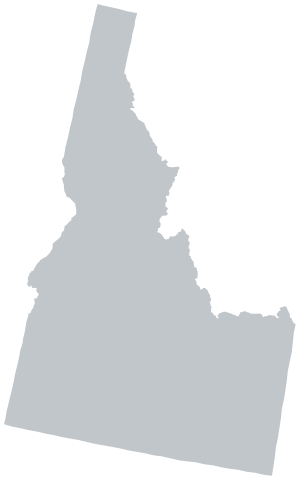
OPEN MINDS

Idaho Health & Human Services State Profile

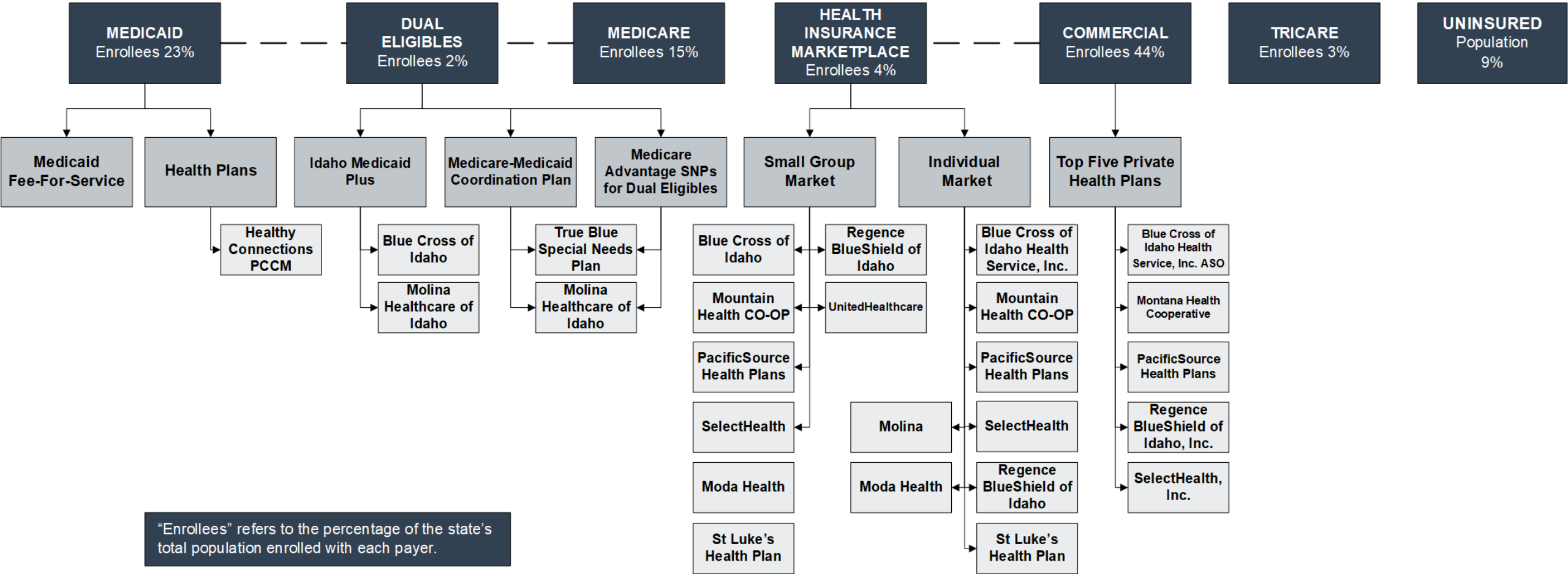


Health & Human Services System Market Profile Overview

A. Executive Summary

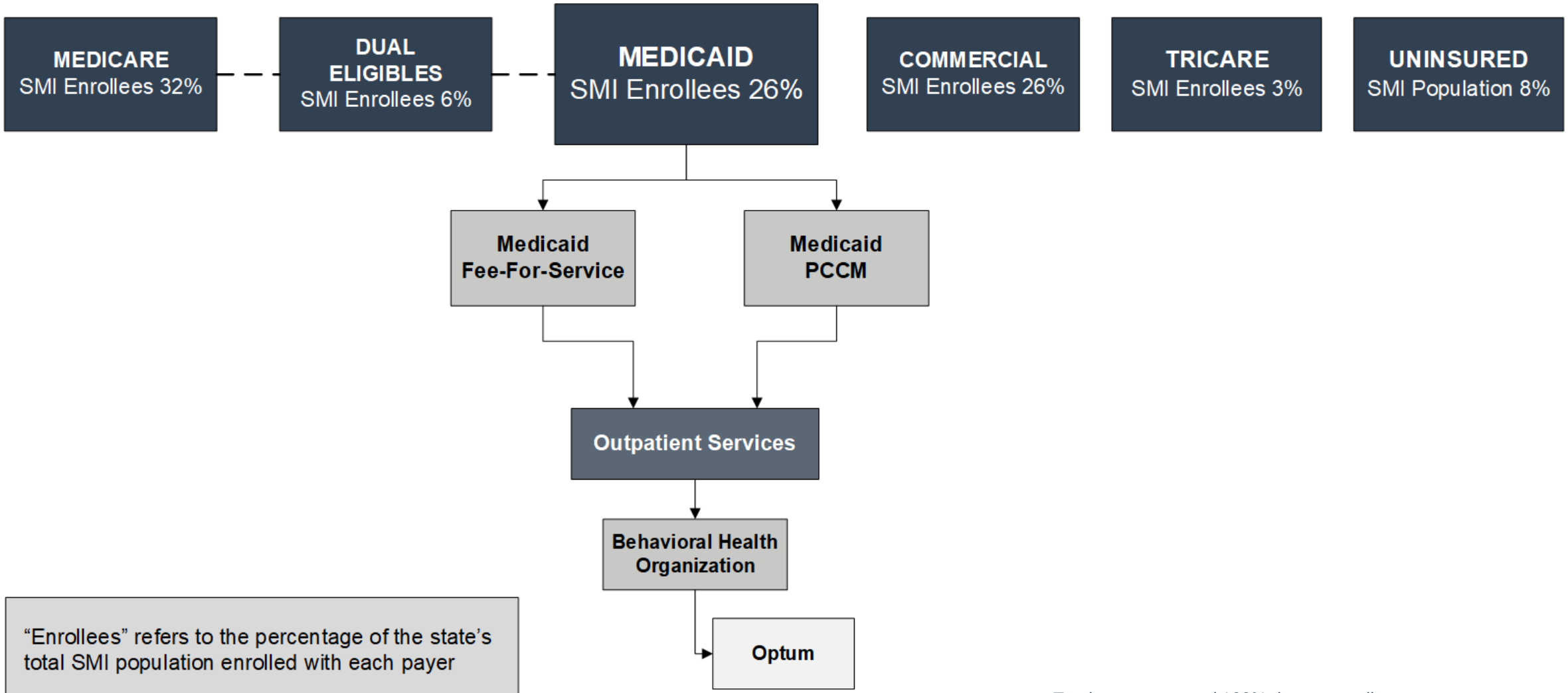
A.1. Idaho Physical Health Care Coverage by Payer

Total Idaho Population- 1,900,923
Estimated SMI Population- 129,775



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Idaho Behavioral Health Care Coverage by Payer



"Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer

Totals may not equal 100% due to rounding

A.2. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state operates two small managed care programs that coordinate services for dual eligibles.
Primary Care Case Management (PCCM)	✓	The state's PCCM program for Medicaid enrollees is called Healthy Connections.
Accountable Care Organization (ACO) Program	✓	The state implemented ACOs as part of the Healthy Connections program.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	The state's PCCM program has a medical home component, and the state also has a multi-payer PCMH program.
Dual Eligible Demonstration	✓	The state has a managed care program for dual eligible beneficiaries in select counties.
Managed Long-Term Services and Supports (MLTSS)	✓	Eligible beneficiaries receive MLTSS through the dual eligible demonstration.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates three CCBHCs.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Department of Health and Welfare, Bureau of Rural Health and Primary Care, is responsible for funding physical health services for the safety-net population.

Mental Health Services

- The Department of Health and Welfare, Behavioral Health Division, is responsible for funding mental health services to the uninsured population. Mental health services are delivered through seven state-operated regional behavioral health centers (RBHCs), each with its own catchment area of counties.

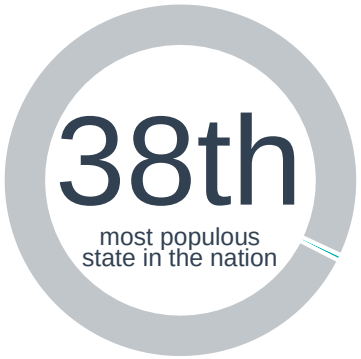
Addiction Treatment Services

- The Department of Health and Welfare, Behavioral Health Division, is responsible for funding addiction treatment services to the uninsured population. Addiction treatment services are delivered through a network of private and public provider organizations. Business Psychology Associates (BPA) Health acts as the utilization manager.

B. Idaho Health Financing System Overview

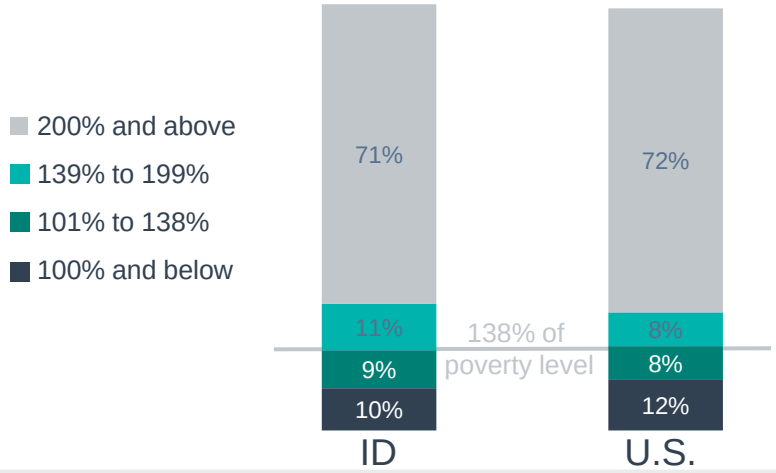
B.1. Population Demographics

Total Idaho Population- 1,900,923
Estimated SMI Population- 129,775



1% of the
U.S. population

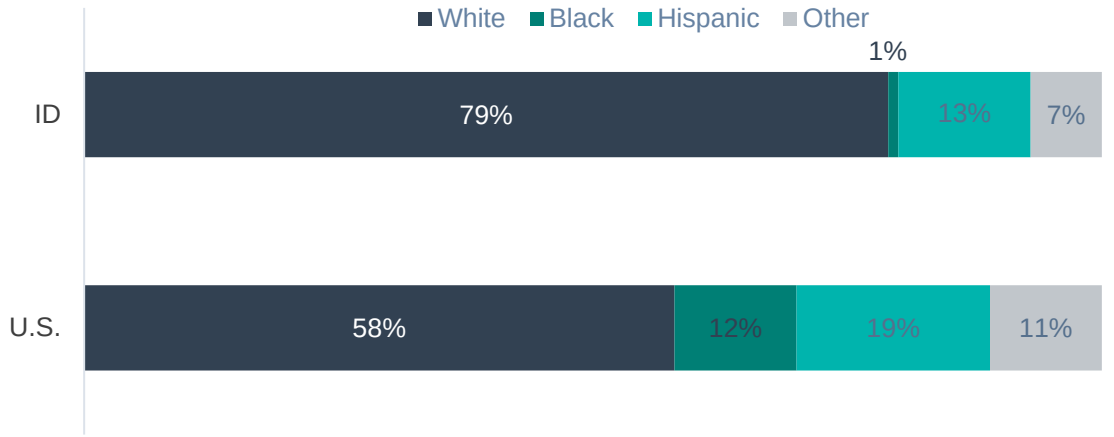
Population Distribution By Income To Poverty Threshold Ratio



