased approach to implement mobile crisis in Idaho. During the first six months of the contract, mobile crisis services were available Monday- Friday, 8 a.m.-5 p.m. MT. During the second six months of the contract, Magellan increased access to 8 a.m.-11 p.m. MT Monday- Sunday. By the second year of the contract, Magellan will implement a 24/7, 365 mobile crisis response statewide. The goal for Magellan is to establish relationships with community partners, establish mobile crisis into all communities, and use utilization data to make informed decisions when expanding and adding mobile crisis teams throughout the state. **Benchmark Human Services**, a national organization with services in 18 states and growing, leverages

65 years of dedicated experience to empower individuals, integrate them into their communities, and enhance their quality of life. In Idaho, their focus is exclusively on mobile crisis services, where their team of local clinicians and peer support specialists, driven by a deep love for Idaho and a vision for its prosperity, engages with people from all walks of life. By blending Benchmark's holistic approach with local compassion, the mobile crisis initiative not only addresses immediate needs but also guides individuals to local services in their communities, assisting them on their path to long-term recovery and significantly impacting Idaho's communities.

CBI (Community Bridges Inc.), a 501c3 non-profit celebrating 42 years of service in 2024, is headquartered in Mesa, Arizona, with facilities in Oklahoma and Washington, DC, and employs 2,000 people. In 2024, they expanded to provide mobile crisis response services in Idaho. CBI's mission is to uphold human dignity and drive positive change in the community. Their services include integrated behavioral healthcare, medical detox, psychiatric emergency care, transitional support, enhanced outpatient treatment, homeless outreach, housing for women and families, and community prevention and education.

Crisis Center Response

Magellan has worked to contract with all 11 of Idaho’s adult and adolescent crisis centers. Crisis centers provide a safe place for adults and adolescents experiencing behavioral health crises, such as suicidal thoughts or drug withdrawal, offering up to 24 hours of care. Services include a bed, food, and professional support, with no charge to members. Members are connected to appropriate community resources, and most receive help in less than 24 hours. Services include a 24-hour hotline, detox, and crisis intervention and prevention.

Adult Crisis Centers

Region	Provider
1	Northern Idaho Crisis Center
2	Rural Crisis Center Network
3	Western Idaho Community Crisis Center
4	Clarvida Community Crisis Center of Southwest Idaho
5	Crisis Center of South-Central Idaho
6	Southeast Idaho Behavioral Crisis Center
7	Behavioral Health Crisis Center of East Idaho
Total	7

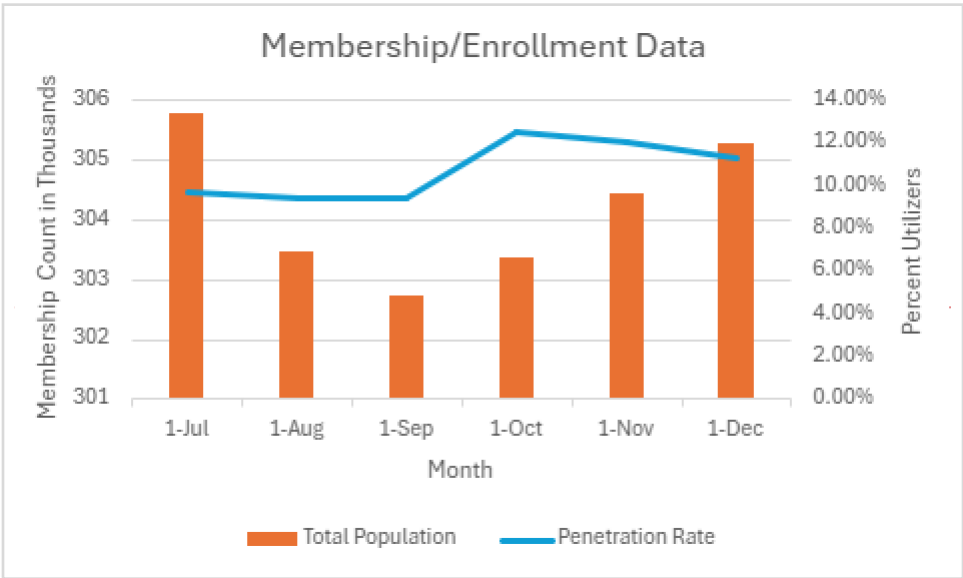
Adolescent Crisis Centers

Region	Provider
3	Western Idaho Youth Support Center
4	Clarvida Youth Support Center
5	Proactive Youth and Family Support Center
7	Rise Up Teen and Child Crisis Center of East Idaho
Total	4

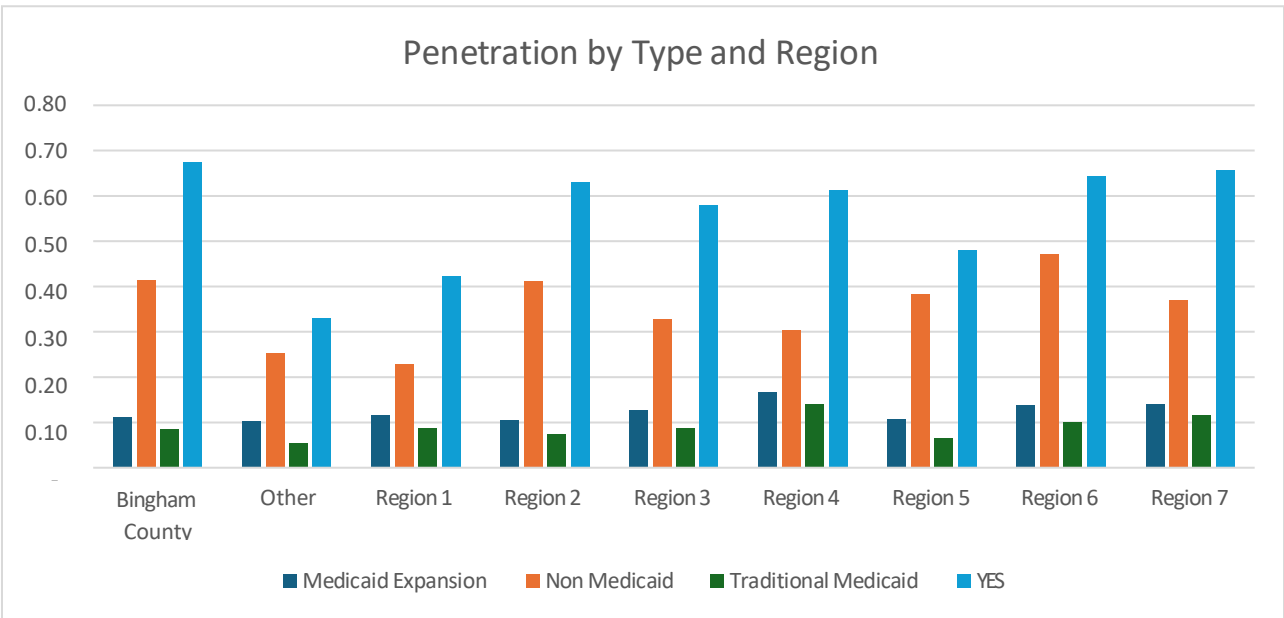
Idaho Behavioral Health Plan Membership

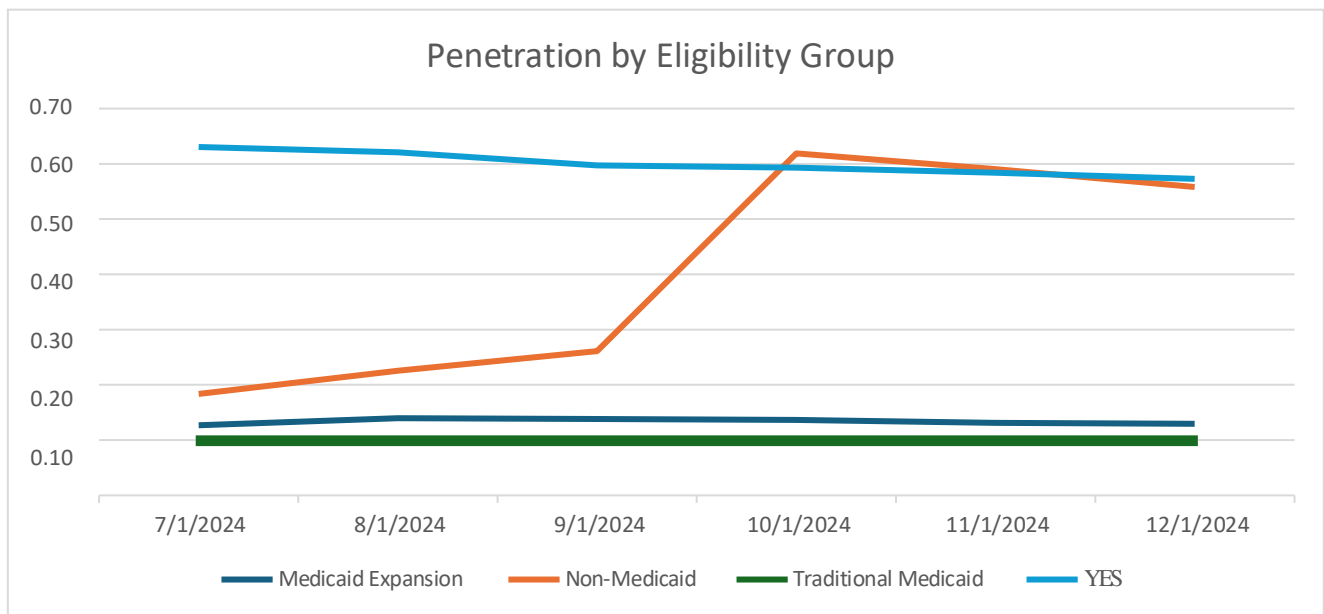
Membership Demographics

The IBHP provides services to Medicaid-eligible individuals and other state-funded residents of Idaho, with a total membership of 305,281 participants as of the end of the reporting period (July 1 – Dec. 31, 2024). During the initial reporting period, approximately 10.65% of the eligible membership received services, as shown in the trend graph below.



