

Dear Senators LODGE, Broadsword & Werk, and
Representatives BLOCK, Nielsen & Henbest:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of the Department of Health & Welfare: 16.03.09 Medicaid Basic Plan Benefits.

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative Services. The final date to call a meeting on the enclosed rules is no later than 10-09-08. If a meeting is called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis from Legislative Services. The final date to hold a meeting on the enclosed rules is 11-06-08.

_____The germane joint subcommittee may request a statement of economic impact with respect to a proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement, and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has been held.

To notify Research and Legislation, call 334-2475, or send a written request to the address or FAX number indicated on the memorandum enclosed.

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Research & Legislation Staff - Paige Alan Parker

DATE: September 22, 2008

SUBJECT: Department of Health and Welfare - IDAPA 16.03.09 - Medicaid Basic Plan Benefits (Docket No. 16-0309-0801) (Proposed and Temporary))

By this Proposed and Temporary Rule docket, the Department of Health and Welfare amends IDAPA 16.03.09 (Docket No. 16-0309-0801)(hereinafter “temporary and proposed rule”). The Governor’s justifications for the temporary rule are changes to state law and conferring a benefit to individuals who have a substance abuse problem. The temporary rule became effective on July 1, 2008.

The Department states that the temporary and proposed rule is in response to the determination by the Office of Drug Policy that substance abuse is a major problem in Idaho and the appropriation of a medical assistance program for treatment of substance abuse by the 2008 Legislature. The temporary and proposed rule is stated to provide the criteria for eligibility, covered treatment services and limitations for services to be provided to an eligible Medicaid participant under the Medicaid Basic plan.

According to the Department, the temporary and proposed rule is authorized pursuant to sections 56-202(b), 56-203, 56-2091, 56-250 through 56-257 and 56-1003, Idaho Code. Section 56-202(b), Idaho Code, provides the Department with general and broad rule making authority. Section 56-203, Idaho Code, provides the Department with various powers, including to cooperate with the federal government in carrying out the purposes of any federal acts pertaining to public assistance or welfare services, to define persons entitled to medical assistance in such terms as will meet requirements for federal participation in medical assistance payments and to determine the amount, duration and scope of care and services to be purchased as medical assistance on behalf of needy eligible individuals. Section 56-2091, Idaho Code, requires the Department to refer for appropriate evaluation and provide for community-based and gender-specific treatment of any applicant or participant who, in the reasonable suspicion of the

Department, is engaged in substance abuse. This section also states that Temporary Assistance to Families in Idaho (TAFI) benefits may be denied for refusal to cooperate or who engages in substance abuse following treatment.

Sections 56-250 through 56-257, Idaho Code, are part of the Idaho Medicaid Simplification Act, adopted by the Legislature in 2006. Pursuant to section 56-253(8), Idaho Code, the Department's Director is given the authority to promulgate rules consistent with the Act. Section 56-1003, Idaho Code, provides the Director with numerous powers and duties, including the authority to adopt rules for the general supervision of the promotion and protection of the life, health and mental health of the people of Idaho.

According to the Department, no fee or charge is imposed by the temporary and proposed rule. The Department states that the state's matching funds fiscal impact for the Substance Abuse Treatment and Prevention is \$963,600, as appropriated by the 2008 Legislature. The Department does not state whether the temporary and proposed rule will have any continuing impact on the General Fund.

According to the Department, negotiated rulemaking was not conducted because the changes are required by state law and confer a benefit. The Department states that a public hearing is scheduled in Boise on October 14, 2008. All written comments must be delivered to the Department on or before October 22, 2008.

ANALYSIS

The temporary and proposed rule adds substance abuse treatment providers to the list of providers subject to criminal history checks and references new section 694 of the rule for the specific requirements. Section 009.04.e. Section 694 of the temporary and proposed rule provides for provider qualifications and duties and requires agency staff providing services to participants to have a criminal history background check pursuant to IDAPA 16.05.06, "Criminal History and Background Checks." Section 694.03.

Added to "Covered Services Under Basis Plan Benefits," section 399, by the temporary and proposed rule are the substance abuse treatment services described in new sections 690 through 699 of the temporary and proposed rule. The referenced new substance abuse treatment services sections (sections 690 through 696) provide for definitions, participant eligibility, coverage and limitations, procedural requirements, provider qualifications and duties, provider reimbursement and quality assurance. Referenced section 697 through 699 are reserved.