Median Household Income	
Idaho	$66,474
U.S.	$69,717

Population Distribution By Age

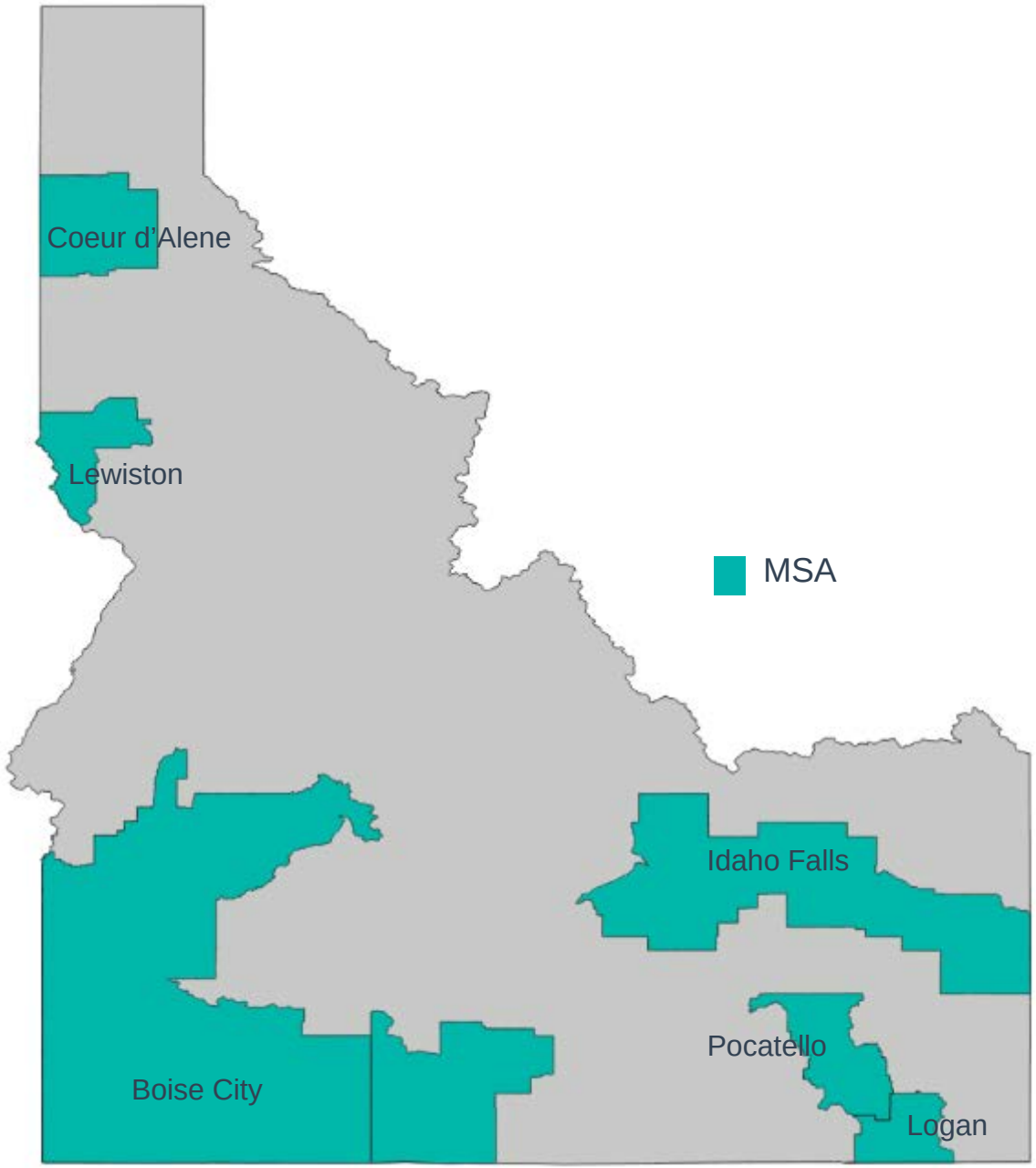
Idaho & U.S. Racial Composition



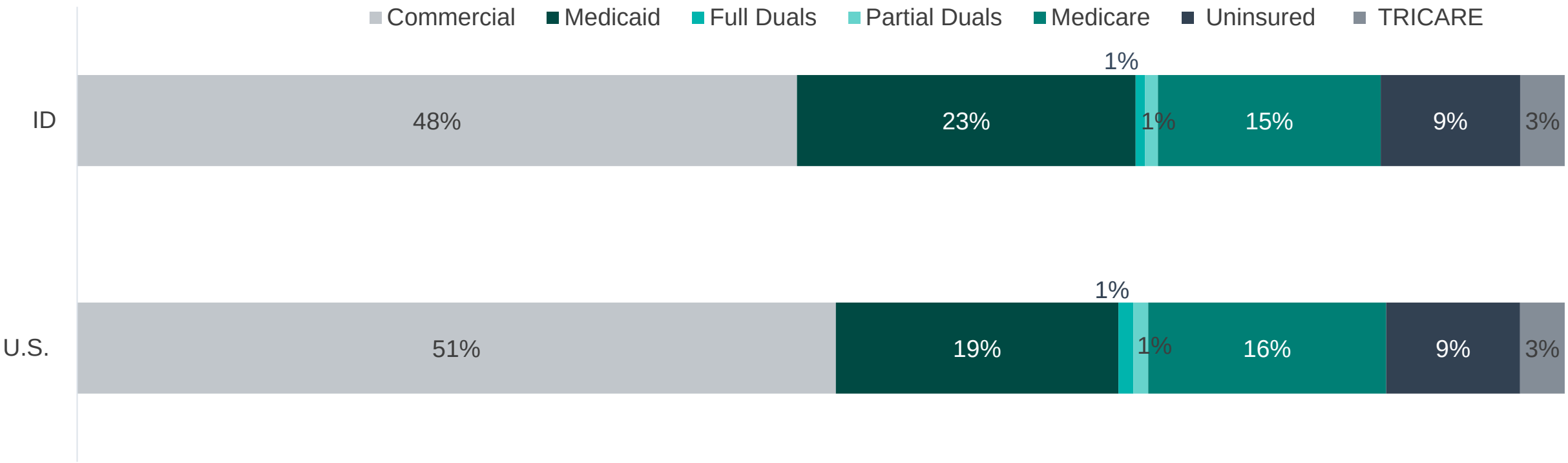
Totals may not equal 100% due to rounding

B.2. Population Centers

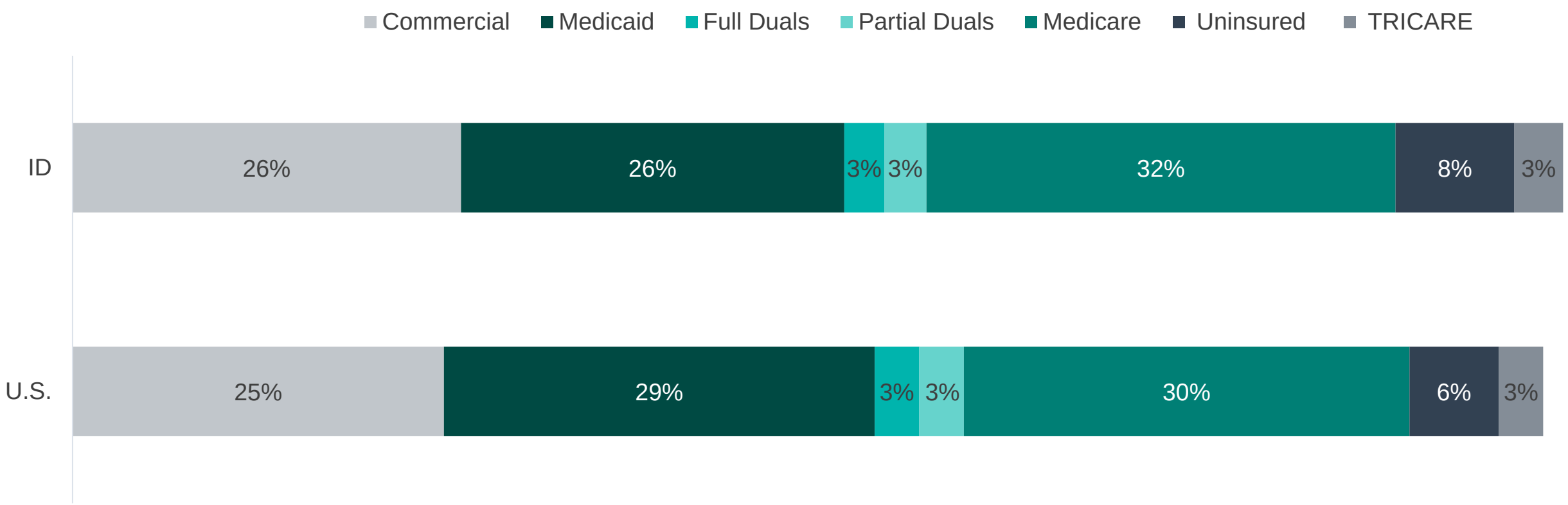
Metropolitan Statistical Areas (MSAs)		
MSA	**Idaho MSA Residents**	**Percent Of Population**
Total MSA Population	**1,580,107**	**83%**
Boise City, ID	811,336	43%
Coeur d'Alene, ID	165,697	9%
Idaho Falls, ID	165,608	9%
Logan, UT-ID	155,362	8%
Twin Falls, ID	119,007	6%
Pocatello, ID	97,585	5%
Lewiston, ID-WA	65,512	3%



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Idaho Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross of Idaho	Commercial administrative services organization (ASO)	509,560
Idaho Medicaid Fee-For-Service (FFS)	Medicaid	432,398
Idaho Medicare FFS	Medicare	188,583
Regence BlueShield of Idaho	Commercial	152,203
SelectHealth	Commercial	82,207
TRICARE	Other public	56,633
True Blue Special Needs Plan	Medicare advantage	55,005
PacificSource Health Plans	Commercial	31,155
UnitedHealthcare Insurance Company	Medicare advantage	28,504
UnitedHealthcare of Utah	Medicare advantage	19,560

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

B.4. Largest Idaho Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Idaho Medicaid FFS	Medicaid	432,398	37,186
Idaho Medicare FFS	Medicare	188,583	30,173
Blue Cross of Idaho	Commercial ASO	509,560	20,892
True Blue Special Needs Plan	Medicare advantage	55,005	8,801
Regence BlueShield of Idaho	Commercial	152,203	6,240
TRICARE	Other public	56,633	4,701
UnitedHealthcare Insurance Company	Medicare advantage	28,504	4,561
SelectHealth	Commercial	82,207	3,370
UnitedHealthcare of Utah	Medicare advantage	19,560	3,130
True Blue Special Needs Plans	Medicare advantage	7,921	2,535

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	4%
Type of Marketplace	State-based
Individual Enrollment Contact	https://www.yourhealthidaho.org/
	1-855-944-3246
Small Business Enrollment Contact	https://www.yourhealthidaho.org/howtoenroll/employers/
	1-855-944-3246

2023 Individual Market Health Plans
1. Blue Cross of Idaho
2. Mountain Health CO-OP
3. PacificSource Health Plans
4. SelectHealth, Inc.
5. Regence BlueShield of Idaho
6. Molina
7. Moda Health
8. St Luke's Health Plans

2023 Small Group Market Health Plans
1. Blue Cross of Idaho
2. Mountain Health CO-OP
3. PacificSource Health Plans
4. SelectHealth, Inc.
5. Modan Health
6. Regence BlueShield of Idaho
7. UnitedHealthcare
8. St Luke's Health Plan

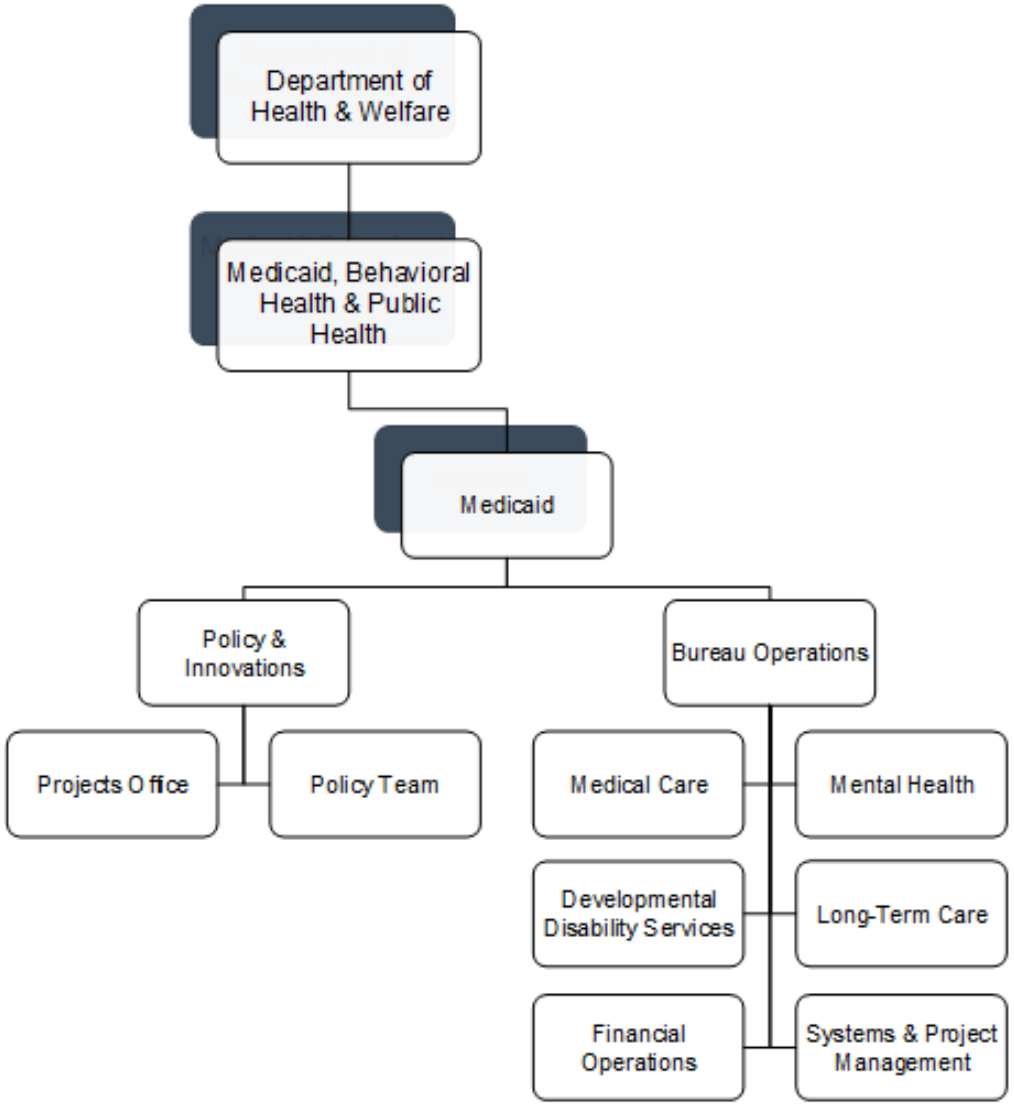
B.6. Accountable Care Organizations (ACOs)

Medicare Shared Savings Model ACOs
1. Caravan Health ACO 17, LLC
2. Caravan Health ACO 22, LLC
3. Community Health Center Network of Idaho, LLC
4. Eastern Idaho Care Partners ACO, LLC
5. Castell Accountable Care, LLC
6. Kootenai Accountable Care, LLC
7. MultiCare Connected Care, LLC
8. Trinity Integrated Care, LLC

Medicaid Value Care Organizations
1. AdvantagePoint Health Alliance
2. Castell, LLC
3. Community Health Center Network of Idaho, LLC
4. Kootenai Value Care, LLC
5. Mountain View Network
6. Patient Quality Alliance
7. Pocatello Childrens Clinic
8. Alliance Medical Group LLC
9. Saint Alphonsus Health Alliance
10. St Luke’s Health Partners
11. The Pediatric Center