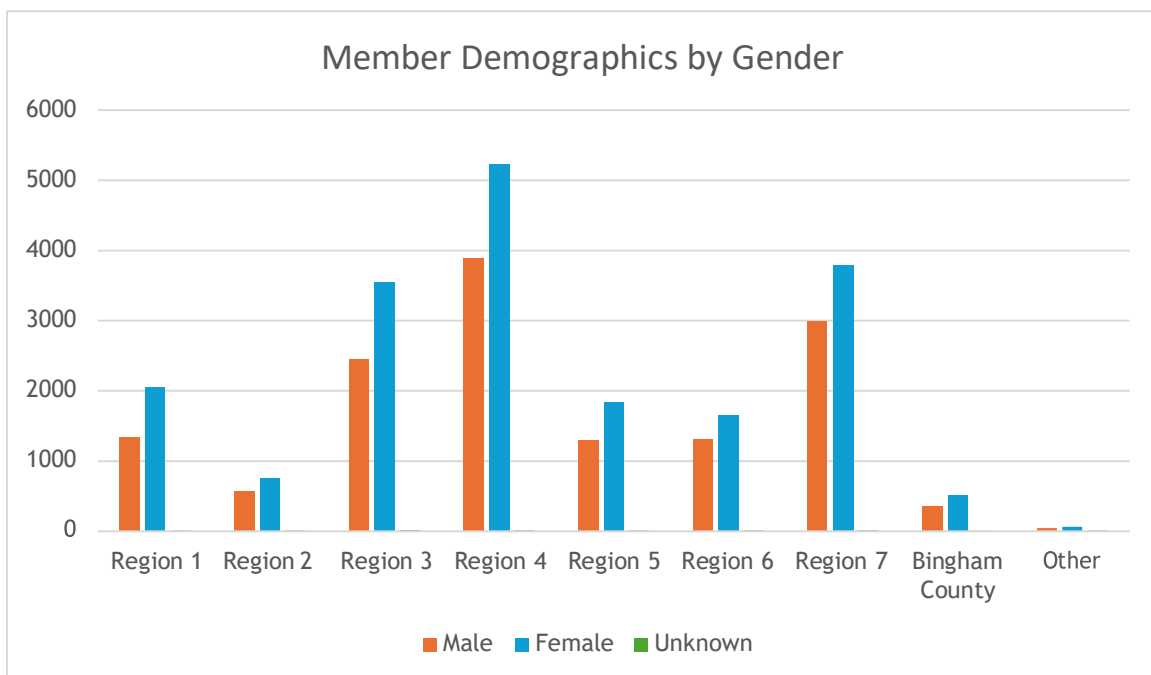
Furthermore, Magellan has analyzed membership demographics to include penetration rate by type of eligibility and region.

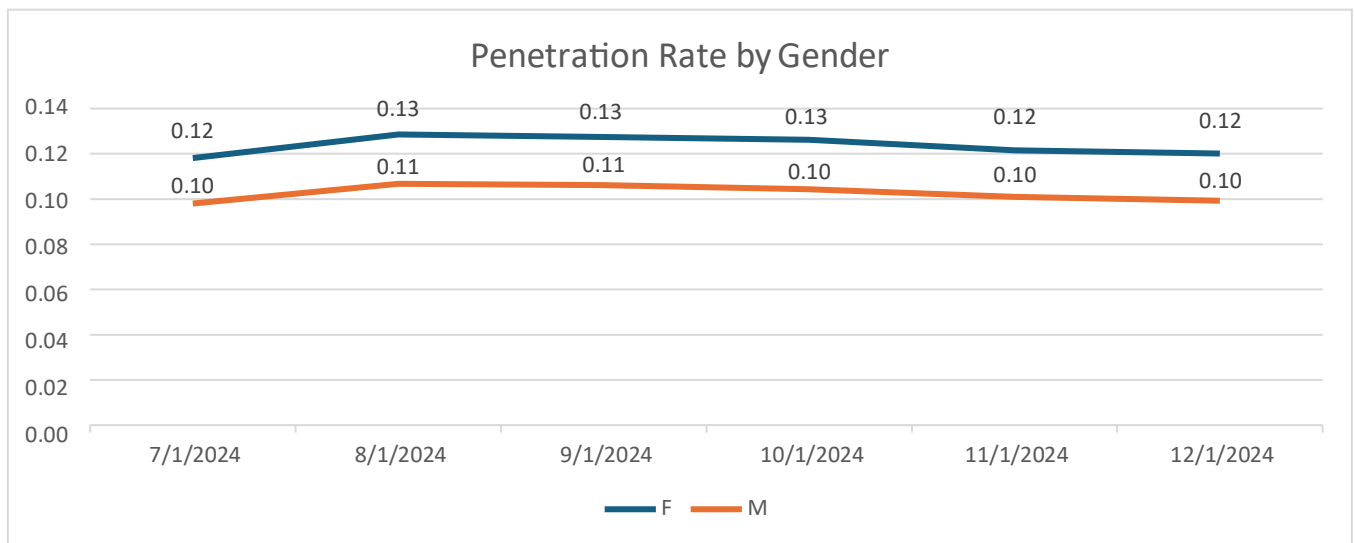




Membership Demographics by Gender

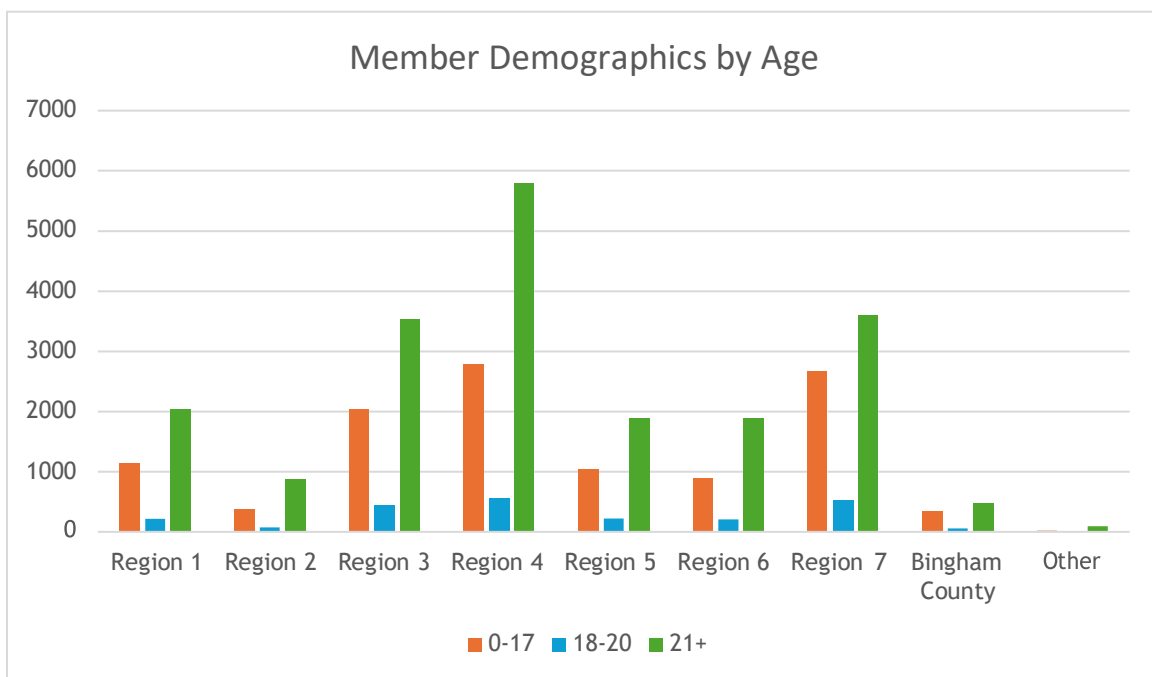
Through the initial reporting period of the IBHP, more female members (19,423) than male members (14,236) have accessed care from enrolled providers across Idaho. This graph highlights the distribution of unique members by gender who have received services, based on enrollment data from the IDHW.





Medicaid Membership Demographics by Age

The supporting graph below provides a detailed breakdown of the population served through the initial reporting period of July 1, 2024- Dec. 31, 2024, categorized by age group. The annual review includes three age groups: 0 to 17, 18 to 20, and 21 and over. During this period, 11,311 members under age 18 received services, while 2,283 members between 18 and 20 received care. The largest group, consisting of 20,165 members, was aged 21 and older. The graph visually represents the count of unique members by age group who received services during the reporting period.



Geo-Access Reporting

Magellan uses geo-access reporting to evaluate member access by analyzing geographic locations and the travel time required to reach the nearest provider. These reports support strategic planning and goal-setting for network development and provider recruitment efforts.