Defined terms under section 690 of the temporary and proposed rule are "assessment," "case management," "drug testing," "family therapy," "individual counseling," "qualified substance abuse treatment professional" and "unit." Two of these definitions ("assessment" and "case management") are defined in statute at variance to the definitions provided in the temporary and proposed rule.

The definition of “assessment” in the temporary and proposed rule less a definition than a statement of what is included within the term: “annual assessment, interviewing, and treatment plan building.” “Assessment” as subsequently used in the temporary and proposed rule deal with a 32 unit annual limitation on assessment services (section 692.01.a), a specific biopsychosocial assessment (section 693.01), the purposes of the treatment plan assessment (section 693.02), and a requirement that the assessment must be conducted by a qualified substance abuse treatment professional who is certified to administer the standardized assessment tool being used (section 694.04). A technical definition of “assessment” can be found in statute: “[T]he conclusion reached using uniform criteria which identifies resident strengths, weaknesses, risks and needs, to include functional, medical and behavioral needs.” Section 35-3302(6), Idaho Code, dealing with Idaho residential care or assisted living, and section 35-3502(5), Idaho Code, dealing with Idaho certified homes. Since the temporary and proposed rule’s definition of “assessment” is not a true definition, that definition does not plug in to its use within that rule.

Section 39-5602(1), Idaho Code, dealing with personal care services, defines “case management” as “a service which coordinates multiple services for individual participants through a process of assessment, planning, arranging for and monitoring services.” The definition provided for in the temporary and proposed rule (section 690.02) describes the more specific services to be undertaken in the case management process. Section 692.01.b provides limitations on case management services. What is actually being defined in the temporary and proposed rule are the specific “case management services” being offered to participants. Perhaps “case management services” should be the defined term.

SUMMARY

The Department’s temporary and proposed rule appears to be authorized under sections 56-202(b), 56-203(g), and 56-257, Idaho Code.

cc: Pat Guidry, Department of Health and Welfare

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-0801

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of this temporary rule is July 1, 2008.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202(b), 56-203, 56-2091, 56-250 through 257, and 56-1003, Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

TUESDAY - OCTOBER 14, 2008 - 3:30 pm

**DEPARTMENT OF HEALTH & WELFARE
Medicaid Office - Conference Room D-West
3232 Elder Street, Boise, ID**

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule:

The Office of Drug Policy has determined substance abuse is a major problem in Idaho, and the 2008 Legislature appropriated funds to provide services through the medical assistance program for treatment of substance abuse. These rules provide the criteria for eligibility, types of treatment services to be covered, and any limitations for substance abuse services that will be provided to an eligible Medicaid participant with a substance abuse problem under the Medicaid Basic Plan.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1)(b) and (c), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate because of changes to state law and it confers a benefit to individuals who have a substance abuse problem.

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year.

The state's matching funds fiscal impact for Substance Abuse Treatment and Prevention is \$963,600, as appropriated by the 2008 Legislation.

NEGOTIATED RULEMAKING: Pursuant to 67-5220(1), Idaho Code, negotiated rulemaking was not conducted because these changes were required by state law and confer a benefit.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary rule, contact Pat Guidry at (208) 364-1813.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 22, 2008.

DATED this 20th day of August, 2008.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
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THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0309-0801

009. ~~MANDATORY~~ CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Compliance With Department Criminal History Check. Criminal history checks are required for certain types of providers under these rules. Providers who are required to have a criminal history check must comply with IDAPA 16.05.06, "Criminal History and Background Checks." (3-30-07)

02. Availability to Work or Provide Service. (3-30-07)

a. The employer, at its discretion, may allow an individual to provide care or services on a provisional basis once the application for a criminal history and background check is completed and notarized, and the employer has reviewed the application for any disqualifying crimes or relevant records. The employer determines whether the individual could pose a health and safety risk to the vulnerable participants it serves. The individual is not allowed to provide care or services when the employer determines the individual has disclosed a disqualifying crime or relevant records. (3-30-07)

b. Those individuals licensed or certified by the Department are not available to provide services or receive licensure or certification until the criminal history and background check is completed and a clearance issued by the Department. (3-30-07)

03. Additional Criminal Convictions. Once an individual has received a criminal history clearance, any additional criminal convictions must be reported by the agency to the Department when the agency learns of the conviction. (3-30-07)