C. Medicaid Administration, Governance & Operations

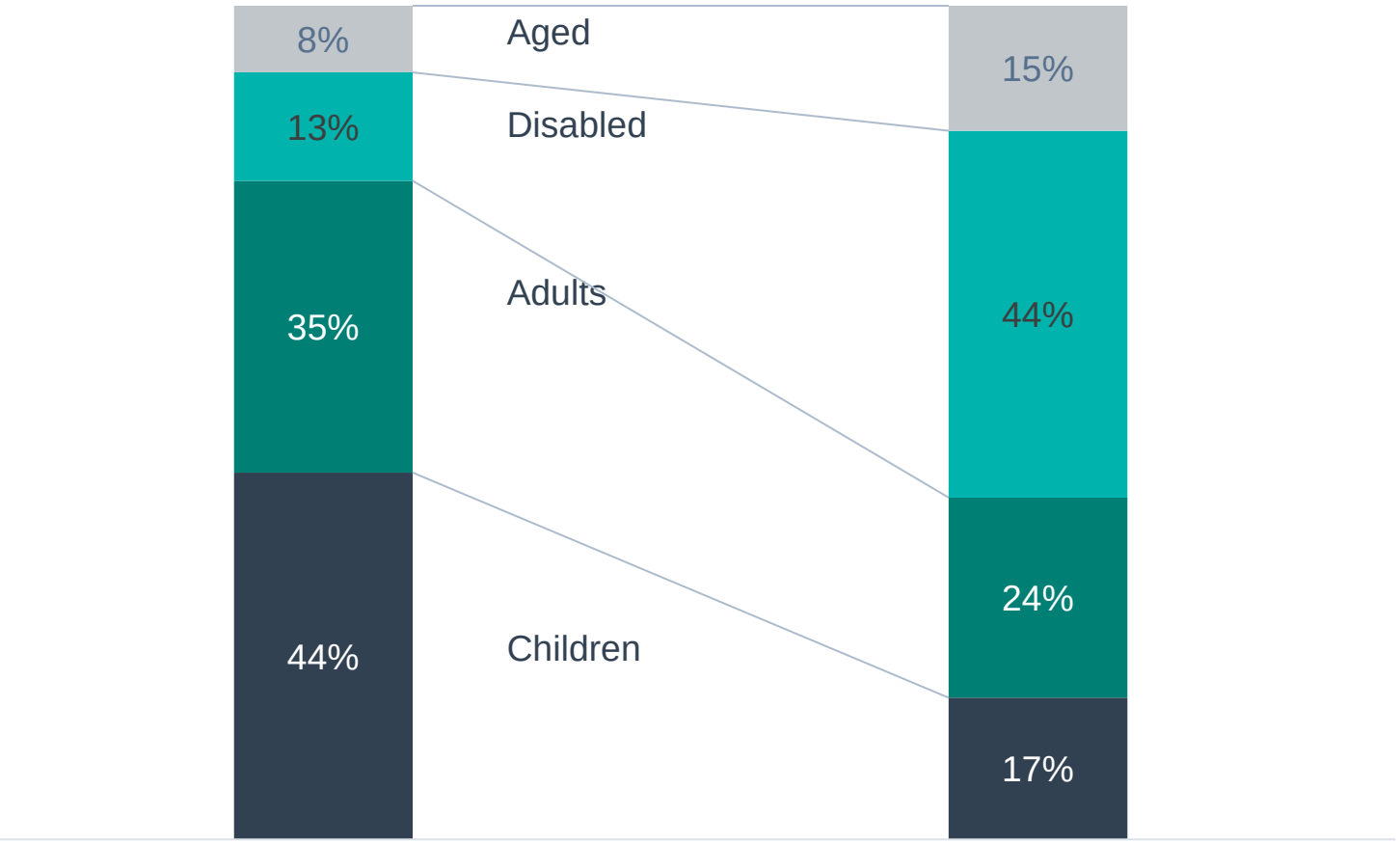
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Dave Jeppesen	Director	Department of Health and Welfare	dave.jeppesen@dhw.idaho.gov
Miren Unsworth	Deputy Director	Department of Health and Welfare, Medicaid, Behavioral Health, and Managed Care Services	miren.unsworth@dhw.idaho.gov
Juliet Charron	Medicaid Director	Division of Medicaid	juliet.charron@dhw.idaho.gov

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2020 data

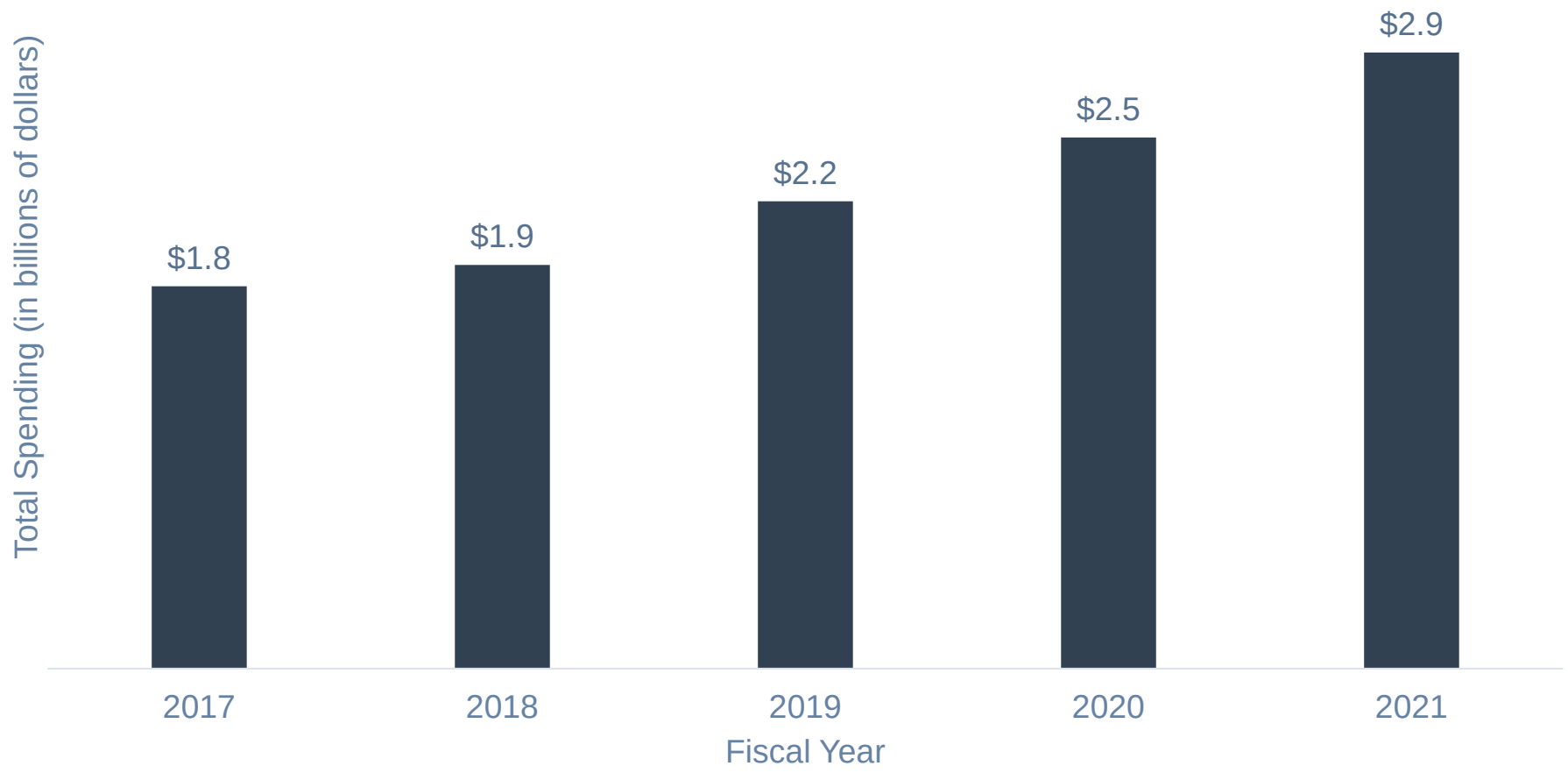
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	ID
All populations	$8,718	$8,020
Children	$3,496	$3,110
Adults	$5,461	$6,775
Expansion adults	$7,227	$6,219
Blind and disabled	$23,123	$22,075
Aged	$18,552	$13,120

C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Est. Spending	Percent Of Budget
Hospital	$810,000,000	28%
Managed care and premium assistance	$727,000,000	25%
Home- and community-based LTSS	$414,000,000	14%
Other acute	$300,000,000	10%
Physician	$177,000,000	6%
Drugs	$169,000,000	6%
Institutional LTSS	$126,000,000	4%
Medicare premiums and coinsurance	$82,000,000	3%
Clinic and health center	$51,000,000	2%
Other practitioner	$46,000,000	2%
Budget Total: $2,902,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	76.3%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes, In November 2018, Idaho voters passed a proposition to expand Medicaid. The state is in the process of submitting a series of waivers to implement an alternative expansion.
Date Of Expansion	• Enrollment began on November 1, 2019. • Coverage started on January 1, 2020.
Medicaid Eligibility Income Limit For Able-Bodied Adults	• 133% of the Federal Poverty Level (FPL) • Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	Senate Bill 1204
Number Of Individuals Enrolled In The Expansion Group (April 2023)	124,832
Number Of Enrollees Newly Eligible Due To Expansion	124,832
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan benefit package.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals aged 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Idaho's Optional Services

1. Podiatry services
2. Chiropractor services
3. Other practitioner services
4. Dental services for children
5. Emergency dental services for adults
6. Physical therapy
7. Occupational therapy
8. Services for individuals with speech, hearing, and language disorders
9. Prescribed drugs
10. Diagnostic services
11. Screening services
12. Preventive services
13. Rehabilitative services
14. Skilled nursing facility
15. Intermediate care facility
16. IMDs for persons over 65 years old
17. Case management
18. Respiratory care
19. Personal care services
20. Durable medical equipment
21. Transition management services (enhanced population only)
22. Vision

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics			
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid PCCM**	**Managed Care**
Enrollment (March 2023)	432,398	289,464	13,975
SMI Enrollment	• Idaho does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. • Estimated 39% of SMI population is enrolled in the PCCM program, 2% in managed care, and 59% are in FFS.		
Management	• Physical Health: Idaho Department of Health and Welfare • Behavioral Health: Optum	• Physical Health: Idaho Department of Health and Welfare • Behavioral Health: Optum	
Payment Model	• Physical Health: FFS • Behavioral Health: Capitated rate	• Physical Health: FFS and per member per month (PMPM) administrative fee • Behavioral Health: Capitated rate	
Geographic Service Area	Statewide	Statewide	

Total Medicaid: 733,837 | Total Medicaid With SMI: 63,281

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• As of March 2023 39% of SMI population is enrolled in the PCCM program, 2% in managed care, and 59% are in FFS. • The state considers its PCCM program to be managed care.
SMI population inclusion in managed care	• Idaho does not specifically preclude individuals with SMI from enrolling in managed care. Estimated 39% of SMI population is enrolled in the PCCM program, 2% in managed care, and 59% are in FFS.
Dual eligible population inclusion in managed care	• Managed care is optional for dual eligibles in non-demonstration counties. • Estimated 18% of population in FFS; 64% in PCCM; and 18% in traditional managed care model

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	• Outpatient behavioral health services are covered by Optum, the state's managed behavioral health organization. • Inpatient services are covered FFS by the state.	• Outpatient behavioral health services are covered by Optum, the state's managed behavioral health organization. • Inpatient services are covered FFS by the state.
Specialty behavioral health		
Pharmaceuticals	Covered FFS by the state	Covered FFS by the state
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state operates two small managed care programs that coordinate services for dual eligibles.
Primary Care Case Management (PCCM)	✓	The state's PCCM program for Medicaid enrollees is called Healthy Connections.
Accountable Care Organization (ACO) Program	✓	The state implemented ACOs as part of the Healthy Connections program.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	The state's PCCM program has a medical home component, and the state also has a multi-payer PCMH program.
Dual Eligible Demonstration	✓	The state has a managed care program for dual eligible beneficiaries in select counties.
Managed Long-Term Services and Supports (MLTSS)	✓	Eligible beneficiaries receive MLTSS through the dual eligible demonstration.
Certified Community Behavioral Health Clinics (CCBHC) Grant		None

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Medicaid expansion			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care		X	
Other populations	• Retroactive eligibility only • Eligibility period of less than three months	• Member of a federally recognized tribe • Unable to access a participating PCCM PCP within 30 miles or 30 minutes • Participant has an existing relationship with a non-PCCM PCP	Pregnant women

- Dual eligible beneficiaries have the option to enroll in Medicaid FFS or Idaho's PCCM program, Healthy Connections or a Medicare Advantage D-SNP plan, if they do not reside in a county that has the Medicare-Medicaid Coordinated Plan (MMCP). If a county has the MMCP program, individuals have the option to enroll in this program. In the counties with Idaho Medicaid Plus (IMPlus), dual eligibles are either required to enroll in the IMPlus program or were given an option to opt out.

D.2. Medicaid FFS Program: Overview

- As of March 203, FFS enrollment was 432,398.
- Idaho Medicaid offers four different health benefit plans to meet different health care needs.
  - The **Basic Plan** is for low-income children and adults with eligible dependent children who do not have special health needs. This plan provides health, prevention, and wellness benefits.
  - The **Enhanced Plan** is for individuals with disabilities or special health needs. This plan includes all benefits of the Basic Plan, plus developmental disability services, children's service coordination, and long-term services and supports.
  - The **Medicare-Medicaid Coordinated Plan** is a voluntary managed care plan available for dual eligible individuals.
  - The **Medicaid Plus** program is a mandatory managed care plan for dual eligible individuals in select counties..
- The state Medicaid field offices determine eligibility and enroll each beneficiary in the appropriate benefit package.
  - Individuals enrolled in the Basic Plan whose health status changes, may need to be reassessed to determine if the Basic Plan will serve their needs. If necessary, individuals can be enrolled in the Enhanced Plan.

D.2. Medicaid FFS Program: Behavioral Health Overview

- Idaho contracts with the Idaho Behavioral Health Plan, Optum, to administer behavioral health benefits to the FFS population.
  - The waiver excludes partial benefit dual eligibles, dual eligibles enrolled in managed care, individuals residing in an inpatient hospital setting, foster children, and qualified aliens receiving emergency medical services.
- Optum is at-risk for services and receives a PMPM payment.
- In addition to the Medicaid state plan services, Optum provides three value-added services without the support of Medicaid dollars—peer support, family support, and community crisis support services.
- Inpatient behavioral health services and pharmacy are reimbursed FFS by the state.