Additionally, geo-access reports help identify geographic areas with provider shortages, assess compliance with accessibility standards, and pinpoint underserved communities. This information enables targeted provider outreach and recruitment, guides decisions on expanding or contracting the network, and ensures that the network meets regulatory requirements for timely member access to care. By regularly leveraging geo-access data, Magellan can proactively address gaps, improve service distribution, and enhance the overall accessibility of its provider network.

For geo-accessing reporting purposes, each county in Idaho was designated as urban or rural by IDHW. When evaluating accessibility Magellan uses the following standards for travel time:

1. Members residing in urban areas (Area 1): 30 Miles or 30 minutes.
2. Members residing in rural areas (Area 2): 45 Miles or 45 minutes.

The provider types and services captured in our geo-access reporting includes the following: Credentialed providers by license type

1. Service providers of community-based services
2. Service providers of the following programs:
 - a) Intensive outpatient
 - b) Day treatment
 - c) Partial hospitalization
 - d) Crisis centers
 - e) Intensive Home and Community-based services
 - f) Outpatient Providers

The chart below demonstrates geo-access by services and provider type for urban and rural members.

Urban vs. Rural Behavioral Health Access Comparison						
Service Type	Urban Access %	Urban Avg. Distance (Miles)	Urban Avg. Travel Time (Minutes)	Rural Access %	Rural Avg. Distance (Miles)	Rural Avg. Travel Time (Minutes)
Psychiatrist	99.90%	2.6 miles	3.0 mins	97.70%	10.3 miles	11.3 mins
Non-MD/Doctorate Providers	99.90%	3.2 miles	3.9 mins	86.00%	18.3 miles	20.4 mins
Non-MD/Non-Doctorate Providers	99.90%	1.5 miles	1.7 mins	99.80%	4.7 miles	5.1 mins
Community Based Service	99.90%	1.9 miles	2.2 mins	99.70%	6.0 miles	6.5 mins
Intensive Outpatient	99.70%	3.5 miles	4.3 mins	91.40%	18.9 miles	20.7 mins
Day Treatment	89.00%	10.1 miles	12.6 mins	67.00%	35.5 miles	42.8 mins
Partial Hospitalization	96.90%	6.8 miles	8.6 mins	69.60%	35.1 miles	41.6 mins
Crisis Centers	99.70%	4.1 miles	4.9 mins	72.30%	32.1 miles	35.5 mins
Intensive Home & Community Based Services	99.90%	3.1 miles	3.8 mins	97.20%	13.1 miles	14.3 mins
Outpatient Providers	99.90%	1.4 miles	1.6 mins	99.80%	4.7 miles	5.1 mins

Network Provider Wait Time Reporting

To track provider, wait times across Idaho, Magellan monitors member appointments for behavioral health services, categorized as critical, urgent, or non-urgent. Critical appointments are those available within six hours of a referral, urgent appointments are available within 48 hours, and non-urgent appointments are available within 10 business days of a referral.

Each month, Magellan network team randomly selects providers from all seven regions to assess gaps and barriers related to wait times. Magellan staff call 10 providers from each region, identify themselves as working for the Magellan network team and inquire about the wait times for each appointment category. Providers are not sampled more than once every six months. If any providers are unable to meet access standards, the Magellan network team collaborates with them to develop tailored strategies for reducing wait times.

Network Provider Appointment Wait Times by Region			
State Fiscal Year Quarter 1			
Region	Non-Urgent Appointments Wait Time (Avg Days)	Urgent Appointments Wait Time (Avg Hours)	Critical Appointments Wait Time (Avg Hours)
Region 1	6.50	23.38	3.38
Region 2	4.67	20.42	2.58
Region 3	4.00	43.00	37.58
Region 4	15.83	276.97	15.17
Region 5	6.00	28.00	12.98
Region 6	15.89	179.89	165.33
Region 7	9.83	188.00	174.67
Statewide	8.96 days	108.52 hours	58.81 hours

Network Provider Appointment Wait Times by Region			
State Fiscal Year Quarter 2			
Region	Non-Urgent Appointments Wait Time (Avg Days)	Urgent Appointments Wait Time (Avg Hours)	Critical Appointments Wait Time (Avg Hours)
Region 1	6.50	23.38	3.38
Region 2	8.17	22.67	5.33
Region 3	6.50	28.00	12.33
Region 4	9.00	36.00	18.67
Region 5	8.94	15.22	10.55
Region 6	11.00	28.00	18.00
Region 7	6.50	21.83	4.83
Statewide	8.09 days	25.01 hours	10.44 hours

Note: This report utilizes IDHW Medicaid Regions.

Care Management and Youth Empowerment Services

Magellan's care management system provides comprehensive support for IBHP members through care coordination and ICC provided directly by Magellan clinical team. WInS and case management are provided through Magellan network providers. These services connect individuals to medical, behavioral, and social supports, with a focus on coordinated, strengths-based, and outcome-driven care. For youth, the YES system of care delivers individualized, family- and community-based supports for those with serious emotional disturbance. Magellan continues to work to expand provider networks, peer support, and crisis response to ensure that individuals and families across Idaho receive integrated, accessible, and person-centered behavioral health care.

Care Management

Care management is a comprehensive system that includes medical and psychosocial management, such as utilization management, care coordination, discharge planning, and quality management. It focuses on outcome-driven, strengths-based, and non-judgmental approaches to help individuals access and manage mental health, physical health, and social services.

Care management also provides advocacy, information, and resources to meet basic needs, ensuring access to the right services and avoiding duplication. These services empower individuals to manage their behavioral health and improve their lives. Some services are covered by the IBHP and provided by network providers, while Magellan staff offers others.

Magellan's administrative care management system includes both care coordination services and intensive care coordination (ICC) services. Care coordination is available to all IBHP members with mental health or substance use concerns and is provided by trained Magellan Care Coordinators. They assist with obtaining the right assessments, linking to services and supports, and navigating behavioral healthcare in Idaho. If more complex needs are identified, members may qualify for intensive care coordination and/or case management through an IBHP community provider.

Intensive Care Coordination and Wraparound Intensive Services

Intensive care coordination is available for individuals with mental health or substance use disorders who meet specific criteria. It can be self-referred or referred by family, community members, or providers. Intensive care coordinators (ICCs), who are licensed clinicians, help develop personalized care plans, connect individuals to services, and ensure coordinated care with a supportive team chosen by the individual.

For adults, ICC is provided by Magellan Intensive Care Coordinators for those ages 18 and over with serious mental illness or serious and persistent mental illness (SPMI) who are transitioning from an acute psychiatric hospital or state hospital, in residential care, or involved in multiple systems related to their mental health needs.

Intensive care coordination is available for youth ages 17 and under who have a Child and Adolescent Needs and Strengths (CANS) score that shows they need a higher level of care, are transitioning from out-of-home placement such as therapeutic foster care, an acute psychiatric hospital, or a psychiatric residential treatment facility (PRTF), or are at risk of out-of-home-placement, or those involved in multiple child-serving systems related to their mental health needs. ICC services aim to promote integrated, coordinated care, with youth receiving services based on their needs and strengths. ICCs promote integrated services, with links between child-serving agencies and programs. Services are accessed, coordinated, and delivered consistent with the YES Principles of Care and Practice Model. Depending on the level of need and youth and family preferences, ICC services can be provided to youth by a Magellan YES Intensive Care Coordinator (YES ICC) or through the Idaho wraparound intensive services (Idaho WInS) by a Magellan network provider.

Idaho WInS is an evidence-based form of intensive care coordination and Idaho's high-fidelity wraparound (HFW) model. It is a structured care coordination planning process. It follows very specific steps to help youth and their family identify and get the help they need.

Case Management

Case management is available to all IBHP members with a mental health and/or substance use disorder diagnosis. It is a covered benefit delivered by Magellan network providers. Case management is an outcome-focused, strengths-based, collaborative process. The provider assesses, plans, links, coordinates, and monitors options and services that address the member's needs and strengths. Members can receive ICC and Case management concurrently.

Youth Empowerment Services (YES)

Youth Empowerment Services (YES) is Idaho's system of care for children under 18 with serious emotional disturbance (SED), providing access to a range of mental health services and support. To be eligible for YES, youth must be Idaho residents, under 18, and either have or be at risk for a diagnosis of SED, which includes a behavioral health diagnosis and functional impairment. YES services include care planning, crisis services, therapy, and community resources, with a focus on family-centered, strengths-based approaches.

YES services adhere to the YES Principles of Care, emphasizing family and youth involvement, individualized care, and community-based support. The system ensures coordination among providers, agencies, and the family to deliver a comprehensive treatment plan. Youth with Medicaid can access YES services. Individuals who are not enrolled in Medicaid may be referred for an independent assessment to determine their eligibility. The care process includes ongoing assessments, team meetings, and monitoring to ensure the youth's evolving needs are met.

Families can access the YES system of care through Magellan, with services coordinated through a child and family team (CFT) that includes the youth, family and providers. The team meets to develop and adjust care plans, helping ensure the youth receives appropriate services and support based on their needs.

As part of the YES system of care implementation, Magellan will utilize the YES family survey to build strategies into our network development. This includes:

Develop a network of specialized treatment providers for a defined group of youth with complex needs.