04. Providers Subject to Criminal History Check Requirements. The following providers must receive a criminal history clearance: (3-30-07)

a. Mental Health Clinics. The criminal history check requirements applicable to mental health clinic staff are found in Subsection 714.05 of these rules. (3-30-07)

b. Commercial Non-Emergency Transportation Providers. The criminal history check requirements applicable to commercial non-emergency transportation providers are found in Section 874 of these rules. (3-30-07)

c. Substance Abuse Treatment Providers. The criminal history check requirements applicable to substance abuse treatment providers are found in Section 694 of these rules. (7-1-08)T

(BREAK IN CONTINUITY OF SECTIONS)

399. COVERED SERVICES UNDER BASIC PLAN BENEFITS.

Individuals who are eligible for Medicaid Basic Plan Benefits are eligible for the following benefits, subject to the coverage limitations contained in these rules. Those individuals eligible for services under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," are also eligible for the services covered under this chapter of rules, unless specifically exempted. (9-1-07)T

01. Hospital Services. The range of hospital services covered is described in Sections 400 through 447~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T

- a. Inpatient Hospital Services are described in Sections 400 through 406. (3-30-07)
- b. Outpatient Hospital Services are described in Sections 410 through 416. (3-30-07)
- c. Reconstructive Surgery services are described in Sections 420 through 426. (3-30-07)
- d. Surgical procedures for weight loss are described in Sections 430 through 436. (3-30-07)
- e. Investigational procedures or treatments are described in Sections 440 through 446. (3-30-07)

02. Ambulatory Surgical Centers. Ambulatory Surgical Center services are described in Sections 450 through 456~~99~~ of these rules. (~~3-30-07~~)(7-1-08)T

03. Physician Services and Abortion Procedures. Physician services and abortion procedures are described in Sections 500 through 516~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T

- a. Physician services are described in Sections 500 through 506. (3-30-07)
- b. Abortion procedures are described in Sections 510 through 516. (3-30-07)

04. Other Practitioner Services. Other practitioner services are described in Sections 520 through 556~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T

- a. Midlevel practitioner services are described in Sections 520 through 526. (3-30-07)
- b. Chiropractic services are described in Sections 530 through 536. (3-30-07)
- c. Podiatrist services are described in Sections 540 through 546. (3-30-07)
- d. Optometrist services are described in Sections 550 through 556. (3-30-07)

05. Primary Care Case Management. Primary Care Case Management services are described in Sections 560 through 566~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T

06. Prevention Services. The range of prevention services covered is described in Sections 570 through 646~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T

- a. Health Risk Assessment services are described in Sections 570 through 576. (3-30-07)
- b. Child wellness services are described in Sections 580 through 586. (3-30-07)
- c. Adult physical services are described in Sections 590 through 596. (3-30-07)
- d. Screening mammography services are described in Sections 600 through 606. (3-30-07)
- e. Diagnostic Screening Clinic services are described in Sections 610 through 616. (3-30-07)
- f. ~~Personal Preventive Health Account services~~ Assistance benefits are described in Sections 620 through 626. (~~3-30-07~~)(7-1-08)T

- g.** Nutritional services are described in Sections 630 through 636. (3-30-07)
- h.** Diabetes Education and Training services are described in Sections 640 through 646. (3-30-07)
- 07. Laboratory and Radiology Services.** Laboratory and radiology services are described in Sections 650 through 656~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T
- 08. Prescription Drugs.** Prescription drug services are described in Sections 660 through 666~~79~~ of these rules. (~~3-30-07~~)(7-1-08)T
- 09. Family Planning.** Family planning services are described in Sections 680 through 686~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T
- 10. Substance Abuse Treatment Services.** Services for substance abuse treatment are described in Sections 690 through 699 of these rules. (7-1-08)T
- 101. Mental Health Services.** The range of covered Mental Health services are described in Sections 700 through 716~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T
- a.** Inpatient Psychiatric Hospital services are described in Sections 700 through 706. (3-30-07)
- b.** Mental Health Clinic services are described in Sections 707 through 718. (3-30-07)
- 112. Home Health Services.** Home health services are described in Sections 720 through 726~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T
- 123. Therapy Services.** Occupational therapy, physical therapy, and speech-language pathology services are described in Sections 730 through 736~~9~~ of these rules. (~~4-2-08~~)(7-1-08)T
- 134. Audiology Services.** Audiology services are described in Sections 740 through 746~~9~~ of these rules. (~~4-2-08~~)(7-1-08)T
- 145. Durable Medical Equipment and Supplies.** The range of covered durable medical equipment and supplies is described in Sections 750 through 776~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T
- a.** Durable Medical Equipment and supplies are described in Sections 750 through 756. (3-30-07)
- b.** Oxygen and related equipment and supplies are described in Sections 760 through 766. (3-30-07)
- c.** Prosthetic and orthotic services are described in Sections 770 through 776. (3-30-07)
- 156. Vision Services.** Vision services are described in Sections 780 through 786~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T
- 167. Dental Services.** The dental services covered under the Basic Plan are covered under a selective contract as described in Section 800 of these rules. (9-1-07)T
- 178. Essential Providers.** The range of covered essential services is described in Sections 820 through 856~~9~~ of these rules. (~~3-30-07~~)(7-1-08)T
- a.** Rural health clinic services are described in Sections 820 through 826. (3-30-07)
- b.** Federally Qualified Health Center services are described in Sections 830 through 836. (3-30-07)
- c.** Indian Health Services Clinic services are described in Sections 840 through 846. (3-30-07)
- d.** School-Based services are described in Sections 850 through 856. (3-30-07)