D.2. Medicaid FFS Program: Behavioral Health Benefits

- Idaho contracts with Optum Behavioral Health to provide outpatient behavioral health services to FFS beneficiaries on a capitated basis.
- Medicaid pharmacy, inpatient mental health, and inpatient addiction disorder services are provided FFS.
- Substance Use Disorder services delivered in an IMD setting are covered

FFS Mental Health Benefits
1. Comprehensive diagnostic assessment
2. Individual, group, and family psychotherapy
3. Case consultation and management
4. Crisis response and intervention
5. Individualized behavioral health treatment plan
6. Psychoeducation
7. Psychological and neuropsychological testing
8. Peer support services
9. Health and Behavioral Assessment and Intervention (HBAI)
10. Skills training and development
11. Skill building/community rehabilitation services
12. Child and Adolescent Needs and Strengths (CANS) Functional Assessment
13. Community transition support
14. Intensive outpatient treatment
15. Habilitation intervention services for children

FFS Addiction Treatment Benefits
1. Individual assessment and treatment plan
2. Outpatient services
3. Intensive outpatient services
4. Drug/alcohol testing
5. Individual and group counseling
6. Intensive outpatient
7. Case management
8. Medication assisted treatment
9. Peer support services

D.2. Medicaid FFS Program: SMI Population

- Idaho does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of March 2023, *OPEN MINDS* estimates that 59% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Idaho FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan Medicaid Administration.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, antipsychotics, and anxiolytics are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, alcohol treatment, opioid dependence treatment, tobacco cessation, and opioid reversal agents are included on the pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, most antipsychotic injectable medications are covered as a pharmacy benefit. Some generics, such as olanzapine, are covered as a medical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Prior authorization is required for most non-preferred mental health and addiction treatment drugs. Non-preferred drugs will be approved if there is documented failure of a preferred drug. • Mental health and addiction treatment drug utilization restrictions vary and may be subject to clinical diagnostic criteria, step therapy, and age restrictions.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	If a member is suspected of medication abuse—as demonstrated by frequent emergency room utilization, excessive provider organization visits, or multiple prescribing physicians—the member may be enrolled in the lock-in program. The lock-in program restricts members to one pharmacy and one provider organization.

D.3. Medicaid Managed Care Program: Overview

- As of December March 2023, managed care enrollment was 303,439.
- Idaho considers its primary care case management (PCCM) program, Healthy Connections, to be managed care.
- Primary care providers (PCPs) act as gatekeepers for services, and program payments incentivize them to transform into patient-centered medical homes (PCMHs).
  - The PMPM amount is determined by the individual's health benefit plan and the PCP's tier-based service level.
  - The care coordination fee structures are provided on the next slide.
- The state moved to fixed enrollment for PCP attribution in July 2019 to better align with the PCMH program.
  - Under the old model, individuals were able to switch PCPs at any time.
  - Under fixed enrollment, all participants must choose—or they will be assigned to—a PCP. Enrollment will be effective starting the date that enrollment is approved. Newly enrolled members have a 90-day grace period to change their PCP. Afterwards, individuals will only be allowed to change PCPs during the annual enrollment period, or outside of the enrollment period under special circumstances.
- PCPs will also have the option to serve Healthy Connections enrollees through accountable care organizations (ACOs) and shared savings arrangements.
- The state operates two small managed care programs for the dual eligible population in select counties.
- In July 2020, CMS approved the state's Heathy Connections Value Care Program. This program seeks to establish Value Care Organizations (VCO).

D.3. Medicaid Managed Care: Healthy Connections Value Care Program

- In an effort to decrease Medicaid spending, Idaho announced a payment reform program called the Healthy Connections Value Care program (HCVC).
- As a part HCVC, Idaho added ACOs to the Healthy Connections Program. There are two types of ACOs:
  - Accountable Primary Care Organizations: PCPs who improve quality and reduce costs are eligible for share of the savings.
  - Accountable Hospital Care Organizations: An integrated network of provider organizations that includes an acute care hospital.
- The state announced that the program went live on July 1, 2020. The state also announced the ACO's will be called VCO's, for Value Care Organization.
- Each VCO is responsible for publishing their value measure improvement target, which is based on the performance in the previous year.
- The ACO target is based on individual performance for the state fiscal year (SFY) and trended forward each year.
- 50% of payment is earned through an efficiency pool, which rewards lowering costs. The other 50% is earned in a quality pool, which is based on performance on specific value measures.
  - The quality pool requires at least 30 qualifying individuals; and
  - must maintain at least 70% to be fully eligible.
- Dual Eligibles and Expansion adults are excluded from participating.
- The state has established two advisory groups, Community Health Outcome Improvement Collation (CHOICE) and Regional Care Collaboratives to advise over the VCO's.

D.3. Medicaid Managed Care: Healthy Connections Value Care Payment Reform: Value Measures

Healthy Connections Value Measures	Source	HCVC
(Adult) Diabetes HBA1c Test	Claims	APCO & AHCO
Well Child visits (>5) in first 15 months for Medicaid Child	Claims	APCO & AHCO
Well Child Visits Age 3-6 Years for Medicaid Child	Claims	APCH & AHCO
Well Care visits adolescents on Medicaid	Claims	APCO & AHCO
Breast Cancer screening	Claims	APCO& AHCO
Ambulatory Care Emergency Dept Visits	Claims	APCO & AHCO
Readmissions within 30 days Age 18-64	Claims	APCO& AHCO
Elective Delivery	Reported by VCO	AHCO
Catheter-associated urinary track infections	Report by VCO	AHCO
Clostridium Difficile (C-diff)	Report by VCO	AHCO
H CAHPS (Communication about medication)	Report by VCO	AHCO
H CAHPS (Discharge Information)	Report by VCO	AHCO

D.3. Medicaid Managed Care: Healthy Connections Value Care Payment Reform Options

Option	Accountable Primary Care Organization	Accountable Hospital Care Organization
Symmetrical Minimum Required Risk Share Maximum Savings or Risk Share	Year 1: 10% of Savings or Loss Year 2: 15% of Savings or Loss Year 3: 25% of Savings or Loss 80%	Year 1: 10% of Savings or Loss Year 2: 25% of Savings or Loss Year 3: 50% of Savings or Loss 80%
Asymmetrical Minimum/Maximum Risk Share Maximum Savings or Risk Limit	Year 1: 40% of Savings and 20% of Loss Year 1: 40% of Savings and 20% of Loss Year 3: Mandatory Option 1 Year 3 Terms Not to exceed 50% of VCO HC Mgmt. Fee	Year 1: 40% of Savings and 20% of Loss Year 1: 40% of Savings and 20% of Loss Year 3: Mandatory Option 1 Year 3 Terms Not to exceed 15% of VCO Target PMPM
Quality Measures	Applicable Quality Measures	Applicable Quality Measures
PCCM Payment	Same as current	Same as current
Minimum Members	1,000 (excluding dual eligibles and expansion adults)	10,000 (excluding dual eligibles and expansion adults)
Term of Agreement	3 years	3 years
Stop Loss (annual) threshold	$100,000 per member	$100,000 per member

D.3. Medicaid Managed Care Program: Healthy Connections Payment Structure

Healthy Connections Payment Structure			
Service Level	**Service Requirements**	**Basic Plan PMPM**	**Enhanced Plan PMPM**
Tier I: Healthy Connections	1. Monitor and manage consumer care 2. Provide preventive, routine, and urgent care 3. Provide coordination for referrals 4. Provide medication management and documentation 5. Provide 24/7 after-hours access to a medical professional	$2.50	$3.00
Tier II: Healthy Connections Access Plus	All Tier I service requirements, plus at least one of the following: 1. At least 46 hours of access to care for consumers per week 2. Nearby service location with extended hours and shared electronic medical records 3. Consumer portal to enhance access to care 4. Enhanced access to primary care services via telehealth 5. Other activity approved by the state	$3.00	$3.50
Tier III: Healthy Connections Care Management	All Tier I and II service requirements plus: 1. Care coordinator staff or support for care management of persons with chronic illnesses 2. Physician leadership for PCMH efforts 3. Established connection to the Idaho Health Data Exchange 4. At least one of the following enhanced care management activities: a. Community health emergency medical services b. Community health worker services c. Population health management capabilities d. Co-located or highly integrated behavioral and physical health care delivery e. Referral tracking and follow-up system in place f. PCMH national recognition	$7.00	$7.50

D.3. Medicaid Managed Care Program: Healthy Connections Payment Structure

Healthy Connections Payment Structure			
Service Level	**Service Requirements**	**Basic Plan PMPM**	**Enhanced Plan PMPM**
Tier IV: Healthy Connections Medical Home	All Tier I and II service requirements, plus: 1. Provide dedicated care coordinator staff or equivalent support for care management of individuals with chronic illnesses 2. Provide physician leadership for PCMH efforts 3. Achieve NCQA level 2 or 3 PCMH recognition, URAC, Joint Commission, AAAHC, or other PCMH national recognition 4. Established bi-directional connection to the Idaho Health Data Exchange, with demonstrated share relationship 5. Quality improvement activities directed at increased performance for quality measures: a. Diabetes A1C completion b. Asthma emergency department visits c. Low birth weight per 100 births d. Adherence to anti-psychotics for individuals with psychotic diagnoses e. Percent of consumers admitted to acute care hospitalization	$9.50	$10.00

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

- Idaho contracts with Optum Behavioral Health to provide outpatient behavioral health services to PCCM beneficiaries on a capitated basis.
- Medicaid pharmacy, inpatient mental health, and inpatient addiction disorder services are provided FFS by the state. Magellan serves as the pharmacy benefits administrator.

FFS Mental Health Benefits
1. Comprehensive diagnostic assessment
2. Individual, group, and family psychotherapy
3. Case consultation and management
4. Crisis response and intervention
5. Individualized behavioral health treatment plan
6. Psychoeducation
7. Psychological and neuropsychological testing
8. Peer support services
9. Health and Behavioral Assessment and Intervention (HBAI)
10. Skills training and development
11. Skill building/community rehabilitation services
12. Intensive outpatient
13. Child and Adolescent Needs and Strengths (CANS) Functional Assessment
14. Community transition support

FFS Addiction Treatment Benefits
1. Individual assessment and treatment plan
2. Outpatient services
3. Intensive outpatient services
4. Drug/alcohol testing
5. Individual and group counseling
6. Intensive outpatient
7. Case management
8. Medication assisted treatment
9. Peer support services

D.3. Medicaid Managed Care Program: SMI Population

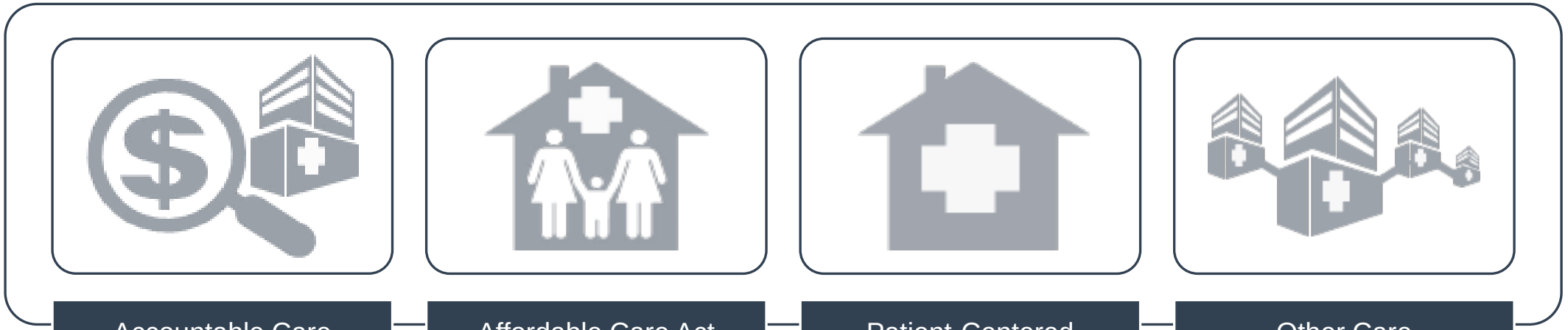
- The SMI population is mandatorily enrolled in managed care, unless they meet FFS criteria for exemption.
  - The waiver excludes partial benefit dual eligibles, dual eligibles enrolled in managed care, individuals residing in an inpatient hospital setting, foster children, and qualified aliens receiving emergency medical services.
- As of March 2023, *OPEN MINDS* estimates that 41% of the SMI population is enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

All Healthy Connections pharmacy benefits are financed by Medicaid FFS.

Idaho PCCM Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan Medicaid Administration.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, antipsychotics, and anxiolytics are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, alcohol treatment, opioid dependence treatment, tobacco cessation, and opioid reversal agents are included on the pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, antipsychotic injectable medications are covered as a pharmacy benefit. Some generics, such as olanzapine, are covered as a medical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Prior authorization is required for most non-preferred mental health and addiction treatment drugs. Non-preferred drugs will be approved if there is documented failure of a preferred drug. • Mental health and addiction treatment drug utilization restrictions vary and may be subject to clinical diagnostic criteria, step therapy, and age restrictions.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	If a member is suspected of medication abuse—as demonstrated by frequent emergency room utilization, excessive provider organization visits, or multiple prescribing physicians—the member may be enrolled in the lock-in program. The lock-in program restricts members to one pharmacy and one provider organization.

D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home (PCMH)	Other Care Coordination Initiatives
The state implemented ACOs in 2022 (called VCO's). Idaho currently operates 11 VCOs. See section D.6. for more information.	None, the state ended its health home program in 2016.	In the past, the state has worked with PCMHs under the Healthcare Innovation Plan to develop a PCMH network. Many still operate and serve Healthy Connections beneficiaries (see Section D.3).	None

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Dental Smiles (ID-03)	Authorizes the state to provide dental benefits through an at-risk prepaid ambulatory health plan. Medicaid enrollees do not have a choice of plan.	1915 (b)	None	01/01/2923	12/31/2027
Idaho Behavioral Health Transformation	Authorizes the state to provide treatment to individuals with SMI or SED while they are short term residents in residential and inpatient treatment settings that qualify as an IMD. In April 2020, reimbursement for both IMD and residential settings were added to the waiver authority. In June 2020, the state transitioned all treatment of SUD in institutions under this waiver authority.	1115	None	4/17/2020	3/31/2025
Idaho Behavioral Health (ID-02)	Idaho Medicaid has worked with the IBHP contractor to develop and manage a statewide provider network in order to administer behavioral health services to eligible Medicaid members.	1915 (b)	None	01/01/2023	12/31/2027

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
ID Aged & Disabled (1076.R07.00)	Individuals who are physically disabled or disabled in other ways ages 18 to 64, and individuals ages 65 and older.	13,436	Division of Medicaid, Bureau of Long-Term Care, Idaho Department of Health and Welfare	Yes, connected to the Medicare-Medicaid Coordinated Program
Idaho Adult Developmental Disabilities Waiver (0076.R07.00)	Individuals with autism or I/DD ages 18 and older.	6,164	Division of Medicaid, Idaho Department of Health and Welfare	No

D.6. Medicaid Program New Initiatives: Medicaid Expansion

- In November 2018, Idaho's citizens voted, using a voter initiative, to expand Medicaid eligibility to adults aged 19 to 64 with an income up to 138% of the FPL not previously eligible for Medicaid.
  - The state passed Senate Bill 1204 that requires the Idaho Department of Health and Welfare to implement an alternative Medicaid expansion program.
  - Senate Bill 1204 also requires that the state submit a state plan amendment (SPA) to allow for individuals with addiction disorders to be served in IMDs. The state will submit a 1115 waiver to allow for individuals with SMI to be served in IMDs.
- The alternative Medicaid expansion program requires the state to:
  - Implement community engagement and work requirements for the expansion population
  - Allow individuals to enroll in health insurance marketplace plans and receive an advanced premium tax credit instead of enrolling in Medicaid
- An 1115 waiver to implement work requirements and a 1332 waiver to allow enrollment in the health insurance marketplace were submitted to CMS.
- Due to the 1115 and 1332 waivers not being approved, Idaho implemented a traditional Medicaid expansion program on January 1, 2020.