Magellan will:

- Continue to address administrative burdens, to incentivize providers to join the network and offer specialized services, ensuring greater service availability and flexibility.
- Prioritize the implementation of value-based care to improve outcomes for youth with complex needs, aligning care with the desired results for individuals and communities.
- Focus on youth peer support (YPS) training and work to expand its presence within the provider network, ensuring that YPS is integrated effectively in service delivery.
- Partner with peer support and family support training providers to strengthen the peer network.
- Provide information to the network team for agencies that may be interested in adding peer services to their offerings, enhancing the range of available support for youth.
- Create a training to review different types of peer support and how each type has an impact on supporting a family/youth.
- Continue working with other teams to identify and implement best practices for emphasizing youth voice and choice in higher levels of care, with a focus on identifying the appropriate training and treatment protocols for effectively treating the unique needs of this population.
- Share information on youth peer support with youth, families, agencies, and internal teams to highlight the importance of counseling and peer support, addressing gaps in services as identified by caregivers and families.
- Utilize SCA data to better understand the needs of the community and members, ensuring that services are targeted effectively.
- Solicit feedback as Psych Hub continuously adds new trainings on the types of training needed to better equip providers and communities to work with complex youth, particularly those with dual diagnoses.
- Explore opportunities for community providers to partner with organizations like ECHO and REACH, enhancing collaboration and training for working with complex youth.
- Explore virtual service options, with a focus on making services more accessible and flexible to meet the diverse needs of youth, and explore opportunities for telehealth training, support and flexibility for providers.
- Evaluate innovative payment methodologies for providers and SCAs to improve access to services, ensuring that necessary resources are available to providers and families alike.
- Implement targeted follow-up efforts with providers who have expressed interest in offering a service but have not yet pursued it, and provide support to help them overcome any barriers, enabling them to offer these services.
- Provide support for business growth and development, through marketing and outreach such as stakeholder engagements, provider advisory committees, e-blasts, and provider and member newsletters.

Focus on supporting Idaho families and providers to deliver youth mental health services that align with the YES principles, including community-based services, collaborative care, and individualized care.

- Ensure YES information is available to members and providers through Magellan's website and provider literature such as our IBHP Provider Handbook Supplement and Appendix C and the Member Handbook.
- Actively engage stakeholders to gather feedback and improve accessibility.
- Develop ongoing training programs to include targeted training that focuses on the YES Principles of Care and Practice Model to support quality service delivery.

Improve accessibility of intensive community-based services for youth who have the most intensive needs (i.e., those with a CANS score of 3).

- Continue to streamline our contracting process to expand community-based services and accessibility for those with the most acute needs in Idaho.
- Monitor services rates to determine enhancements and adjustments that will attract providers and ensure availability of essential services.
- Monitor and expand services allowable prior to a CDA. This will allow for quicker access to necessary services. This has allowed providers to provide services such as crisis psychotherapy, psychological/neuropsychological testing, community-based case management, health and behavioral assessment intervention services, family support, recovery coaching, adult peer support, and youth support.

Take steps to improve care coordination for youth who have the most intensive needs (i.e., those with a CANS score of 3).

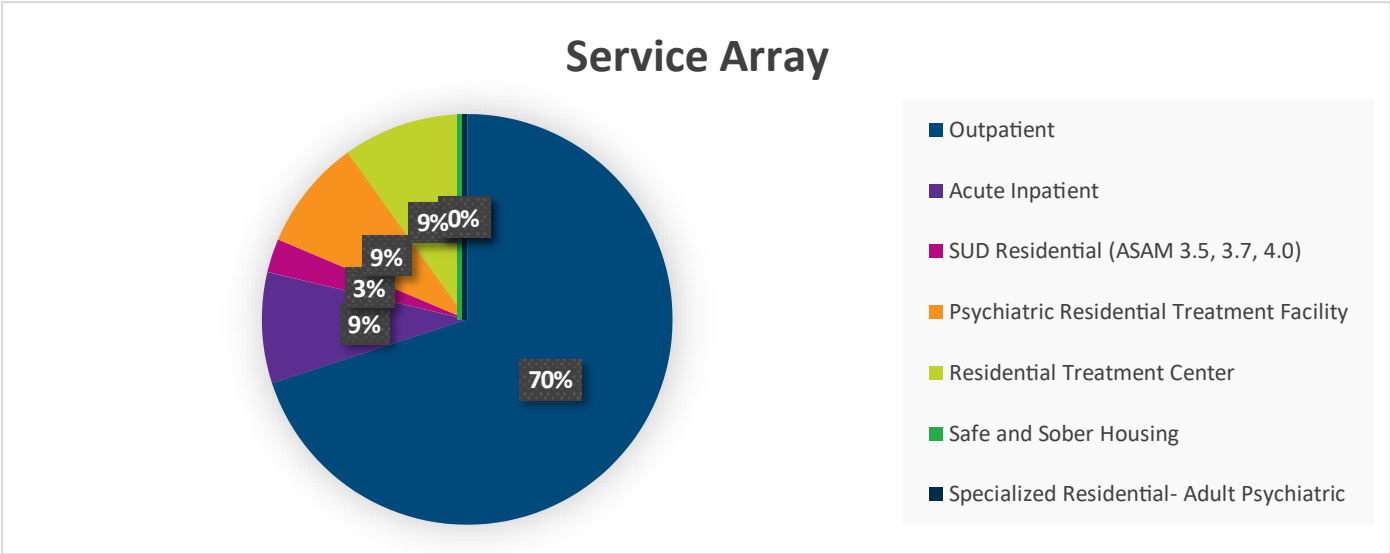
- Continue building out the WInS provider network to enhance service delivery options to improve accessibility for youth and families.
- Allow community-based providers to administer the Person-Centered Service Plan (PCSP), improving coordination and ensuring more tailored care for youth and families.
- Allow concurrent ICC and Case management services to ensure comprehensive care is available.

Improve the adequacy of mental health crisis response services for youth in Idaho by continuing and expanding current efforts to train providers and educate families.

- Improve the functionality of the crisis plan tool in Magellan's outcomes and assessments system to ensure continuity of care across providers, hospitals, and members.
- Continue enhancing crisis training and availability for providers.
- Expand crisis continuum of care statewide, which includes telephonic response (988), Mobile Response Teams (MRT), and crisis center availability. Telephonic response and crisis centers are available 24 hours a day, 7 days a week and MRTs will expand their hours to 24 hours a day, seven days a week starting July 1, 2025. Currently, MRTs are available Monday-Sunday 8 a.m.-11 p.m.

Single-Case Agreements (SCAs)

Magellan is committed to working with out-of-network providers when a specific type of provider is unavailable to meet a member's needs, or when a member requires specialized treatment that an in-network provider cannot offer. Single-case agreements (SCAs) are a key tool in providing flexibility and access to necessary care. As part of ongoing network development, Magellan will continue to make efforts to incorporate out-of-network providers who have entered SCAs for member care into the network, if it benefits the members or if the provider consistently requests SCAs. Magellan has currently completed SCAs for seven different provider types, including outpatient services, acute inpatient services, SUD residential services, PRTF/RTC residential services, safe and sober housing services, and specialized residential adult treatment. The graphic below outlines the SCA service array based on claims data since the start of the IBHP.



Quality of Care

Magellan is dedicated to continuous quality improvement and outcomes management through its Quality Improvement Program (QIP), which involves assessment, planning, measurement, and reassessment of key aspects of care and service. The organization upholds a Quality Assurance Process Improvement (QAPI) program that aligns with state and federal regulations, including 42 CFR §438.200, the Idaho Medicaid State Plan, and IDHW requirements. To support Idaho's QIP, Magellan requires its providers to be well-versed in Medicaid and Magellan guidelines and to integrate these standards into their care for members.

Quality of Care (QOC) Investigations

As part of our Idaho QIP, Magellan has established a model of continuous quality improvement using clinically sound, nationally developed, and accepted criteria. If a QOC investigation is needed, the Magellan quality team will take appropriate action to address service delivery, provider, or other quality issues as they are identified.

Treatment Record Reviews

Magellan ensures behavioral health record documentation complies with federal, tribal, state, IDHW, and Magellan standards. As part of its quality oversight, Magellan conducts routine treatment record reviews to assess provider documentation, adherence to clinical guidelines, and overall network performance. Findings are included in the annual QIP evaluation to identify areas for improvement. Additionally, Magellan may conduct special reviews in response to quality concerns, incidents, or complaints. Feedback is provided consultatively to help providers understand strengths and areas for improvement.

Provider and Member Complaints, Appeals, and Fair Hearings

Magellan has a provider complaint system that allows providers to dispute policies, procedures, or any aspect of its administrative functions. A provider complaint is defined as any verbal or written expression of dissatisfaction from a provider, directed to any Magellan employee, regarding policies, procedures, payments, or other communications or actions taken by Magellan.

Individuals have the right to challenge decisions made by Magellan or the IDHW, including services provided or recommended. There are three ways to address disagreements: complaints, appeals, and state fair hearings. Complaints can be filed at any time regarding dissatisfaction with care, treatment, or services and can be made orally or in writing. Appeals, which must be filed within 60 days, are specifically related to benefits and decisions affecting healthcare. Magellan offers both standard and expedited appeal processes, with decisions issued within 30 days for standard appeals. If dissatisfied with an appeal decision or if the deadline is missed, individuals can request a state fair hearing through IDHW within 120 days of the appeal decision. All processes are designed to ensure that individuals continue to receive necessary services without penalty while their complaints or appeals are being processed.

Deliverable	From July 1-Dec. 31, 2024
Quality of care investigations	35
Treatment record reviews	168
Complaints (members)	22
Complaints (providers)	37
Appeals	15
State Fair Hearings	0

As part of our quality initiatives, Magellan’s Annual Member Experience Survey is in development with an implementation date of Spring 2025.