189. Transportation. The range of covered transportation services is described in Sections 860 through 876 of these rules. ~~(3-30-07)~~(7-1-08)T

- a. Emergency transportation services are described in Sections 860 through 866. (3-30-07)
- b. Non-emergency transportation services are described in Sections 870 through 876. (3-30-07)

190. EPSDT Services. EPSDT services are described in Sections 880 through 886 of these rules. ~~(3-30-07)~~(7-1-08)T

201. Specific Pregnancy-Related Services. Specific pregnancy-related services are described in Sections 890 through 896 of these rules. ~~(3-30-07)~~(7-1-08)T

(BREAK IN CONTINUITY OF SECTIONS)

SUB AREA: SUBSTANCE ABUSE TREATMENT SERVICES
(Sections 690 Through 699)

690. SUBSTANCE ABUSE TREATMENT SERVICES - DEFINITIONS. (7-1-08)T
The following definitions apply to Sections 690 through 696 of these rules.

- 01. Assessment.** Assessment includes annual assessment, interviewing, and treatment plan building. (7-1-08)T
- 02. Case Management.** Case management consists of the following: (7-1-08)T
 - a. Finding, arranging, and assisting the participant to gain access to and maintain appropriate services, supports, and community resources.** (7-1-08)T
 - b. Monitoring participant's progress to verify that services are received and are satisfactory to the participant, ascertaining that services meet the participant's needs, documenting progress and any revisions in services needed, and making alternative arrangements if services become unavailable to the participant.** (7-1-08)T
 - c. Planning services with the participant that include both community reintegration planning and exit planning.** (7-1-08)T
- 03. Drug Testing.** A urinalysis test used to detect the presence of alcohol or drugs. (7-1-08)T
- 04. Family Therapy.** Service provided jointly to a participant and the participant's family. The desired outcome is the elimination or reduction of alcohol and drug use and arresting, reversing, or retarding of problems associated with alcohol or drug abuse, or both. Family therapy sessions are for the exclusive benefit of the participant. (7-1-08)T
- 05. Group Counseling.** Service provided to participants in a peer group setting. The desired outcome is the elimination or reduction of alcohol and drug use and arresting, reversing, or retarding of problems associated with alcohol or drug abuse, or both. (7-1-08)T
- 06. Individual Counseling.** Service provided to a participant in a one-on-one setting with one (1) participant and one (1) counselor. The desired outcome is the elimination or reduction of alcohol and drug use and arresting, reversing, or retarding of problems associated with alcohol or drug abuse, or both. (7-1-08)T
- 07. Qualified Substance Abuse Treatment Professional.** A person who has one thousand forty (1,040) hours of supervised experience providing substance abuse treatment and meets one (1) of the criteria listed in Subsection 690.07.a. through 690.07.g. of this rule. (7-1-08)T

- a. Alcohol and drug counselor certified by the Idaho Board of Alcohol/Drug Counselor's Certification, Inc. (CADC or Advanced CADC); (7-1-08)T
- b. Licensed professional counselor or licensed clinical professional counselor; (7-1-08)T
- c. Licensed physician; (7-1-08)T
- d. Licensed psychologist; (7-1-08)T
- e. Mid-level practitioner including licensed physician assistant, nurse practitioner or clinical nurse specialist; (7-1-08)T
- f. Licensed clinical social worker or licensed master social worker; or (7-1-08)T
- g. Licensed marriage and family therapist. (7-1-08)T
- 08. Unit.** An increment of fifteen (15) minutes of time. (7-1-08)T