D.6. Medicaid Program New Initiatives: Community Engagement & Workforce Requirements

- In compliance with Senate Bill 1204, on October 3, 2019, Idaho submitted a 1115 demonstration waiver to impose workforce and community engagement requirements for the Medicaid expansion population.
- Qualifying workforce and community engagement requirements include:
  - A minimum of 20 hours per week (on a monthly average) either working, participating in a work training program, or volunteering; enrolled, at least part-time, in a post-secondary education program; or working in compliance with a workforce program, TANF, or SNAP.
- Exemptions are available for individuals:
  - Under the age of 19 or over the age of 59; physically, mentally, or intellectually unable to work; pregnant women; parents or caretaker relatives providing comprehensive care for an individual under 18 with a serious medical condition; in compliance with another workforce program or receiving unemployment; applying for or receiving social security benefits; enrolled in an addiction treatment program; and American Indians or Alaskan Natives receiving services through Indian Health Services or a tribal health program.
- Once enrolled, eligible adults are required to submit monthly reports to demonstrate compliance and verify eligibility every six months.
  - Members who fail to comply with the requirements will lose Medicaid coverage for two months. However, individuals may reapply before the two-month period if they demonstrate exemption criteria or compliance with workforce or community engagement requirements.
- As of August 2023, this waiver is still pending approval.

D.6. Medicaid Program New Initiatives: Healthy Connections Value Care Organizations

- Healthy Connections is a managed fee-for-service arrangement, utilizing a network of primary care physicians and health care providers to serve as the “medical home” for Medicaid participants.
- The Healthy Connections Value Care Program went live January 1, 2022. The Department of Health and Welfare’s Division of Medicaid has contracted with multiple organizations under value-based purchasing contracts. These value care organizations (VCOs), which include hospital networks and primary care providers, will be held accountable for outcomes and costs, in exchange for an ability to share in savings. Medicaid intends to continue to expand its value-based purchasing programs, in order to help transform Idaho’s healthcare system from one that pays for volume to one that pays for value.
- New Healthy Connections providers that have a signed Healthy Connections Coordinated Care Agreement prior to May 31st of each year, will be required to affiliate with a VCO prior to the contracting deadline of August 31st of that year.
- For a list of current VCOs see slide B6.

D.6. Medicaid Program New Initiatives: Healthy Connections Value Care Payment Reform Options

Option	Accountable Primary Care Organization	Accountable Hospital Care Organization
Stop Loss Co-payment	20% co-payment of amount between $100,000 and $500,000 Cost> $500,000 no Copayment	20% co-payment of amount between $100,000 and $500,000 Cost> $500,000 no Copayment
Minimum Savings/Loss Threshold	Performance- Year Savings/Loss must exceed a minimum (TBD.05=1.0%) of the gross target to trigger VCO's savings or loss.	Performance- Year Savings/Loss must exceed a minimum (TBD.05=1.0%) of the gross target to trigger VCO's savings or loss.
Member Attribution	7+ months assigned to VCO	7+ months assigned to VCO
Target Development	Individual	Individual

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics				
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care (PCCM)**	**Idaho Medicaid Plus**	**Medicare-Medicaid Coordinated Plan**
Enrollment (March 2021)	9,100		17,768	31,598
Estimated SMI Enrollment	2,912		5,685	1,582
Management	• Physical Health: Idaho Department of Health and Welfare • Behavioral Health: Optum	• Physical Health: Idaho Department of Health and Welfare • Behavioral Health: Optum	Two health plans	Two health plans
Payment Model	• Physical Health: FFS • Behavioral Health: Capitated rate	• Physical Health: FFS • Behavioral Health: Optum	All Medicaid services: Capitated rate	Medicaid and Medicare services: Capitated rate
Geographic Service Area	Statewide	Statewide	Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls counties	22 Counties

Total Dual Eligible Enrollment: 31,812 | Total Dual Eligible Enrollment With SMI: 10,179

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

E.2. Largest Medicare Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2023 Enrollment	Estimated SMI Enrollment
True Blue Special Needs Plan	BlueCross of Idaho	Medicare Advantage D-SNP	7,921	2,535
Molina Medicare Complete Care	Molina Healthcare	Medicare Advantage D-SNP	4,970	1,590
Molina Medicare Complete Care Select	Molina Healthcare	Medicare Advantage D-SNP	406	130

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of March 2021, dual eligible enrollment was 31,812.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligible beneficiaries have the option to enroll in Medicaid FFS or Idaho's PCCM program, Healthy Connections, if they do not reside in a county that has the Medicare-Medicaid Coordinated Plan (MMCP). If a county has the MMCP program, individuals have the option to enroll in this program.
  - The MMCP is available in 22 of the 44 Idaho counties.
- D-SNP enrollment as of March 2023 was 13,297, SMI enrollment for D-SNP was 4,255.
- In November 2018, the state launched Idaho Medicaid Plus (IMPlus), which coordinates Medicaid benefits only. Dual eligibles not enrolled in the MMCP program are required to enroll in the IMPlus program.
  - IMPlus programs is available in Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls counties.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- The IMPlus program has partnered with two Idaho health plans: Molina Healthcare of Idaho and Blue Cross of Idaho.
  - The health plans cover most Medicaid services including mental health and addiction treatment.
  - Every IMPlus member is assigned a care specialist to advocate on behalf of the member's health care needs.
- The IMPlus program began in Twin Falls county in November 2018, and has gradually added more counties.
- January 1, 2020, IMPlus was made mandatory for enrollment in new counties. In addition, a new enrollment structure called "passive" enrollment was introduced in some counties. Passive enrollment went live on April 1, 2020, with individuals given the option to opt out prior to that date.
  - **Mandatory IMPlus Counties:** Boise, Boundary, Cassia, Elmore, Fremont, Gem, Jefferson, Madison, Minidoka, Owyhee, Payette, and Power
  - **Passive IMPlus Counties:** Adams, Benewah, Clark, Gooding, Jerome, Latah, Shoshone, Valley, and Washington
- On January 1, 2020 MMCP added the following counties.
  - Boise, Boundary, Cassia, Elmore, Fremont, Gem, Jefferson, Madison, Minidoka, Owyhee, Payette, and Power county
- On January 1, 2020 Blue Cross of Idaho offered MMCP in new counties.
  - Adams, Benewah, Clark, Gooding, Jerome, Latah, Shoshone, Valley, and Washington county.

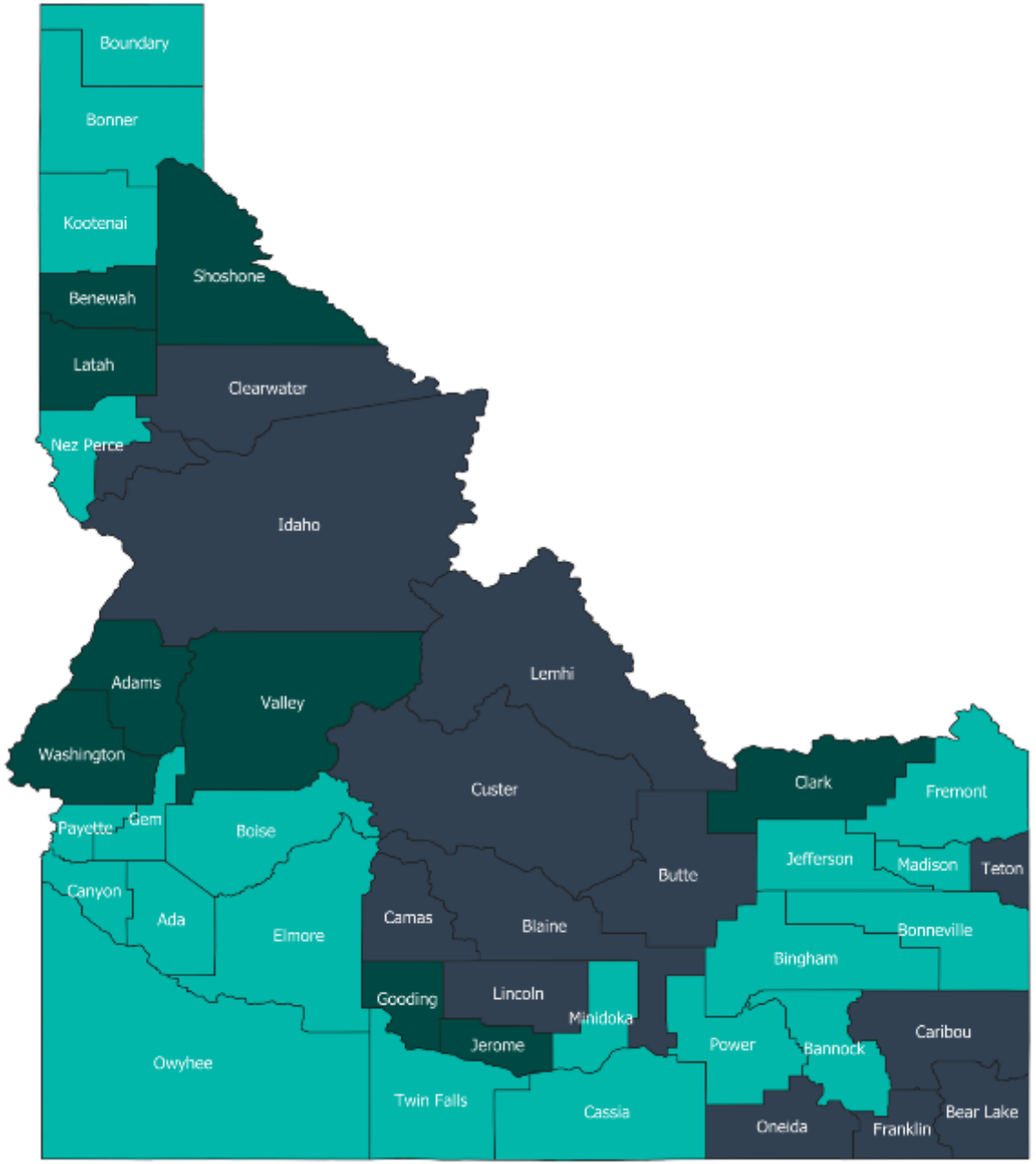
E.4. Dual Eligible Medicaid Financing & Delivery System: Dual Eligible Demonstration Overview

	Idaho Medicaid Plus Dual Eligible Demonstration Overview	Idaho Medicare-Medicaid Coordinated Plan Demonstration Overview
Target Population	1. Persons dually eligible for Medicare and Medicaid with full benefits, ages 21 and older 2. Enrolled in the Aged and Disabled waiver 3. Persons entitled to Medicare Part A, enrolled in Medicare Parts B and D, and receive full state plan benefits 4. As of December 2019, 10,787 beneficiaries were enrolled in the program.	1. Persons dually eligible for Medicare and Medicaid with full benefits, ages 21 and older 2. Enrolled in the Aged and Disabled waiver 3. Persons entitled to Medicare Part A, enrolled in Medicare Parts B and D, and receive full state plan benefits 4. As of December 2019, 8,039 beneficiaries are enrolled in the program.
Geographic Service Area	**Mandatory:** Twin Falls, Bannock, Bingham, Bonneville, Ada, Canyon, Bonner, Kootenai, Nez Perce, Boise, Boundary, Cassia, Elmore, Fremont, Gem, Jefferson, Madison, Minidoka, Owyhee, Payette, and Power counties **Passive:** Adams, Benewah, Clark, Gooding, Jerome, Latah, Shoshone, Valley, and Washington counties	22 of 44 counties Twin Falls, Bannock, Bingham, Bonneville, Ada, Canyon, Bonner, Kootenai, Nez Perce, Boise, Boundary, Cassia, Elmore, Fremont, Gem, Jefferson, Madison, Minidoka, Owyhee, Payette Power. Adams, Benewah, Clark, Gooding, Jerome, Latah, Shoshone, Valley, and Washington counties
Enrollment Model	Mandatory and Passive enrollment (depending on county)	Voluntary enrollment
Care Delivery Model	• Two health plans - Molina Healthcare of Idaho and Blue Cross of Idaho • Care coordination provided in-person and by telephone	• Two health plans - Molina Healthcare of Idaho and Blue Cross of Idaho • Care coordination provided by telephone
Benefits	Medicaid benefits	Medicaid and Medicare benefits
Payment Model	One monthly capitation payment from the state Medicaid program	Three monthly capitation payments • From CMS: One payment for Medicare parts A and B and one payment for Medicare part D • From the state: One payment for Medicaid services

E.4. Dual Eligible Medicaid Financing & Delivery System: Medicaid Plus Demonstration Areas