Network-Related Goals & Future Development

Magellan will continue to actively monitor our provider network throughout the first year of the IBHP to ensure full compliance with all contracted standards. This initial year will serve as a foundational baseline assessment, enabling us to refine our network development strategies and set clear goals aimed at enhancing member access and fostering a comprehensive continuum of care from emergency crisis services to community-based supports. Moving forward into the next year, Magellan's clinical, quality, and network teams will collaborate regularly to identify and develop performance improvement projects (PIPs) that address these overarching goals, as well as targeted clinical and quality initiatives.

Magellan achieved several key milestones in the implementation of the IBHP. The following summary highlights these milestones along with the goals and objectives for next steps in each area. These goals were developed through a comprehensive process that incorporated a strengths, weaknesses, opportunities, and threats (SWOT) analysis, data reporting, and feedback from providers, members, IDHW, other stakeholders, and Magellan's internal teams across multiple departments. While this overview focuses on the network team's main priorities for calendar year 2025, it is not intended to capture every planned initiative or all operational details. Additional activities and future enhancements are continuously considered and developed as part of Magellan's ongoing commitment to supporting the evolving needs of Idaho's behavioral health system.

YES System of Care for Children and Youth

Accomplishments in Calendar Year 2024

In calendar year 2024, Magellan focused on implementing key services for the YES system of care. These included ICC, CFTs, PCSPs, and the extensive array of IBHP services that serve children and families.

Supporting children, youth, and families is a top priority for the Magellan team.

Plans for the Coming Calendar Year

In calendar year 2025, Magellan will increase access to a broad range of services needed by children and youth throughout Idaho. These goals are detailed in the section below. In addition to this work, Magellan will continue to prioritize expanding access to ICC, CFTs, and increasing utilization of PCSPs. These services and supports are essential to addressing the needs of Idaho's most vulnerable children, youth, and families.

ICC services are designed to promote integrated and coordinated care, ensuring that youth receive services tailored to their individual needs and strengths. Depending on the level of need and the preferences of youth and families, ICC services may be provided directly by a Magellan YES Intensive Care Coordinator (YES ICC) or through the Idaho WInS program, delivered by a Magellan network provider. These collaborative teams regularly meet to develop and adjust care plans, ensuring that

youth receive the appropriate services and supports based on their evolving needs.

Goal 1

Increase access to ICC through expansion of WInS across the state, ensuring that all youth have access to ICC services as needed.

Objectives

- By the end of calendar year 2025, third quarter, at least one provider in region 1 will deliver WInS.
- By the end of calendar year 2025, third quarter, identify at least two additional geographic areas where WInS access is needed and recruit providers in those areas.
- By the end of calendar year 2025, fourth quarter, in partnership with the COE, complete training and contracting with the identified providers.

Goal 2

Provide training to the IBHP Network on YES principles of care.

Objectives

- By the end of calendar year 2025, third quarter, Magellan training, network, and clinical teams will collaborate to develop a proposed training curriculum.
- By the end of calendar year 2025, fourth quarter, Magellan will finalize the training content and implementation plan for rollout in the first quarter of calendar year 2026.

Strategies

- Utilize geo-access reporting, provider feedback, member input, and stakeholder insights to identify regions with unmet WInS needs.
- Employ targeted outreach approaches to engage existing providers in the identified geographic areas.
- Collaborate with the COE on recruitment efforts for new providers.
- Leverage YES subject matter experts, both internal and external, in the development of the training program.
- Solicit and incorporate feedback from key stakeholders, including the MFAC, IDHW, PAC, and others, to ensure training quality and effectiveness.
- Develop a strategic communication plan to support the successful launch of the training program in calendar year 2026.

General Provider Recruitment and Member Access

Accomplishments in Calendar Year 2024

Magellan's provider recruitment strategy prioritized continuity of care and network stability by targeting providers with claims data from the past two years and onboarding those actively accepting IBHP members. This focused approach supported the transition for both providers and members, minimizing service disruptions and maintaining access to care. By leveraging historical claims data, Magellan was able to identify, engage, and retain key providers, reinforcing a robust and sustainable network that meets the diverse behavioral health needs of Idahoans. Magellan onboarded a combination of solo practitioners, groups, and facilities totaling almost 1800 unique provider businesses in 2024. Levels of care ranged from outpatient providers to RTC/PRTF providers. For the first time in Idaho the full array of behavioral health services are managed under one umbrella by one organization.

Plans for the Coming Calendar Year

Moving forward, Magellan remains committed to expanding and strengthening the provider network, ensuring that members have access to high-quality, comprehensive, and timely behavioral health services. Our long-term goal is to build a diverse and comprehensive network of qualified providers to ensure members receive timely, culturally competent, and effective services. By actively recruiting experienced professionals across various specialties, we strive to eliminate barriers to care and expand service availability.

Goal 1

Partner with network providers to identify opportunities for growth and address barriers to providing or expanding services.

Objectives

- By October 2025, conduct statewide provider visits across all levels of care to build relationships, collect feedback, and provide support.
- By February 2025, establish PACs that are representative of all provider types and levels of care, ensuring meaningful insight and feedback for the Magellan network team.
- Throughout calendar year 2025, Magellan will integrate feedback from providers, state partners, and stakeholders (including the YES Survey and the MFAC) to identify and address areas of need.

Goal 2

Leverage data-driven decision-making to identify underserved areas and strategically plan targeted recruitment efforts, designed to increase access to key levels of care in Idaho's frontier and rural communities.

Objectives

- By September 2025, Magellan will analyze and resolve barriers impacting the accuracy and quality of geo-access reporting.
- By November 2025, review refined geo-access reports to pinpoint geographic areas and levels of care with limited or no access. Collaborate with providers in these underserved regions to identify specific barriers and challenges.
- By December 2025, define recruitment targets for the upcoming calendar year, focused on increasing access to prioritized services in identified areas.

Strategies

- Conduct ongoing regional in-person meetings with providers, including on-site meetings with all five Idaho Tribes, to understand each region's unique needs and challenges.
- Regularly use PAC meetings to gather provider feedback.
- Attend key conferences, trainings, and community events (e.g., NAMI Walks, Idaho Juvenile Justice Association Annual Conference, Idaho College Resource Fairs, Idaho Counseling Association Conference, Idaho Conference on Alcohol and Drug Dependency) to promote the IBHP and connect with providers.
- Utilize completed and accurate geo-access reporting to identify and prioritize service gaps and areas where the service array can be expanded, especially in rural and frontier areas.
- Develop and implement strategies to reduce administrative burdens, such as decreasing documentation requirements and streamlining authorization processes.
- Assign each provider a provider engagement specialist, aligned by geographic area and level of care.
- Participate in regular stakeholder meetings (e.g., IBHP, MFAC, CYFS, and community organizations).
- Use surveys of members, families, and providers to assess access and service quality.
- Apply the PDSA cycle to test and refine interventions, supporting continuous quality improvement for providers and members.
- Collaborate with FYIdaho to participate in youth listening sessions to empower youth and hear their perspective, insight, and experience in the Idaho behavioral healthcare system.
- Partner with providers to develop creative strategies to address workforce shortages in rural and frontier areas and for levels of care with limited access.

Provider Onboarding

Accomplishments in Calendar Year 2024

During implementation, the Magellan network team streamlined and expedited the provider contracting process to ensure rapid onboarding of providers transitioning from the previous MCO to Magellan. By offering flexibility and temporarily waiving certain standard procedures, Magellan facilitated the swift contracting of thousands of providers, preventing any disruption to member care and maintaining the stability of the IBHP network. Notable flexibilities included grandfathering existing providers for background checks, implementing a six-month ramp-up period to complete credentialing, and granting temporary status to allow payment of claims during the transition.

Plans for the Coming Calendar Year

In calendar year 2025, the Magellan network team will focus on standardizing processes for provider onboarding, including contracting and credentialing. This standardization will support timely and efficient network growth while ensuring alignment with contract requirements and National Committee for Quality Assurance (NCQA) accreditation standards. For RTC and PRTF, Magellan will establish a streamlined, standardized approach to contracting and rate development, reducing barriers to access and promoting equity in rates across the network. Provider onboarding efforts will also emphasize participation in new provider training, covering essential topics such as claims submission, authorizations, and other key operational processes.

Goal

Establish and implement standardized contracting and credentialing processes that fully align with contract requirements and NCQA standards and timelines.

Objectives

- By May 2025, Magellan will develop credentialing standards for new providers and train network staff on these protocols.
- By October 2025, Magellan will finalize and implement standardized processes for provider contracting.
- By October 2025, Magellan will finalize and implement a standardized process for PRTF/RTC contracting, including a partnership with IBHP for facility designations.

By December 2025, Magellan will establish and roll out a standardized process for rate development specific to RTC.

Strategies

- Utilize the PDSA process to study current processes and procedures and inform standardization development.
- Bring in national subject matter experts on contracting and credentialing to provide insight and train the network team.
- Develop workflows and standard operating procedures as needed.

Provider Training

Accomplishments in Calendar Year 2024

Magellan focused on comprehensive provider training as part of the IBHP implementation to ensure a smooth transition and compliance with program requirements. This included live and on-demand sessions covering key areas such as contracting, claims processing, authorization, and critical incident reporting. Providers also received a detailed overview of the IBHP Provider Handbook Supplement. Magellan collaborated with the IDHW on state-sponsored training to improve provider knowledge and streamline processes, enhancing the delivery of behavioral health services to Medicaid members.

