Types of Facilities

*Mental Health (MH):* Regulated adult MH treatment services in a residential, nonhospital setting were not identified in Idaho.

*Substance Use Disorder (SUD):* Idaho administers and oversees the following SUD residential treatment services:

- Residential Treatment Services for Adults: A residential treatment program that provides living accommodations in a structured environment for adults who require twenty-four (24) hour per day, seven (7) days a week, supervision.

- Residential Withdrawal Management: Residential withdrawal management programs must provide living accommodations in a structured environment for individuals who require twenty-four (24) hour per day, seven (7) days a week, supervised withdrawal management services.

*Unregulated Facilities:* Facilities that provide residential services not requiring use of state funds would not be regulated. We exclude from this summary mental health residential services provided in hospitals. We also exclude Idaho’s Behavioral Health Community Crisis Centers from coverage in this summary, as they may not retain an individual for 24 hours, and we exclude the state’s Behavioral Health Programs because they provide only outpatient services.

Approach

The Idaho Department of Health & Welfare (IDHW) administers and oversees behavioral health services that are state funded. All mental health residential-type facilities, including Residential Care and Crisis Intervention Services, are provided in community hospitals with hospital regulations governing them. They are excluded from this summary. IDHW also administers and oversees residential SUD treatment services to adults meeting DBH eligibility criteria for state funded services.
Processes of Licensure or Certification and Accreditation

*Substance Use Disorder (SUD):* There are no licensure, certification, or approval requirements for Adult Substance Use Disorder Services. IDHW has a Management Services Contractor which contracts with providers.

- The state does not require a Certificate of Need.

Cause-Based Monitoring

*Substance Use Disorder (SUD):* Idaho does not have regulations specific to SUD treatment services requiring cause-based monitoring. IDHW staff indicate that contractual requirements govern.

Access Requirements

*Substance Use Disorder (SUD):* Residential withdrawal management services must be available continuously twenty-four (24) hours per day, seven (7) days per week.

Staffing

*Substance Use Disorder (SUD):* Provider staff are subject to background checks. The general SUD regulations establish credential/license requirements for professionals and trainees.

- Residential Treatment Services for Adults must have qualified staff to maintain appropriate staff to participant ratios. The program must have one (1) qualified substance use disorders professional staff member for every ten (10) participants. The program must have other staff sufficient to meet the ratio of one (1) staff person to twelve (12) participants continuously, twenty-four (24) hours per day.

- Residential Withdrawal Management must have: Each withdrawal management program must have twenty-four (24) hour per day, seven (7) days a week, trained personnel staff coverage. A minimum staff to participant ratio of one (1) trained staff to six (6) participants must be maintained twenty-four (24) hours per day, seven (7) days a week. Each staff member responsible for direct care during withdrawal management must have completed CPR training, a basic first-aid training course, and additional training specific to withdrawal management prior to being charged with the responsibility of supervising participants.
Placement

Substance Use Disorder (SUD): To receive any SUD services through IDHW, an eligibility screening is required, followed by a clinical assessment. To be eligible for SUD services through a voluntary application to IDHW, the applicant must meet income and residency requirements, be a member of a priority population, meet SUD diagnostic criteria, and meet specifications in each of the ASAM dimensions required for the recommended level of care.

Treatment and Discharge Planning and Aftercare Services

Substance Use Disorder (SUD): Researchers did not locate treatment planning or discharge planning or aftercare service requirements.

Treatment Services

Substance Use Disorder (SUD):

- Residential Treatment Services for Adults: Services must include assessment, treatment, and referral components. The residential treatment program must have policies and procedures for medical screening, care of participants requiring minor treatment or first aid, and handling of medical emergencies. These provisions must be approved by the staff and consulting physician. The residential treatment program must have written provisions for referral or transfer to a medical facility for any person who requires nursing or medical care. Recreational activities must be provided for the participants.

- Residential Withdrawal Management: Each withdrawal management program must have clear written policies and procedures for the withdrawal management of participants. The policies and procedures must be reviewed and approved by a medical consultant with specific knowledge of best practices for withdrawal management. The level of monitoring of each participant or the physical restrictions of the environment must be adequate to prevent a participant from causing serious harm to self or others. Each withdrawal management program must have provisions for any emergency care required.

Patient Rights and Safety Standards

Substance Use Disorder (SUD): Researchers did not locate patient rights requirements in regulations.
Quality Assurance or Improvement

Substance Use Disorder (SUD): Researchers did not locate quality assurance or improvement planning requirements in the regulations. IDHW staff indicate that contractual requirements govern.

Governance

Substance Use Disorder (SUD): Researchers did not locate requirements related to governance.

Special Populations

Substance Use Disorder (SUD): Researchers did not locate requirements related to special populations. IDHW staff indicate that contractual requirements govern priority services and requirements as dictated by Block Grant requirements.

Location of Regulatory and Licensing Requirements

IAC 16.07.33 Adult Mental Health Services regulations, IAC 16.07.17 Substance Use Disorders Services regulations1. Regulatory requirements reviewed April 7, 2019.

Other Information Sources


1 See https://adminrules.idaho.gov/rules/current/16/index.html.
IDAHO MEDICAID

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Approach

The Idaho Department of Health & Welfare (IDHW) oversees the state Medicaid program. Idaho does not have a relevant Section 1115 waiver that affects reimbursement of residential services in Institutions for Mental Diseases (IMDs). It historically has not relied on Disproportionate Share Hospital (DSH) payments or the in lieu of provision to reimburse certain services in IMDs. The state does have a pending application for a Section 1115 waiver that would expand coverage to include treatment of SMI/SED and/or SUD in IMDs (residential and inpatient).

Types of Facilities

Mental Health (MH) or Substance Use Disorder (SUD): No evidence of Medicaid coverage of MH or SUD residential treatment facilities for adults was located.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): To become a Medicaid provider in Idaho, one must apply and supply necessary information and enter into a provider agreement. Provider agreements can be denied or terminated. Applicable licensing must be in place.

Staffing

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based staffing requirements for residential treatment facilities for adults was located.

Placement

Mental Health (MH) and Substance Use Disorder (SUD): No evidence of Medicaid-based placement requirements for residential treatment facilities for adults was located.
Treatment and Discharge Planning and Aftercare Services

*Mental Health (MH) and Substance Use Disorder (SUD)*: No evidence of Medicaid-based treatment or discharge planning or aftercare service requirements for residential treatment facilities for adults was located.

Treatment Services

*Mental Health (MH) and Substance Use Disorder (SUD)*: No evidence of Medicaid-based treatment service requirements for residential treatment facilities for adults was located.

Care Coordination

*Mental Health (MH) and Substance Use Disorder (SUD)*: No evidence of Medicaid-based care coordination requirements for residential treatment facilities for adults was located.

Quality Assurance or Improvement

*Mental Health (MH) and Substance Use Disorder (SUD)*: No evidence of Medicaid-based quality assurance or improvement requirements for residential treatment facilities for adults was located.

Special Populations

*Mental Health (MH) and Substance Use Disorder (SUD)*: No evidence of Medicaid-based special population requirements for residential treatment facilities for adults was located.

Location of Medicaid Requirements


Other Information Sources


This state summary is part of the report “State Residential Treatment for Behavioral Health Conditions: Regulation and Policy”. The full report and other state summaries are available at [https://aspe.hhs.gov/state-bh-residential-treatment](https://aspe.hhs.gov/state-bh-residential-treatment).