Medicaid Plus Demonstration Areas

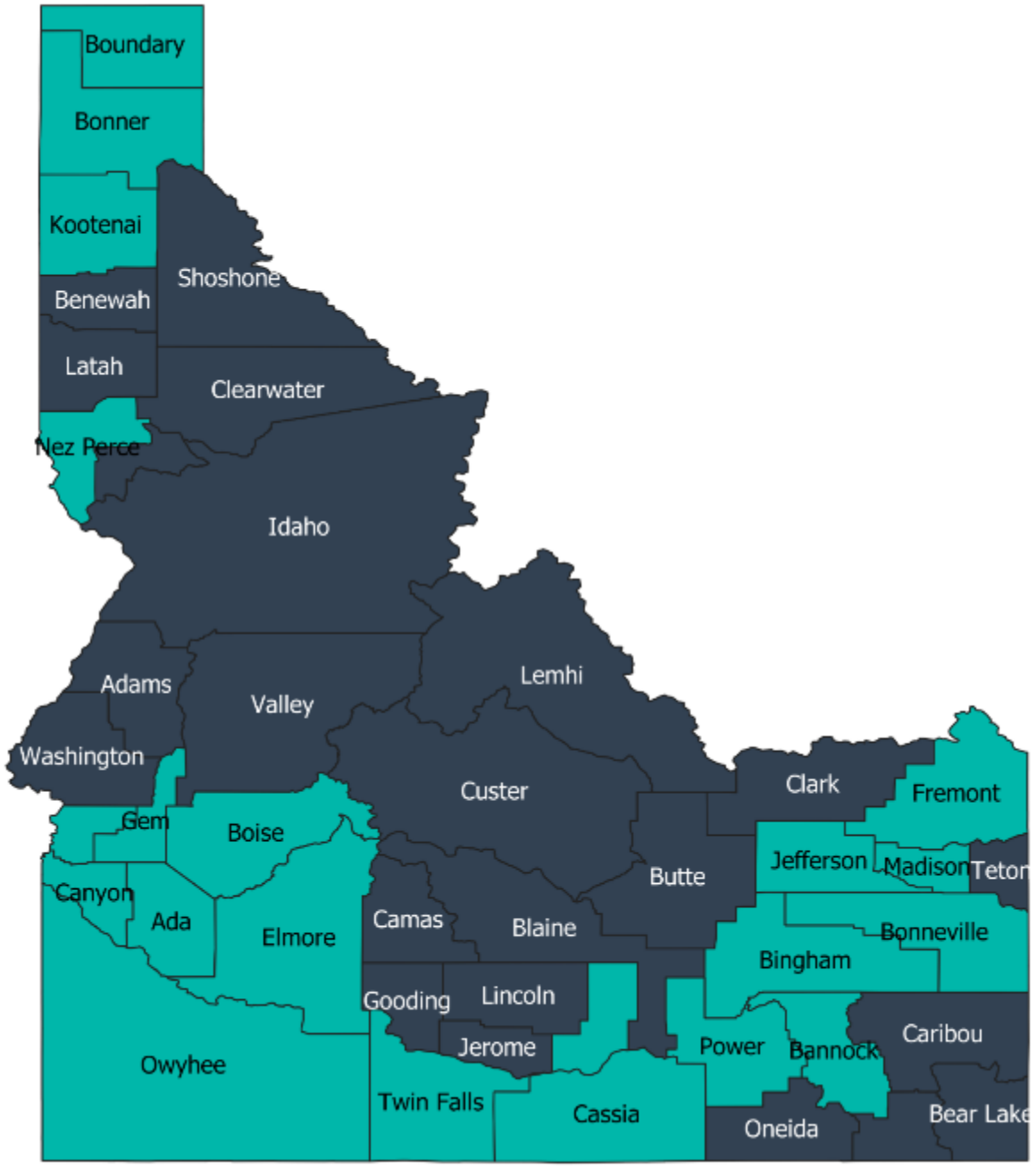
- Medicaid Plus Demonstration Mandatory County
- Medicaid Plus Demonstration Passive County
- Non-Medicaid Plus Demonstration County



E.4. Dual Eligible Medicaid Financing & Delivery System: Dual Eligible Demonstration

Idaho Medicare-Medicaid Coordinated Plan Demonstration Areas

- MMCP Demonstration County
- Ineligible county



F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2020)	5,300
Estimated SMI Enrollment	1,696
Management	• 2 Health Plans
Payment Model	• Physical and TBH: Blended capitation
Geographic Service Area	Specific Counties

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles			X
Individuals with I/DD			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	X		
Other populations	• Retroactive eligibility only • Eligibility period of less than three months	• Member of a federally recognized tribe • Unable to access a participating PCCM PCP within 30 miles or 30 minutes • Participant has an existing relationship with a non-PCCM PCP	Pregnant women

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Idaho does not operate a separate program from MLTSS beneficiaries. Instead, Idaho operates two Dual Special Needs Plans (D-SNP) and the Medicare Medicaid Coordination Plan (MMCP) for dual eligible beneficiaries and individuals in need of LTSS.
- Additionally, Idaho operates a mandatory Medicaid-only managed care plan, known as Medicaid Plus, for dual eligible beneficiaries not enrolled in MMCP. Medicaid Plus incorporates all Medicaid services, including long-term services and supports, into the managed care program.

F.3. Medicaid LTSS Program: Health Plan Characteristics

- Idaho does not operate a separate program from MLTSS beneficiaries. Instead, Idaho operates a Dual Special Needs Plan (D-SNP) and the Medicare Medicaid Coordination Plan (MMCP) for dual eligible beneficiaries and individuals in need of LTSS.
- Additionally, Idaho operates a mandatory Medicaid-only managed care plan, known as Medicaid Plus, for dual eligible beneficiaries not enrolled in MMCP. Medicaid Plus incorporates all Medicaid services, including long-term services and supports, into the managed care program.

F.4. Medicaid LTSS Program: Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals aged 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Idaho's Optional Services

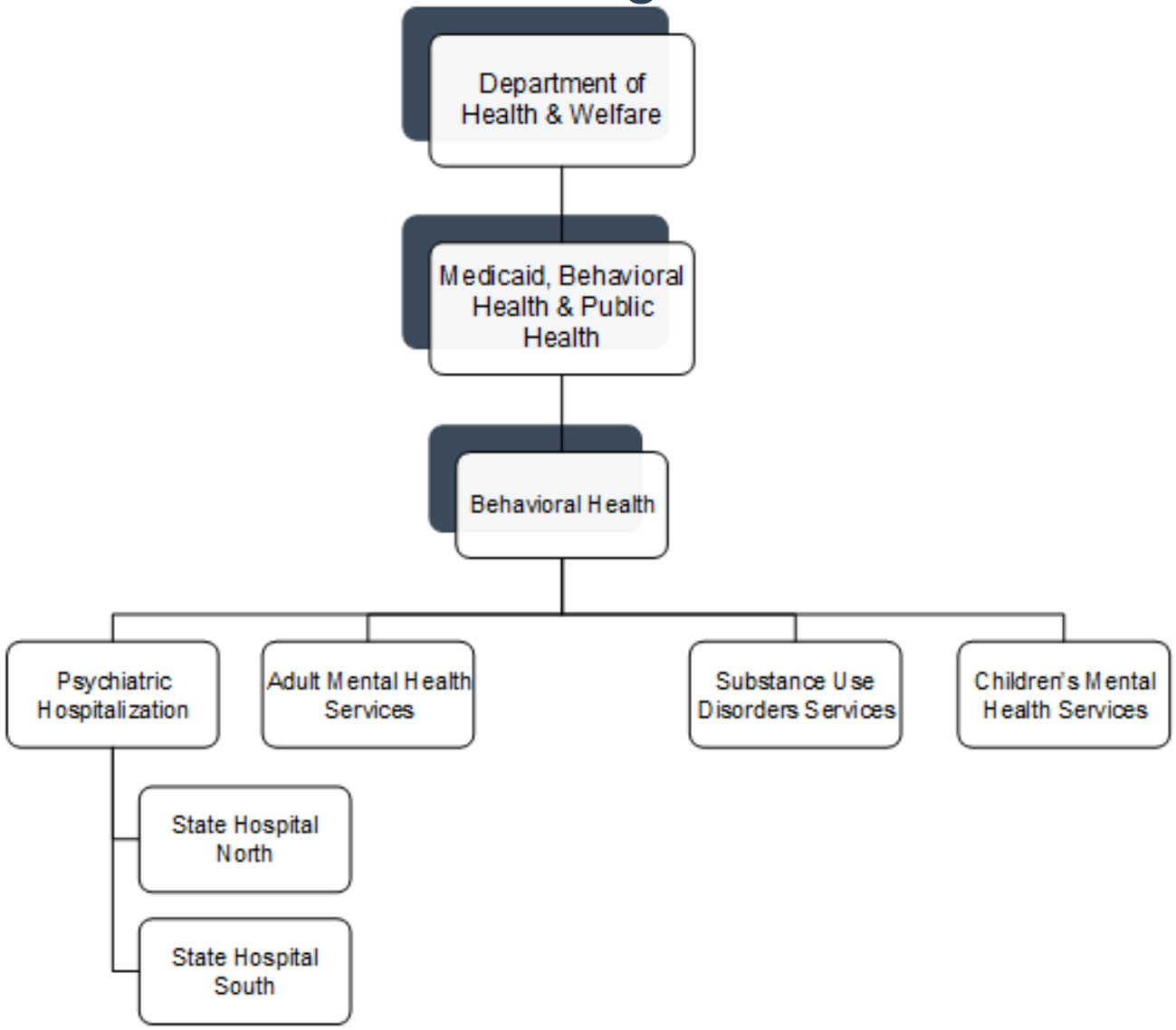
1. Podiatry services
2. Chiropractor services
3. Other practitioner services
4. Dental services for children
5. Emergency dental services for adults
6. Physical therapy
7. Occupational therapy
8. Services for individuals with speech, hearing, and language disorders
9. Prescribed drugs
10. Diagnostic services
11. Screening services
12. Preventive services
13. Rehabilitative services
14. Skilled nursing facility
15. Intermediate care facility
16. IMDs for persons over 65 years old
17. Case management
18. Respiratory care
19. Personal care services
20. Durable medical equipment
21. Transition management services (enhanced population only)

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Idaho does not currently have any new initiatives related to their LTSS program.

G. State Behavioral Health Administration & Finance System

G.1. Division Of Behavioral Health: Organization Chart



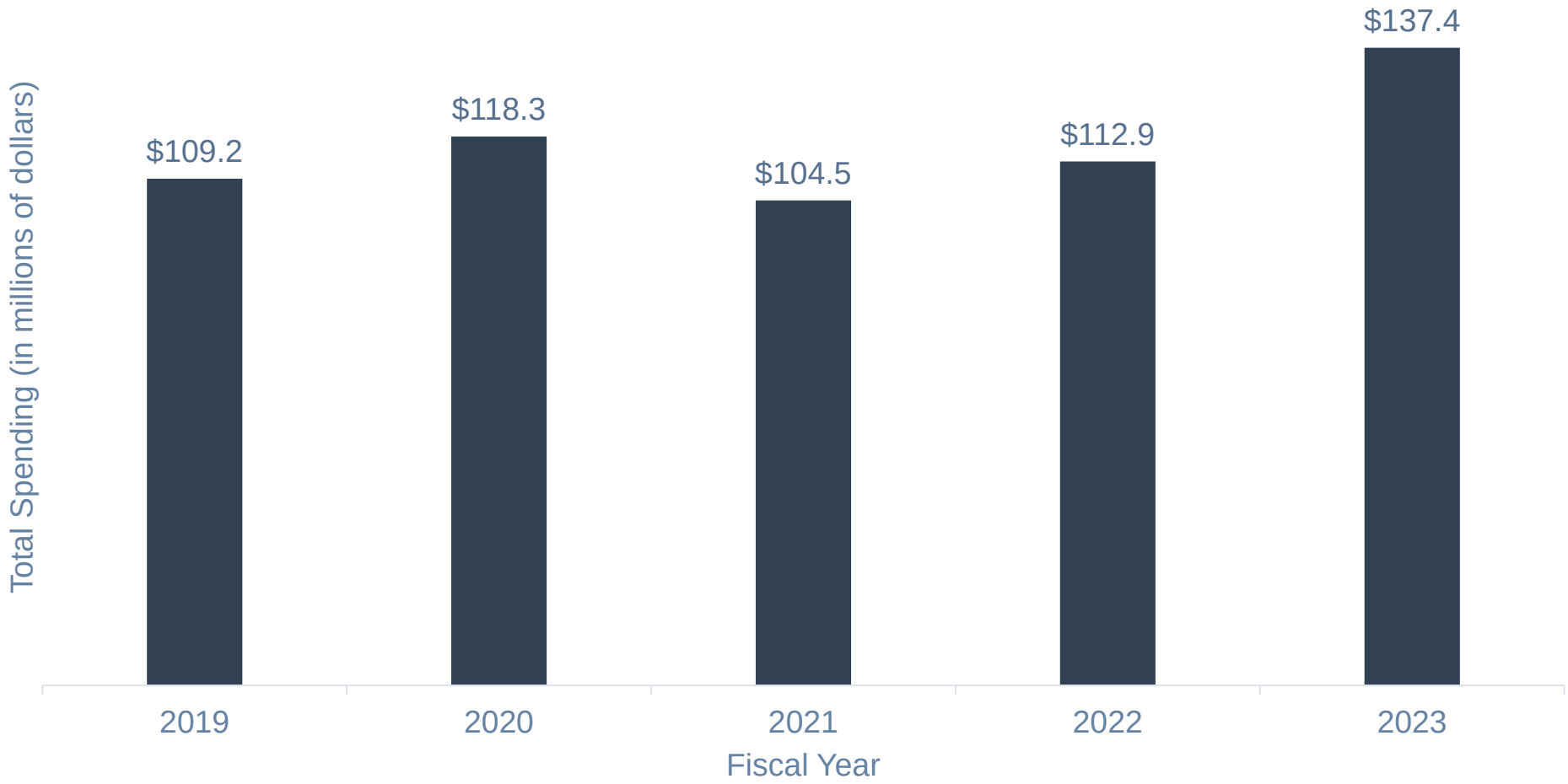
G.1. Division Of Behavioral Health: Key Leadership

Name	Position	Department	Email
Dave Jeppesen	Director	Department of Health and Welfare	dave.jeppesen@dhw.idaho.gov
Miren Unsworth	Deputy Director	Department of Health and Welfare, Medicaid, Behavioral Health, and Managed Care Services	miren.unsworth@dhw.idaho.gov
Ross Edmunds	Administrator	Division of Behavioral Health	ross.edmunds@dhw.idaho.gov
Randy Rodriguez	Administrator	State Hospital South	randy.rodriguez@dhw.idaho.gov
Teresa Shackelford	Administrator	State Hospital North	teresa.shackelford@dhw.idaho.gov
Gina Westcott	Administrator	State Hospital West	westcotg@dhw.idaho.gov

G.2. Division Of Behavioral Health: Spending

Budget Item	SFY 2023 Budget Request	Percent Of Budget
Adult mental health	$47,170,900	34%
State Hospital South	$32,405,300	24%
Substance abuse treatment and prevention	$19,125,200	14%
Children's mental health	$15,149,800	11%
State Hospital North	$13,402,700	10%
State Hospital West	$5,153,600	4%
Community hospitalization	$4,964,000	4%
Budget Total: $137,371,500		

G.2. Division Of Behavioral Health: Spending Over Time



G.3. State Psychiatric Institutions

State Psychiatric Institutions				
Institution	**Location**	**Beds**	**FY2022 Admissions**	**FY2022 Average Daily Census**
State Hospital North	Orofino	60	211	45
State Hospital South	Blackfoot	110*	604	91
State Hospital West	Nampa	16	58	45
Total		**186**	**912**	**163**

*Psychiatric beds only and 29 skilled nursing home beds.