Plans for the Coming Calendar Year

Moving forward, Magellan is committed to ongoing provider education and support to cultivate a strong, well-prepared network and uphold the highest standards of care within the IBHP. In the coming year, priority will be placed on assessing provider training needs and delivering targeted training opportunities across the network. Key training initiatives will include comprehensive crisis response, person-centered service planning, cultural competency, training for peer workers, and additional topics as identified. Magellan's team remains dedicated to supporting providers with high-quality training, recognizing that quality services for members begin with knowledgeable and well-equipped providers.

Goal 1

Develop and launch a comprehensive crisis training program to replace the previous Crisis Prevention and Intervention (CPI) curriculum.

Objectives

- By June 2025, Magellan will contract with Psych Hub to create specialized crisis training tailored for providers who deliver crisis services. This training will equip staff with the necessary skills to manage high-risk situations, strengthen crisis response, and improve outcomes for individuals in need.
- Throughout June, July, and August of calendar year 2025, internal Magellan subject matter experts will collaborate with Psych Hub to ensure the training content is Idaho-specific and addresses local needs.
- By November 2025, Magellan will launch the new crisis training to the network, utilizing a variety of marketing and communication strategies to promote participation.

Goal 2

Introduce PCSP training for case managers and other provider staff responsible for PCSP completion.

Objectives

- By June 2025, Magellan will develop a PCSP training module in partnership with the IBHP Governance Bureau.
- By September 2025, Magellan will implement and roll out the PCSP training network-wide.

Goal 3

Support the provider network, including new providers, with high-quality training on key operational and compliance topics.

Objectives

- Throughout calendar year 2025, the network team will collaborate regularly with Magellan's training team to coordinate provider trainings and content updates.
- By October 2025, Magellan will roll out refresher training covering all significant changes from the previous contract year, including handbook revisions, Appendix C modifications, and e-blast communications.
- By October 2025, Magellan will develop and deliver cultural competency training to the provider network (to be finalized with the training department).
- By October 2025, Magellan will design and implement fraud, waste, and abuse training for all providers.

Goal 4

Support the continued growth and development of Idaho's peer support workforce through targeted trainings.

Objectives

- Throughout calendar year 2025, Magellan will offer quarterly youth peer support trainings, with capacity for approximately 16 participants each.
- By September 2025, during Recovery Month, Magellan will host two webinar trainings for the peer workforce.
- Between October and December 2025, Magellan will provide one to two additional webinar trainings for the peer workforce, focusing on topics such as justice-involved members and

supporting tribal members.

Strategies

- Facilitate ongoing live and on-demand training sessions for new providers joining the network and for existing providers needing further support with Magellan systems.
- Hold regular meetings between the network, clinical, and training teams to coordinate on training needs and content development.
- Strategically market all trainings to ensure maximum provider engagement.
- Contract with Psych Hub to produce effective training modules.
- Gather feedback on proposed trainings from stakeholder groups (e.g., MFAC, ICAT) prior to implementation to ensure relevance and alignment with provider needs.

Provider FFS Rates and Payment Structures

Accomplishments in Calendar Year 2024

Magellan's baseline fee-for-service (FFS) reimbursement schedule was designed to support provider sustainability and network stability by implementing a 3% rate increase across all services. Additionally, we strategically applied higher rate adjustments to specific, high-priority services, including: CDAs, CANS, and case management, that are critical to the overall health and effectiveness of our provider network. These targeted increases were implemented to ensure continued access to essential behavioral health services during the first year of the IBHP contract. This 3% overall rate increase was aligned with the quality incentive rate enhancement previously established by the former MCO, maintaining continuity in provider reimbursement while also strengthening the network's capacity to meet member needs.

Plans for the Coming Calendar Year

Moving forward, Magellan is committed to the ongoing evaluation and refinement of reimbursement structures to promote quality care, provider retention, and enhanced access to behavioral health services across Idaho. In the coming year, particular focus will be given to transitioning the ACT payment model from its initial implementation phase to a more sustainable, long-term structure. Additionally, Magellan will review FFS rates and payment structures for IHCBS services, including MST, FFT, MDFT, and others, to ensure that rates adequately support providers in adopting and expanding these essential services. Magellan will conduct rate and payment structure reviews as needed throughout the year, with the goal of maintaining fiscal responsibility while supporting the needs of IBHP network providers and the communities they serve.

Goal 1

Review and revise the ACT payment structure.

Objectives

- By June 2025, develop a proposed new ACT payment structure in partnership with IBHP and ACT providers.
- By July 2025, implement the updated payment structure for ACT by updating provider contracts.

Goal 2

Evaluate IHCBS rates and payment structures when identified as barriers to expansion or implementation.

Objectives

- By October 2025, engage with at least two IHCBS providers utilizing different service modalities to discuss expansion and implementation challenges, assessing whether changes to rates or payment structures are warranted.
- Throughout calendar year 2025, review IHCBS rates and payment structures whenever providers indicate these are barriers to service expansion or the onboarding of new providers.

Strategies

- Collaborate with ACT providers and Idaho state partners to inform the redesign of the ACT payment structure.
- Work with internal Magellan teams to ensure all ACT provider contracts reflect the updated payment model.
- Maintain ongoing dialogue with IHCBS providers to identify and understand barriers to service expansion and implementation.
- Evaluate IHCBS rates and payment structures in response to provider feedback, utilizing data such as claims trends, national rate benchmarks, utilization, and fiscal impact to determine if adjustments are needed.

Community Involvement

Accomplishments in Calendar Year 2024

Throughout calendar year 2024, Magellan prioritized building strong, collaborative relationships with providers, stakeholders, and key provider committees and associations as part of its IBHP Network initiatives. Notable activities included quarterly onsite visits with providers and regular engagement with statewide organizations such as the Idaho Association of Community Providers (IACP), Idaho Community Health Center Association (ICHCA), Tribal Technical Advisory Board (TTAB), Idaho Hospital Association (IHA), PAC, and the MFAC. These ongoing partnerships have been essential to strengthening the provider network, supporting information sharing, and sustaining the health of the organization.

Plans for the Coming Calendar Year

In calendar year 2025, the Magellan network team is committed to sustaining and broadening community engagement efforts. Alongside ongoing partnerships with statewide organizations, we plan to deepen collaboration at the local level with community-based organizations, school districts, hospitals, and additional community or state partners, e.g. juvenile justice agencies. The team will seek out opportunities to engage with local agencies to ensure our network efforts are responsive to regional needs. With these strategies, Magellan aims to further enhance provider relationships, support network growth, and improve outcomes for Idaho communities.

Goal 1

Partner with a hospital to enhance support for caregivers of youth in hospital settings by implementing a “Resources in the Lobby” program, offering brief support and informational resources to caregivers in hospital settings.

Objectives

- By the end of March 2025, Magellan will identify a hospital partner for the pilot program.
- By May 2025, Magellan will develop and propose a “Resources in the Lobby” pilot program aimed at increasing support for caregivers of youth in inpatient treatment.
- By the end of August 2025, Magellan, in collaboration with key partners will launch the pilot program at the selected hospital.

Goal 2

Explore partnership opportunities with school districts across Idaho to expand behavioral health outreach and resource access.

Objectives

- By November 2025, Magellan will identify at least one school district to engage in each region of Idaho.
- By December 2025, Magellan will develop a regionally tailored engagement strategy for these school districts to be implemented in calendar year 2026.

Strategies

- Assess and select the most suitable hospital for the “Resources in the Lobby” pilot, focusing on readiness, population need, and potential impact.
- Collaborate internally with team members to design, refine, and secure approval for the pilot program.
- Engage leadership at the selected hospital to present, educate, and gain support for the pilot initiative.
- Work jointly with hospital administration to develop a detailed implementation plan, including logistics and staffing.
- Research Idaho’s school districts to identify potential partners in each region based on demographic, behavioral health indicators, and readiness for collaboration.
- Facilitate close collaboration between the network and marketing teams to design engagement approaches that reflect each region’s unique needs.

Specialized Outpatient Services

Accomplishments in Calendar Year 2024

During implementation, Magellan’s network team successfully recruited and onboarded providers for ACT, PLL, ESMI, and WInS across Idaho. Partnership with the COE was key in supporting provider training. These evidence-based programs are an essential service within the network by addressing the unique and complex needs of members through proven, population-specific approaches.

Plans for the Coming Calendar Year

In calendar year 2025, as part of its IBHP contractual commitments, Magellan will continue expanding access to intensive, evidence-based services including ACT, PLL, ESMI, across Idaho. Magellan will utilize ongoing collaboration with the COE to facilitate specialized training and technical assistance, with a goal of streamlined onboarding processes that support providers through contracting, credentialing, and program readiness. Additionally, sustained support will be provided to existing providers, ensuring these intensive services remain accessible statewide for individuals with the highest needs. These initiatives are designed to strengthen the network's ability to deliver high-quality behavioral health care to Idaho's diverse populations.

Goal 1

Increase the number of PLL providers in each region from one to two.

Objectives

- By the end of May 2025, the Magellan network team and COE will conduct informational forums to educate and engage interested providers about the PLL program.
- By the end of June 2025, Magellan network team and COE will complete provider interviews for PLL in collaboration with the COE and Magellan's network and clinical teams.
- By July 2025, Magellan network team and COE will finalize contracting and training for additional PLL providers in each region.

Goal 2

Initiate recruitment of ESMI providers for regions 1, 2, and 5.

Objectives

- By the end of calendar year 2025, quarter four, the Magellan network team and COE will hold forums to educate interested providers about ESMI programming in targeted regions.
- By the end of calendar year 2025, quarter four, the Magellan network team and COE will complete ESMI provider interviews in collaboration with COE and Magellan's network and clinical teams.
- By early calendar year 2026, Magellan network team will complete contracting and onboarding of new ESMI providers as needed.

Goal 3

Evaluate ACT access statewide and add teams as necessary.

Objectives

- On a quarterly basis throughout calendar year 2025, Magellan will assess the need for additional ACT teams in each region in partnership with IDHW.
- When indicated, Magellan network team with the approval of IDHW will conduct targeted outreach and recruitment to expand ACT capacity in regions with identified service gaps.

Intensive Treatment Services

Accomplishments in Calendar Year 2024

In calendar year 2024, Magellan's network team supported the contracting and onboarding of [X number] IHCBS providers across Idaho. IHCBS are intensive, evidence-based services delivered in the youth's home or community setting, playing a critical role in supporting youth at risk of out-of-home placement, such as residential programs, psychiatric hospitals, or juvenile justice involvements, as well as those transitioning back to family or community environments. Currently, four evidence-based practices are identified for IHCBS; however, providers may implement additional modalities with prior approval from Magellan's clinical team to ensure these approaches effectively address the needs of high-risk children and youth and help prevent out-of-home placements. Additionally in calendar year 2024, Magellan increased the number of IOP and PHP providers statewide enhancing access to mental health and substance use treatment services.

Plans for the coming year

In calendar year 2025, Magellan will prioritize increasing access to IHCBS, PHP, and IOP services, focusing on regions with limited or no current availability. Magellan will work collaboratively with the IDHW and network providers to identify service development priorities and address existing gaps. Ensuring high-quality programming effectively meets the needs of IBHP members remains a top priority for Magellan's network, clinical, and quality teams. Key efforts will include comprehensive reviews of program guidelines, service modalities, and program structures to support the thoughtful expansion of these services throughout the coming year.

Goal 1

Goal 1: Expand access to IHCBS across Idaho.

Objectives

- During calendar year 2025, first and second quarters, the Magellan network team will identify barriers and challenges that IHCBS providers face regarding sustainability and expansion.
- In calendar year 2025, quarter three, Magellan will conduct internal reviews of rates and reimbursement structures to ensure they adequately support the sustainability of IHCBS programming.
- In calendar year 2025, quarter three, Magellan will collaborate with IDHW, as well as network and clinical teams, to identify additional IHCBS modalities by considering population needs, staffing requirements, implementation costs, and ongoing provider expenses.
- By calendar year 2025, end of quarter four, Magellan will partner with IDHW to develop and deliver education sessions and forums aimed at increasing awareness of various IHCBS treatment modalities and their associated reimbursement models, with the goal of recruiting additional providers statewide.

Goal 2

Improve the quality and availability of IOP and PHP services in Idaho.

Objectives

- Starting in May 2025 and continuing throughout the year, Magellan will collaborate with existing providers to review IOP and PHP program operations statewide.
- By calendar year 2025, quarter four, Magellan will issue updated program guidelines that promote quality and evidence-based treatment consistent with best practice standards.
- In calendar year 2025, quarter four, Magellan will work with current IOP and PHP providers to implement any necessary improvements to bring all programs into alignment with the updated standards.
- Beginning in calendar year 2025, quarter three Magellan will analyze provider enrollment data, utilization rates, and member access metrics to identify target areas for recruitment of new IOP and PHP providers.
- Beginning in calendar year 2025, quarter four and continuing through calendar year 2026, Magellan will focus on expanding access to IOP and PHP services, with special emphasis on rural and frontier regions to address geographic disparities.

Strategies

- Utilize data-driven decision-making to identify areas of greatest need for IHCBS, PHP, and IOP expansion.
- Consult key stakeholders including the MFAC, IDHW, DBH, and others to review proposed changes and gather feedback and ideas to guide program development.
- Engage with national telehealth providers to explore opportunities for delivering PHP and IOP services to frontier and rural populations, enhancing access through telehealth modalities.
- Conduct a detailed rate analysis for IHCBS providers when cost is identified as a barrier to program sustainability or expansion.
- Partner with existing IHCBS providers to share successful practices and innovations through training and education forums, fostering peer learning and network strength.
- Incorporate the American Society of Addiction Medicine (ASAM) Criteria, Fourth Edition guidelines and other recognized best practice standards into provider materials for PHP and IOP programs, ensuring alignment with current clinical and operational standards.

Increase Access to PRTF and RTC Level of Care

Accomplishments in Calendar Year 2024

In calendar year 2024, Magellan contracted with approximately [X] RTC and PRTF providers. Through the use of both traditional contracting and SCAs, Magellan was able to expand access by increasing the number of available facilities. In partnership with IBHP, Magellan's clinical and network teams identified appropriate treatment centers and successfully connected members to residential programs that met their individual needs.

Plans for the Coming Calendar Year

In calendar year 2025, Magellan will prioritize expanding access to RTCs and PRTFs, while also increasing the inclusion of specialty providers to better meet the unique needs of our communities and members. This strategy will emphasize identifying providers who are geographically convenient

for members and their families, with the goal of reducing out-of-state placements and ensuring care is as close to home as possible.

Goal

Increase access to RTC and PRTF levels of care.

Objectives

- By calendar year 2025, quarter three, Magellan will collaborate with two in-state providers that are seeking PRTF certification and contract for network participation.
- By calendar year 2025, fourth quarter, Magellan's network and clinical teams will assess the needs of special populations that may require PRTF or RTC services, utilizing data analysis, stakeholder input, and member feedback to identify gaps.
- By calendar year 2025, end of quarter four, Magellan's network and clinical teams will develop and implement a targeted recruitment strategy for specialized providers. This strategy will include outreach to potential providers, and education regarding network requirements and member needs.

Strategies

- Analyze utilization data including the use of single-case agreements to inform and refine the network development strategy.
- Collaborate with community stakeholders and IDHW staff to identify specialized treatment needs related to RTC and PRTF facilities.
- Engage subject matter experts to design and implement targeted recruitment strategies for providers that address identified gaps and specialized service needs.

Increase Utilization of Magellan's Crisis Continuum of Care

Accomplishments in Calendar Year 2024

In calendar year 2024, Magellan implement mobile crisis across the state with limited daily availability. In addition to mobile crisis Magellan contracts crisis centers across the state. These crisis services help fill gaps in crisis levels of care for both adults and youth.

Plans for the Coming Calendar Year

In calendar year 2025, Magellan will implement mobile crisis services 24 hours a day, seven days a week. Our goal is to bring awareness to communities that have low utilization of crisis services to ensure stakeholders, community members, and IBHP members, and providers are aware of these resources and services that are available. Magellan will also work closely with Idaho's 11 crisis centers statewide to ensure easy access to stabilization services are available.

Goal 1

Magellan will launch 24/7 mobile crisis response services statewide.

Objectives

- By calendar year 2025, second quarter, Magellan will partner with agencies that provide mobile crisis services to ensure readiness for 24/7 implementation.
- By July 2025, Magellan will implement statewide 24/7 mobile crisis response services.

Goal 2

Magellan will provide training to the provider network and stakeholders on Idaho's crisis continuum of care.

Objectives

- By calendar year 2025, second quarter, the Magellan crisis department will conduct at least two community education activities focused on the crisis continuum of care.
- By calendar year 2025, second quarter, the Magellan network and crisis departments will collaborate to develop a comprehensive training for providers on the crisis continuum of care.

Strategies

- Collaborate with crisis centers and mobile crisis teams to strengthen the continuum of care and ensure 24/7 access to mobile crisis response services.
- Partner with Psych Hub to develop additional training programs focused on the crisis continuum of care.
- Participate actively in community forums, provider meetings, and meetings with law enforcement and other community partners to promote awareness of crisis services.
- Strategically target outreach efforts in rural and remote areas using a range of approaches, including community forums, to effectively engage and support these communities.
- Gather and incorporate feedback on training programs from stakeholder groups, including the MFAC, PAC, IDHW, and others.
- Employ targeted marketing strategies to increase provider engagement and participation in crisis training programs.

Implement Value-Based Contracting

Accomplishments in Calendar Year 2024

During the first six months of the IBHP contract, Magellan prioritized continuity of care, building strong provider relationships, and network development. A key focus in this period was gathering and analyzing data to inform the establishment of meaningful metrics and benchmarks. Preparatory work was undertaken to support the future implementation of value-based contracting, scheduled to begin in the second contract year, in accordance with contractual requirements.

Plans for the Coming Calendar Year

In calendar year 2025, Magellan will continue to collect and analyze baseline data to guide the development of performance benchmarks. Later in the year, Magellan will design a value and performance-based contracting model that rewards providers who demonstrate high fidelity and deliver quality services to IBHP members. This system will offer both monetary and non-monetary

incentives to high-performing providers. By advancing value-based care, Magellan aims to promote service quality, improve member outcomes, and achieve long-term cost efficiencies.

Goal

Magellan will develop the infrastructure and implementation plan for value-based contracting with outpatient providers.