In order to address a lack of psychiatric hospital beds, the state has developed a plan to increase the number of available beds. This plan includes:

1. Expanding the number of beds for the SMI population at the state prison from three to nine.
2. Built an adolescent psychiatric hospital, State Hospital West, in the Treasure Valley, which opened in 2020.
3. Remodeling the current adolescent psychiatric unit at State Hospital South to a high-risk adult unit. As of August 2020, this remodeling has been completed.

G.4. Behavioral Health Safety-Net Delivery System

- The Idaho Department of Health and Welfare: Behavioral Health Division is responsible for providing both mental health services and addiction disorder treatment services to the uninsured population.
- Mental health services are delivered through seven state-operated regional behavioral health centers (RBHCs), each with its own catchment area of counties.
  - Both adults and children access care through the RBHCs; however, children are usually referred to private provider organizations for treatment.
  - Adult treatment services include crisis services, court-ordered treatment, assertive community treatment, case management services, community support services, and co-occurring addiction disorder treatment.
  - In addition to sliding-scale fees, the RBHCs accept private and public insurance as payment.
- Addiction disorder treatment services are delivered through a network of private and public provider organizations. Business Psychology Associates (BPA) Health acts as the utilization manager.

G.4. Behavioral Health Safety-Net Delivery System: RBHC Regions

Region	Counties
1	Benewah, Bonner, Boundary, Kootenai, Shoshone
2	Clearwater, Idaho, Latah, Lewis, Nez Perce
3	Adams, Canyon, Gem, Owyhee, Payette, Washington
4	Ada, Boise, Elmore, Valley
5	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls
6	Bannock, Bear Lake, Caribou, Franklin, Oneida, Power
7	Bingham, Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton

H. Appendices

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicaid	8.6% of individuals enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved January 2023from https://www.cms.gov/files/document/mmco-report-congress.pdf

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report
Other Public	5.6% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2020, August). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is $13,590 for an individual and $27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals ages 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

H.3. Sources

A. Executive Summary
1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics
1. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved August 2023 from https://data.census.gov/cedsci/table?q=S0101
2. United States Census Bureau. (2022). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved August 2023 from https://data.census.gov/cedsci/table?q=S1701
3. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved August 2023 from https://data.census.gov/cedsci/table?q=S1901
4. United States Census Bureau. (2022). 2023 Population Distribution by Race/Ethnicity. Retrieved August 2023 from https://data.census.gov/cedsci/table?q=Race%2FEthnicity&g=0100000US.04000.001&tid=ACSDP1Y2019.DP05&hidePreview=false

B.2. Population Centers
1. Federal Reserve Bank of St Louis. (2022, March) US Regional Data, MSAs. Retrieved January 2023 from https://fred.stlouisfed.org
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved August 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved August 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=Core+Based+Statistical+Areas
4. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved August 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29
5. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved August 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html

B.3. Population Distribution By Payer: National vs. State
1. *OPEN MINDS*. (2023). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2022 Beneficiaries. Retrieved December 2022. https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (September 2022). Retrieved December 2021. https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2020). Retrieved December 2021. https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

B.3. SMI Population Distribution By Payer: National vs. State
1. *OPEN MINDS*. (2023). Serious Mental Illness Prevalence Estimates.

H.3. Sources

B.4. Largest State Health Plans By Enrollment

1. *OPEN MINDS.* (2023, March). Health Plans Database.
2. TRICARE. (2022, December). Beneficiaries by Location. Retrieved August 2023 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2023). Subscription Database. Available from http://www.markfarrah.com/

B.4. Largest State Health Plans By Estimated SMI Enrollment

1. *OPEN MINDS.* (2023, March). Health Plans Database.
2. TRICARE. (2022, December). Beneficiaries by Location. Retrieved August 2023 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2023). Subscription Database. Available from http://www.markfarrah.com/

B.5. Health Insurance Marketplace

1. United States Department of Health and Human Services. (2020, October 21). PY2022 Individual Medical Landscape. Retrieved August 2023 from https://data.healthcare.gov/dataset/cfbbddd9-b405-4c4a-b679-fd2986945b88
2. United States Department of Health and Human Services. (2020, October 21). QHP Landscape PY2022 SHOP Market Medical. Retrieved August 2023 from https://data.healthcare.gov/dataset/aa2cf0c7-ff39-484a-9472-764e243ffea9
3. Health Insurance. California health insurance marketplace: history and news of the state's exchange. Retrieved August 2023 from https://www.healthinsurance.org/health-insurance-marketplaces/california

B.6. Accountable Care Organizations

1. *OPEN MINDS.* (2022). ACO Database.

C.1. Medicaid Governance: Organizational Chart

1. Idaho Department of Health and Welfare. (2019, January). Department of Health and Welfare Organizational Chart. Retrieved August 2023 from https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=19389&dbid=0&repo=PUBLIC-DOCUMENTS

C.1. Medicaid Governance: Key Leadership

1. Idaho Department of Health and Welfare. (2019, January). Department of Health and Welfare Organizational Chart. Retrieved August 2023 from https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=19389&dbid=0&repo=PUBLIC-DOCUMENTS
2. Idaho Department of Health and Welfare. Department Contacts. Retrieved August 2023 from https://healthandwelfare.idaho.gov/ContactUs.aspx

H.3. Sources

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/macstats/

C.2. Medicaid Program Spending: Budget

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/macstats/
2. United States Government Printing Office. (2022, November 28). Federal Medical Assistance Percentages FY 2020. Retrieved August 2023 from https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for
3. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/macstats/
4. Centers for Medicare and Medicaid Services. (2013, March 29). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved August 2023 from https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/macstats/
4. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf
5. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/publication/macstats-archive/
6. Medicaid and CHIP Payment and Access Commission. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/publication/macstats-archive/
7. Medicaid and CHIP Payment and Access Commission. (2016, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved August 2023 from https://www.macpac.gov/publication/macstats-archive/
8. Medicaid and CHIP Payment and Access Commission. (2015, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved August 2023 from https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf

H.3. Sources

C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2023, January). Medicaid Enrollment Data Collected Through MBES 2023 Q1. Retrieved August 2023 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html
4. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved August 2023 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html
5. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved August 2023 from https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315
6. Legislature of the State of Idaho. (2019). Senate Bill No. 1204 Medicaid Expansion. Retrieved August 2023 from https://legislature.idaho.gov/sessioninfo/2019/legislation/s1204/
7. Idaho Medicaid Expansion. Medicaid Expansion in Idaho. Retrieved August 2023 from https://medicaidexpansion.idaho.gov/

C.4. Medicaid Program Benefits

1. Idaho Department of Health and Welfare. Standard Medicaid Health Plan Benefits. Retrieved August 2023 from https://healthandwelfare.idaho.gov/services-programs/medicaid-health
2. Centers for Medicare and Medicaid Services. (2017, October 24). SPA# 17-0008 Idaho's Basic Alternative Benefit Plan. Retrieved August 2023 from http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/BasicBenchmark.pdf
3. Centers for Medicare and Medicaid Services. (2017, October 24). SPA# 17-0009 Idaho's Enhanced Alternative Benefit Plan. Retrieved August 2023 from http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/EnhancedBenchmark.pdf
4. Centers for Medicare and Medicaid Services. (2019, June 18). SPA #19-0014 Transition Management Services. Retrieved August 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-19-0014.pdf

D.1. Medicaid Financing & Service Delivery System

1. Idaho Department of Health and Welfare. Idaho Health Plan Coverage Manual. Retrieved August 2023 from https://healthandwelfare.idaho.gov/sites/default/files/2020-08/Idaho%20Health%20Plan%20English.pdf
2. Idaho Department of Health and Welfare. (2020, June 7). Idaho Medicaid Provider Handbook. Retrieved August 2023 from https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/ProviderHandbook/tabid/266/Default.aspx

H.3. Sources

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Idaho Department of Health and Welfare. Idaho Medicaid Provider Handbook. Retrieved August 2023 from https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx
2. Centers for Medicare and Medicaid Services. (2016, June 21). SPA# 16-0001 Primary Care Case Management Program. Retrieved August 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-16-0001.pdf
3. Centers for Medicare and Medicaid Services. (2020, January 1). Idaho Medicaid Plus Waiver. Retrieved August 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/ID_Idaho-Medicaid-Plus_ID-04.pdf
4. Centers for Medicare and Medicaid Services. (2020, May 28). State Plan Amendment 19-0008. Retrieved August 2023 from https://www.medicaid.gov/medicaid/medicaid-spa/downloads/ID-19-0008.pdf
5. Centers for Medicare and Medicaid Services. (2020, May 29). State Plan Amendment 20-0005. Retrieved August 2023 from https://www.medicaid.gov/medicaid/medicaid-spa/downloads/ID-20-0005.pdf

D.2. Medicaid FFS Program: Overview

1. Idaho Department of Health and Welfare. Idaho Health Plan Coverage Manual. Retrieved August 2023 from https://healthandwelfare.idaho.gov/sites/default/files/2020-08/Idaho%20Health%20Plan%20English.pdf
2. Centers for Medicare and Medicaid Services. (2017, October 24). SPA# 17-0008 Idaho's Basic Alternative Benefit Plan. Retrieved August 2023 from http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/BasicBenchmark.pdf
3. Centers for Medicare and Medicaid Services. (2017, October 24). SPA# 17-0009 Idaho's Enhanced Alternative Benefit Plan. Retrieved August 2023 from http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/EnhancedBenchmark.pdf

D.2. Medicaid FFS Program: Behavioral Health Overview

1. Centers for Medicare and Medicaid Services. (2020, January 1). Idaho Behavioral Health Plan Waiver. Retrieved August 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/ID_Idaho-Behavioral-Health_ID-02.pdf
2. Idaho Department of Health and Welfare. Idaho Behavioral Health Plan. Retrieved August 2023 from https://healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidBehavioralHealthManagedCare/tabid/1861/Default.aspx
3. Idaho Department of Health and Welfare. Optum Contract. Retrieved August 2023 from https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=5931&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1

H.3. Sources

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Optum Idaho. Optum Idaho Provider Manual. Retrieved August 2023 from https://www.optumidaho.com/content/ops-optidaho/idaho/en/providers/guidelines---policies.html
2. Centers for Medicare and Medicaid Services. (2019, April 26). Enhanced Alternative Benefit Plan Benefits. Retrieved August 2023 https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-18-0007.pdf
3. Centers for Medicare and Medicaid Services. (2019, April 26. Basic Alternative Benefit Plan Benefits. Retrieved August 2023 from https://medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-18-0006.pdf
4. Magellan Medicaid Administration. Idaho Medicaid Pharmacy Program. Retrieved August 2023 from https://idaho.fhsc.com/
5. Centers for Medicare and Medicaid Services. (2020, June 23). State Plan Amendment 20-0013. Retrieved August 2023 from https://www.medicaid.gov/medicaid/spa/downloads/ID-20-0013.pdf

D.2. Medicaid FFS Program: SMI Population

1. *OPEN MINDS.* (2023). SMI Estimates.

D.2. Medicaid FFS Program: Pharmacy Benefits

1. Idaho Department of Health and Welfare. Prescription Drug Benefits. Retrieved August 2023 from https://ogi.idaho.gov/prescription-drug/
2. Magellan Medicaid Administration. Idaho Medicaid Pharmacy Program. Retrieved August 2023 from https://idaho.fhsc.com/
3. Idaho Department of Health and Welfare. (2020, January 1). Idaho Medicaid Preferred Drug List. Retrieved August 2023 from https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=702&dbid=0&repo=PUBLIC-DOCUMENTS
4. Idaho Department of Health and Welfare. Idaho Medicaid Provider Handbook. Retrieved August 2023 from https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx

D.3. Medicaid Managed Care Program: Overview

1. Centers for Medicare and Medicaid Services. (2016, June 21). SPA #16-0001 Idaho's Healthy Connections Primary Care Case Management Program. Retrieved August 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-16-0001.pdf
2. Idaho Department of Health and Welfare. Healthy Connections Primary Care for Idaho Medicaid Participants. Retrieved August 2023 from https://healthandwelfare.idaho.gov/related/manage-my-medicaid-healthy-connections
3. Idaho Department of Health and Welfare. (2019, July 1). Idaho Medicaid Provider Handbook. Retrieved August 2023 from https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx
4. Idaho Department of Health and Welfare. (2019). Healthy Connections 2019 Updates. Retrieved August 2023 from https://healthandwelfare.idaho.gov/related/manage-my-medicaid-healthy-connections
5. Idaho Department of Health and Welfare. (2018). Healthy Connections 2018 Updates. Retrieved August 2023 from https://healthandwelfare.idaho.gov/related/manage-my-medicaid-healthy-connections
6. Centers for Medicare and Medicaid. (2020, July 14). State Plan Amendment 19-0010. Retrieved August 2023 from https://www.medicaid.gov/media/file/id-19-0010.pdf

H.3. Sources

D.3. Medicaid Managed Care: Healthy Connections Value Care Program

1. Idaho Department of Health and Welfare. (2019). Healthy Connections 2019 Updates. Retrieved August 2023 from https://healthandwelfare.idaho.gov/related/manage-my-medicaid-healthy-connections
2. Idaho Department of Health and Welfare. (2018). Healthy Connections 2018 Updates. Retrieved August 2023 from https://healthandwelfare.idaho.gov/related/manage-my-medicaid-healthy-connections
3. Centers for Medicare and Medicaid. (2020, July 14). State Plan Amendment 19-0010. Retrieved August 2023 from https://www.medicaid.gov/media/file/id-19-0010.pdf
4. Idaho Department of Health and Welfare. Manage My Medicaid With Healthy Connections. Retrieved August 2023 from https://healthandwelfare.idaho.gov/manage-my-medicaid-healthy-connections

D.3. Medicaid Managed Care: Healthy Connections Value Care Program Value Measures

1. Idaho Health and Welfare. (2019, December 13). Healthy Connections HCVC Presentation. Retrieved August 2023 from https://msp.scdhhs.gov/SCDue2/site-page/healthy-connections-prime-presentations-0
2. Centers for Medicare and Medicaid (2020, July 14). State Plan Amendment 19-0010. Retrieved August 2023 from https://www.medicaid.gov/media/file/id-19-0010.pdf

D.3. Medicaid Managed Care Program: Healthy Connections Payment Structure

1. Idaho Department of Health and Welfare. Idaho Medicaid Provider Handbook. Retrieved August 2023 from https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx
2. Centers for Medicare and Medicaid. (2020, July 14). State Plan Amendment 19-0010. Retrieved August 2023 from https://www.medicaid.gov/media/file/id-19-0010.pdf

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. Optum Idaho. Optum Idaho Provider Manual. Retrieved August 2023 from https://www.optumidaho.com/content/ops-optidaho/idaho/en/providers/guidelines---policies.html
2. Centers for Medicare and Medicaid Services. (2019, April 26). Enhanced Alternative Benefit Plan Benefits. Retrieved August 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-18-0007.pdf
3. Centers for Medicare and Medicaid Services. (2019, April 26. Basic Alternative Benefit Plan Benefits. Retrieved August 2023 from https://medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-18-0006.pdf
4. Magellan Medicaid Administration. Idaho Medicaid Pharmacy Program. Retrieved August 2023 from https://idaho.fhsc.com/

D.3. Medicaid Managed Care Program: SMI Population

1. *OPEN MINDS.* (2023). SMI Estimates.

H.3. Sources

D.3. Medicaid Managed Care Program: Pharmacy Benefits

1. Idaho Department of Health and Welfare. Prescription Drug Benefits. Retrieved August 2023 from https://ogi.idaho.gov/prescription-drug/
2. Magellan Medicaid Administration. Idaho Medicaid Pharmacy Program. Retrieved August 2023 from https://idaho.fhsc.com/
3. Idaho Department of Health and Welfare. (2020, January 1). Idaho Medicaid Preferred Drug List. Retrieved August 2023 from https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=702&dbid=0&repo=PUBLIC-DOCUMENTS
4. Idaho Department of Health and Welfare. Idaho Medicaid Provider Handbook. Retrieved August 2023 from https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx

D.4. Medicaid Program: Care Coordination Initiatives

1. Derived form information throughout profile

D.5. Medicaid Program: Demonstration & Care Management Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved August 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved August 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.6. Medicaid Program New Initiatives: Medicaid Expansion

1. Idaho Department of Health and Welfare. October 2019 Update for Idaho Medicaid Expansion. Retrieved August 2023 from https://www.yourhealthidaho.org/medicaid-expansion/

D.6. Medicaid Program New Initiatives: Community Engagement & Workforce Requirements

1. Idaho Department of Health and Welfare. (2019, September 27). Idaho Medicaid Reform Waiver Community Engagement Requirements. Retrieved August 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/id/id-medicaid-reform-pa.pdf

D.6. Medicaid Program New Initiatives: Timeline

1. Derived from sources found throughout the profile.

H.3. Sources

E.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2022, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved August 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html
2. Centers for Medicare and Medicaid Services. (2022, December). Special Needs Plan (SNP) Data. Retrieved August 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2022, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved August 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html
2. Centers for Medicare and Medicaid Services. (2022, December). Special Needs Plan (SNP) Data. Retrieved August 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Idaho Department of Health and Welfare. Idaho Medicaid Plus. Retrieved August 2023 from http://healthandwelfare.idaho.gov/Medical/Medicaid/DualEligibleParticipants/tabid/2538/Default.aspx
2. Idaho Department of Health and Welfare. Medicare Medicaid Coordinated Plan FAQ's. Retrieved August 2023 from https://healthandwelfare.idaho.gov/services-programs/medicaid-health/medicaidmedicare-participants
3. Idaho Department of Health and Welfare. (2019). Idaho Medicaid Provider Agree Medicare Medicaid Coordinated Plan (MMCP). Retrieved August 2023 from https://healthandwelfare.idaho.gov/services-programs/medicaid-health/medicaidmedicare-participants
4. Centers for Medicare and Medicaid Services. (2018, November 1). Idaho Medicaid Plus Waiver. Retrieved August 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/ID_Idaho-Medicaid-Plus_ID-04.pdf

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. Idaho Department of Health and Welfare. Idaho Medicaid Plus. Retrieved August 2023 from http://healthandwelfare.idaho.gov/Medical/Medicaid/DualEligibleParticipants/tabid/2538/Default.aspx
2. Centers for Medicare and Medicaid Services. (2018, November 1). Idaho Medicaid Plus Waiver. Retrieved August 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/ID_Idaho-Medicaid-Plus_ID-04.pdf
3. Idaho Department of Health and Welfare. (2019, April). Idaho Medicaid Plus Provider Presentation. Retrieved August 2023 from https://healthandwelfare.idaho.gov/providers/idaho-medicaid-providers/information-medicaid-providers

H.3. Sources

E.4. Dual Eligible Medicaid Financing & Delivery System: Dual Eligible Demonstration Overview

1. Centers for Medicare and Medicaid Services. (2018, November 1). Idaho Medicaid Plus Waiver. Retrieved August 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/ID_Idaho-Medicaid-Plus_ID-04.pdf
2. Centers for Medicare and Medicaid Services. (2018, December 28). SPA #18-0003 Dual Eligible Alternative Benefit Plan. Retrieved August 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-18-0003.pdf
3. Centers for Medicare and Medicaid Services. (2018, November 1). Idaho Medicaid Plus Waiver. Retrieved August 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/ID_Idaho-Medicaid-Plus_ID-04.pdf
4. Idaho Department of Health and Welfare. Idaho Medicaid Plus. Retrieved August 2023 from https://healthandwelfare.idaho.gov/Medical/Medicaid/DualEligibleParticipants/IdahoMedicaidPlus/tabid/4653/Default.aspx?QuestionID=618&AFMID=18366

E.4. Dual Eligible Medicaid Financing & Delivery System: Medicaid Plus Demonstration Areas

1. Idaho Department of Health and Welfare. Idaho Medicaid Plus. Retrieved August 2023 from https://healthandwelfare.idaho.gov/Medical/Medicaid/DualEligibleParticipants/IdahoMedicaidPlus/tabid/4653/Default.aspx?QuestionID=618&AFMID=18366

E.4. Dual Eligible Medicaid Financing & Delivery System: MMCP Demonstration Areas

1. Idaho Department of Health and Welfare. MMCP. Retrieved August 2023 from https://healthandwelfare.idaho.gov/services-programs/medicaid-health/medicaidmedicare-participants

F.1. LTSS Financing & Service Delivery

1. Idaho Department of Health and Welfare. Idaho Medicaid Provider Handbook. Retrieved August 2023 from https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx
2. Centers for Medicare and Medicaid Services. (2016, June 21). SPA# 16-0001 Primary Care Case Management Program. Retrieved August 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-16-0001.pdf
3. Centers for Medicare and Medicaid Services. (2020, January 1). Idaho Medicaid Plus Waiver. Retrieved August 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/ID_Idaho-Medicaid-Plus_ID-04.pdf
4. Centers for Medicare and Medicaid Services. (2020, May 28). State Plan Amendment 19-0008. Retrieved August 2023 from https://www.medicaid.gov/medicaid/medicaid-spa/downloads/ID-19-0008.pdf
5. Centers for Medicare and Medicaid Services. (2020, May 29). State Plan Amendment 20-0005. Retrieved August 2023 from https://www.medicaid.gov/medicaid/medicaid-spa/downloads/ID-20-0005.pdf

H.3. Sources

F.1. LTSS Service Delivery System Enrollment By Eligibility Group

1. Idaho Department of Health and Welfare. Idaho Medicaid Provider Handbook. Retrieved August 2023 from https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx
2. Centers for Medicare and Medicaid Services. (2016, June 21). SPA# 16-0001 Primary Care Case Management Program. Retrieved August 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-16-0001.pdf
3. Centers for Medicare and Medicaid Services. (2020, January 1). Idaho Medicaid Plus Waiver. Retrieved August 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/ID_Idaho-Medicaid-Plus_ID-04.pdf
4. Centers for Medicare and Medicaid Services. (2020, May 28). State Plan Amendment 19-0008. Retrieved August 2023 from https://www.medicaid.gov/medicaid/medicaid-spa/downloads/ID-19-0008.pdf
5. Centers for Medicare and Medicaid Services. (2020, May 29). State Plan Amendment 20-0005. Retrieved August 2023 from https://www.medicaid.gov/medicaid/medicaid-spa/downloads/ID-20-0005.pdf

F.2. LTSS Financing & Service Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2016, June 21). SPA #16-0001 Idaho's Healthy Connections Primary Care Case Management Program. Retrieved August 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-16-0001.pdf
2. Idaho Department of Health and Welfare. Healthy Connections Primary Care for Idaho Medicaid Participants. Retrieved August 2023 from http://healthandwelfare.idaho.gov/Default.aspx?TabId=2161
3. Idaho Department of Health and Welfare. (2019, July 1). Idaho Medicaid Provider Handbook. Retrieved August 2023 from https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx
4. Centers for Medicare and Medicaid. (2020, July 14). State Plan Amendment 19-0010. Retrieved August 2023 from https://www.medicaid.gov/media/file/id-19-0010.pdf

F.3. LTSS Health Plan Characteristics

1. Idaho Department of Health and Welfare. Idaho Medicaid Provider Handbook. Retrieved August 2023 from https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx
2. Centers for Medicare and Medicaid Services. (2016, June 21). SPA# 16-0001 Primary Care Case Management Program. Retrieved August 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-16-0001.pdf
3. Centers for Medicare and Medicaid Services. (2020, January 1). Idaho Medicaid Plus Waiver. Retrieved August 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/ID_Idaho-Medicaid-Plus_ID-04.pdf
4. Centers for Medicare and Medicaid Services. (2020, May 28). State Plan Amendment 19-0008. Retrieved August 2023 from https://www.medicaid.gov/medicaid/medicaid-spa/downloads/ID-19-0008.pdf
5. Centers for Medicare and Medicaid Services. (2020, May 29). State Plan Amendment 20-0005. Retrieved August 2023 from https://www.medicaid.gov/medicaid/medicaid-spa/downloads/ID-20-0005.pdf

H.3. Sources

F.4. LTSS Program: Health Benefits

1. Idaho Department of Health and Welfare. Standard Medicaid Health Plan Benefits. Retrieved August 2023 from https://healthandwelfare.idaho.gov/services-programs/medicaid-health/about-medicaid-adults
2. Centers for Medicare and Medicaid Services. (2017, October 24). SPA# 17-0008 Idaho's Basic Alternative Benefit Plan. Retrieved August 2023 from http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/BasicBenchmark.pdf
3. Centers for Medicare and Medicaid Services. (2017, October 24). SPA# 17-0009 Idaho's Enhanced Alternative Benefit Plan. Retrieved August 2023 from http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/EnhancedBenchmark.pdf
4. Centers for Medicare and Medicaid Services. (2019, June 18). SPA #19-0014 Transition Management Services. Retrieved August 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-19-0014.pdf

F.4. LTSS Program: New Initiatives

1. Derived from information throughout profile

G.1. Public Behavioral Health System Governance: Organization Chart

1. Idaho Department of Health and Welfare. (2019, January). Department of Health and Welfare Organizational Chart. Retrieved August 2023 from https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=19389&dbid=0&repo=PUBLIC-DOCUMENTS

G.1. Public Behavioral Health System Governance: Key Leadership

1. Idaho Department of Health and Welfare. (2019, January). Department of Health and Welfare Organizational Chart. Retrieved August 2023 from https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=19389&dbid=0&repo=PUBLIC-DOCUMENTS
2. Idaho Department of Health and Welfare. Idaho's State Hospitals. Retrieved August 2023 from https://healthandwelfare.idaho.gov/Medical/MentalHealth/StateHospitals/tabid/495/Default.aspx
3. Idaho Department of Health and Welfare. Department Contacts. Retrieved August 2023 from https://healthandwelfare.idaho.gov/ContactUs.aspx

G.2. Department of Behavioral Health: Spending

1. Idaho Legislative Services Office. (2023). FY 2023 Legislative Budget Book. Retrieved August 2023 from https://legislature.idaho.gov/wp-content/uploads/budget/publications/Legislative-Budget-Book/2023/Legislative%20Budget%20Book.pdf

H.3. Sources

G.2. Department of Behavioral Health: Spending Over Time

1. Idaho Legislative Services Office. (2023). FY 2023 Legislative Budget Book. Retrieved August 2023 from https://legislature.idaho.gov/wp-content/uploads/budget/publications/Legislative-Budget-Book/2023/Legislative%20Budget%20Book.pdf
2. Idaho Legislative Services Office. (2022). FY 2022 Legislative Budget Book. Retrieved August 2023 from https://legislature.idaho.gov/lso/bpa/pubs/lbb/?y=2021
3. Idaho Legislative Services Office. (2021). FY 2021 Legislative Budget Book. Retrieved August 2023 from https://legislature.idaho.gov/wp-content/uploads/budget/publications/Legislative-Budget-Book/2021/Legislative%20Budget%20Book.pdf
4. Idaho Legislative Services Office. (2018). FY 2019 Legislative Budget Book. Retrieved August 2023 from https://legislature.idaho.gov/lso/bpa/pubs/lbb/?y=2018
5. Idaho Legislative Services Office. (2019). FY 2020 Legislative Budget Book. Retrieved August 2023 from https://legislature.idaho.gov/lso/bpa/pubs/lbb/?y=2019

G.3. State Psychiatric Institutions

1. Idaho Department of Health and Welfare. Facts, Figures, and Trends 2022-2023. Retrieved August 2023 from https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=24088&dbid=0&repo=PUBLIC-DOCUMENTS

G.4. State Behavioral Health Safety-Net Delivery System

1. Idaho Department of Health and Welfare. Facts, Figures, and Trends 2020-2021. Retrieved August 2023 from https://healthandwelfare.idaho.gov/about-dhw/reports-and-statistics
2. BPA Health. (2019, June). BPA Provider Manual Substance Use Disorder Treatment and Recovery Support Services Network. Retrieved August 2023 from https://www.bpahealth.com/sud-provider-network/
3. Idaho Department of Health and Welfare. Regional Behavioral Health Centers. Retrieved August 2023 from https://healthandwelfare.idaho.gov/Medical/MentalHealth/tabid/103/Default.aspx
4. Idaho Department of Health and Welfare. Regional Behavioral Health Services. Retrieved August 2023 from https://legislature.idaho.gov/wp-content/uploads/statutesrules/idstat/Title39/T39CH31.pdf
5. Idaho Department of Health and Welfare. Registered Free Medical Clinics. Retrieved August 2023 from https://healthandwelfare.idaho.gov/Health/RuralHealthandPrimaryCare/FreeMedicalClinicRegistration/tabid/416/Default.aspx

G.4. State Behavioral Health Safety-Net Delivery System: RHBCs

1. Idaho Department of Health and Welfare. Regional Behavioral Health Centers. Retrieved August 2023 from https://healthandwelfare.idaho.gov/Medical/MentalHealth/tabid/103/Default.aspx