Objectives

- During calendar year 2025, quarters one and two, Magellan will continue collecting and analyzing data to support the creation of performance scorecards for outpatient providers.
- During calendar year 2025, quarters two and three, Magellan will collaborate with stakeholders including the PAC and the IDHW to finalize benchmark scorecards and performance metrics for outpatient providers.
- In calendar year 2025, quarters three and four, the Magellan team will develop a comprehensive implementation plan for value-based contracting, detailing incentive structures, effective start dates, communication strategies, and operational processes.
- Magellan will launch the value-based contracting program for outpatient providers in calendar year 2026.

Strategies

- Utilize data-driven decision-making to guide the development of provider scorecards, ensuring accurate reflection of performance and outcomes.
- Incorporate best practice clinical standards and nationally recognized value-based benchmarks that are relevant and applicable to the Idaho market.
- Gather and integrate feedback on training programs and scorecard development from key stakeholder groups, including the PAC, IDHW, and others.
- Collaborate closely with IDHW, Magellan internal teams, and providers to identify and design proposed incentives that align with performance goals and support provider engagement.
- Develop a comprehensive strategic implementation plan that encompasses all operational details such as timelines, communication strategies, incentive structures, and evaluation process considering all relevant factors for successful rollout.

Conclusion

The IBHP Annual Network Development Plan sets the foundation for a year of growth, collaboration, and continuous improvement within our network. By focusing on expanding our provider relationships, enhancing service delivery, and ensuring compliance with industry standards, we are committed to fostering an environment of support and innovation. As we move forward, the implementation of these strategic initiatives will help us better meet the evolving needs of our community, strengthen partnerships, and achieve sustainable success in providing quality behavioral healthcare. Through our shared vision and collective efforts, we will continue to make a meaningful impact in the lives of those we serve.

As we progress with the implementation of this plan, it is essential to regularly assess our network's performance and adapt to the changing landscape of behavioral healthcare. By leveraging data, feedback, and continuous training, we will ensure that our network remains responsive and effective in addressing the needs of our members. Collaboration with stakeholders, including providers, members, and community partners, is central to our success. With a strong commitment to excellence, innovation, and patient-centered care, we are poised to build a robust, sustainable network that fosters long-term positive outcomes for all involved.

Appendix: SWOT Analysis

Goal

Contractor shall take data from all available sources and complete a strengths, weaknesses, opportunities, and threats (SWOT) analysis to implement the infrastructure and strategies needed to further the IDHW's strategic priorities.

Definitions

- **Strengths:** Internal capabilities and resources that support our work.
- **Weaknesses:** Internal limitations that may hinder performance or growth.
- **Opportunities:** External factors that we can leverage to achieve our goals and enhance our resources.
- **Threats:** External challenges that can potentially harm the organization or goal achievement.

Geo-Access Reporting

Strengths

- Access for urban areas is meeting the requirements, per our geo-access reporting.
- HART and SSH is available in many regions of the state.
- We have contracted additional RTC/ PRTF providers for the network, thereby decreasing the need for SCA's.

Weaknesses

- Limited availability of adolescent PHP and Day treatment in many regions of the state.
- There is a need for PHP providers in rural and frontier areas.
- Crisis access is limited in frontier and rural areas; however, this has improved with MRTs.
- More IHCBS providers are needed throughout the state, including rural and frontier areas, where higher levels of care are more difficult to access.
- Some areas of Idaho have few or no SSH options, while other areas have more than needed.

Opportunities

- Engaging telehealth providers as an ongoing effort to address gaps in specific levels of a care.
- IHCBS providers are passionate about their services and are open to participating in forums to share them with others to increase access in the state.

Threats

- Many geo-access reporting metrics are based on provider reporting on contracting forms. If providers are inaccurate in their reporting this can cause inaccuracies in our data.

Strategies

- Continue recruiting RTC and PRTF facilities to join the network with a focus on proximity to Idaho and treatment programs that meet the needs of specific populations.

- Focus on refining data around PHP and Day treatment for children/youth and conduct targeted recruitment to increase access to this service.
- Conduct provider forums highlighting different IHCBS modalities to generate interest and increase the number of IHCBS providers in each region.
- Engage with national telehealth providers for identified levels of care needed in frontier and rural areas to increase access to services. Explore options for telehealth PHP and IOP programming for frontier members.
- Targeted recruitment of SSH in areas with limited to no SSH home access.
- Revise SOS form, provide clear instructions, and partner with providers to ensure that all reporting is accurate.

Reporting

Strengths

- We have a full year of data and established processes in place to support effective reporting.
- We have metrics in place to trend data and will begin doing that in the next SFY.

Weaknesses

- SOS forms have been challenging for some providers to understand. We have identified this and are working to improve this through several cycles of PDSA processes and in response to provider and internal staff feedback.

Opportunities

- We have built good relationships with our network providers and will be able to partner with them to improve the quality and accuracy of our data for year two.

Threats

- Availability/P-CIS challenges can cause errors in reporting or challenges in collecting data. Some providers struggle with the platform. This is a known challenge and we are actively engaged in working on this.

Strategies

- Utilize data to track trends and conduct more in-depth analysis of reporting.
- Revise SOS form, implement service attestations, provide clear instructions, and partner with providers to ensure that all reporting is accurate.
- Continue to work through data reporting challenges with P-CIS platform.

Recruitment/Contracting

Strengths

- The network team has built a solid foundation of knowledge across the different specialty levels of care in Idaho.
- Improved the timelines for contracting RTC and PRTF facilities.

- Met year one goals for specialty services like ACT, ESMI, PLL, wraparound, and crisis.
- Supported over 4000 providers in transitioning to Magellan.

Weaknesses

- The fast pace of implementation did not always support standardization of processes and procedures.
- Staff hiring and onboarding was staggered and this created challenges for the network team.

Opportunities

- Magellan national leadership is supporting standardization and additional training in contracting processes.
- Providers are engaged in PAC's and open to providing feedback to support recruitment efforts and improve the provider experience.

Threats

- Provider shortage is a challenge in frontier areas.
- Payment methodology changes for ACT providers.
- Transition from previous MCO credentialing process to Magellan's was a difficult adjustment for many providers.

Strategies

- Work towards standardized lean processes for provider contracting and credentialing that meet contract requirements and support the needs of providers.
- Partner with providers to develop creative strategies to address work force shortages in rural and frontier area and for levels of care with limited access.
- Continue to build positive relationships with providers from initial contact for contracting throughout all interactions utilizing a variety of engagement strategies.

Claims/Payments

Strengths

- Clean claims are paying in 11 calendar days which exceeds our contract requirement of 30 days supports the network by providing timely and consistent reimbursement for services.
- Network has individual meetings with providers to support resolution of any claims challenges and to collaborate on solutions.
- Increased rates by 3% bringing all providers up to the previous MCO ACES rates for services.
- Billing instructions and elements of a clean claim handout were developed based on provider feedback.

Weaknesses

- Claims dispute turnaround time needs improvement.
- Magellan internal training needed on appeals/disputes process specific to IBHP.

Opportunities

- Partnering with PAC providers and IACP to develop the scores cards for Magellan's value based payments.
- Continue partnering with providers to offer claims training that supports clean and accurate submissions.

Threats

- Payment methodology changes for ACT providers.
- Medicaid funding cuts at the state and/or national levels.
- Availity/P-CIS challenges can cause errors or challenges in entering claims, and finding members. This is a known challenge and we are actively engaged in working on this.

Strategies

- Partner with IBHP Governance Bureau and providers to implement value based payments and provider score cards. Utilizing both financial and non-financial incentives e.g. (streamlined auths, longer auth periods, fewer TRR reviews etc.).
- Continue to follow up on Availity/P-CIS pain points and take action as necessary to work towards resolution of any barriers for providers.
- Continue to provide training and support to providers related to correct billing practices and authorizations.
- Provide internal training and review processes to improve timeliness for claims disputes.

Provider Engagement/Training**Strengths**

- Good relationship with providers based on engagement in trainings, forums, provider visits, etc.
- Effective use of various engagement avenues has led providers to view Magellan as highly responsive.
- Trainings on a variety of topics are offered for new providers. This includes a blend of live and recorded trainings.

Weaknesses

- Work towards a one-touch resolution whenever possible for providers.
- Some providers have inconsistent experiences when they contact national vs. local team.

Opportunities

- Encouraging new providers to attend onboarding trainings, including sessions on claims and authorizations.

Threats

- Inaccurate information being provided by external partners.
- Increased time to resolutions without one touch resolution by network.

Strategies

- Continue with all forms of provider engagement including meetings, PAC, provider visits, phone calls, etc.
- Work towards more one-touch resolution process for provider questions and emails.
- Provide additional training to the national service line to support Idaho provider calls.
- Continue engaging community partners by sharing accurate information about Magellan's processes and services.

SWOT Acronym Legend

- **ACT:** Assertive Community Treatment
- **ESMI:** Early Serious Mental Illness
- **HART:** Homes for Adult Residential Treatment
- **IACP:** Idaho Association of Community Providers
- **IBHP:** Idaho Behavioral Health Plan
- **IHCBS:** Intensive Home and Community Based Services
- **MCO:** Managed Care Organization
- **MRT:** Mobile Response Team
- **PAC:** Provider Advisory Committee
- **PDSA:** Plan, Do, Study, Act
- **PHP:** Partial Hospitalization Program
- **PLL:** Parenting with Love and Limits®
- **PRTF:** Psychiatric Residential Treatment Facility
- **RTC:** Residential Treatment Center
- **SCA:** Single-Case Agreement
- **SFY:** State Fiscal Year
- **SOS:** Sites and Services
- **SSH:** Safe and Sober Housing
- **TRR:** Treatment Record Review