691. SUBSTANCE ABUSE TREATMENT SERVICES - PARTICIPANT ELIGIBILITY.

Each participant must meet the intake eligibility screening criteria described in IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services." (7-1-08)T

692. SUBSTANCE ABUSE TREATMENT SERVICES - COVERAGE AND LIMITATIONS.

01. Included Services. The services listed in Subsections 692.01.a. through 692.01.f. of this rule are covered including any limitation on the service for substance abuse treatment. (7-1-08)T

a. Assessment services are limited to thirty-two (32) units annually. Each assessment is valid for six (6) months and must meet the requirements in IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services." (7-1-08)T

b. Case management services are limited to two hundred and twenty (220) units annually and must not exceed sixteen (16) units per week. Case management services for substance abuse treatment are not covered when the participant is enrolled in any service coordination services described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." Case management is only provided on an outpatient basis to participants who are at risk of being institutionalized. (7-1-08)T

c. Drug testing is limited to three (3) tests per week. (7-1-08)T

d. Family therapy services are limited to eight (8) units per week. (7-1-08)T

e. Group counseling services are limited to forty-eight (48) units per week. (7-1-08)T

f. Individual counseling services are limited to forty-eight (48) units per week. (7-1-08)T

02. Excluded Services. Services specifically excluded are described in IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services," residential services, and life skills training services. (7-1-08)T

693. SUBSTANCE ABUSE TREATMENT SERVICES - PROCEDURAL REQUIREMENTS.

01. Assessment. Each participant must receive a biopsychosocial assessment of the participant's alcohol or substance abuse treatment needs. This assessment must meet the requirements in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs," and IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services," and utilize a Department approved standardized assessment tool. (7-1-08)T

02. Treatment Plan. The assessment must be used to develop an individualized treatment plan for

each participant. The development and content of the treatment plan must meet the requirements in IDAPA 16.06.03 "Alcohol/Drug Abuse Prevention and Treatment Programs," and IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services." (7-1-08)T

03. Treatment Services. Substance abuse treatment services necessary to meet participant needs must be identified in the individualized treatment plan. The treatment services must meet the requirements in IDAPA 16.07.17, "Alcohol and Substance Use Disorders Services." (7-1-08)T

04. Records. Each treatment provider must maintain a written record for each participant. The record must meet the standards required for client records in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs." (7-1-08)T

05. Prior Authorization. Substance abuse treatment services must be prior authorized by the Department or its designee as required in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs." (7-1-08)T

06. Healthy Connections Referral. A referral from the participant's Healthy Connections provider is required for substance abuse treatment services when the participant is enrolled in Healthy Connections. (7-1-08)T

694. SUBSTANCE ABUSE TREATMENT SERVICES - PROVIDER QUALIFICATIONS AND DUTIES.

01. Provider Network. Each provider of substance abuse treatment services must maintain a network of approved programs and treatment facilities that meet the requirements in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs." (7-1-08)T

02. Certificate of Approval for Programs and Facilities. Each program and facility providing substance abuse treatment services must meet the applicable approval and certification requirements described in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs." An agency must have a certificate of approval issued by the Department prior to staff providing substance abuse treatment services. (7-1-08)T

03. Criminal History Check. Agency staff providing services to participants must have a criminal history check as provided in Section 009 of these rules and IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-08)T

04. Assessment. Assessment must be conducted by a qualified substance abuse treatment professional who is certified to administer the standardized assessment tool being used. (7-1-08)T

05. Therapy and Counseling Services. Therapy and counseling services must be provided by a qualified substance abuse treatment professional. (7-1-08)T

06. Case Management. Case management services must be provided by a qualified substance abuse treatment professional. (7-1-08)T

695. SUBSTANCE ABUSE TREATMENT SERVICES - PROVIDER REIMBURSEMENT. Each covered substance abuse treatment service, except drug testing, is reimbursed by units. Each unit is equal to fifteen (15) minutes of service provided. (7-1-08)T

696. SUBSTANCE ABUSE TREATMENT SERVICES - QUALITY ASSURANCE.

01. Quality Assurance. Alcohol and drug programs are subject to the quality assurance provisions described in IDAPA 16.06.03, "Alcohol/Drug Abuse Prevention and Treatment Programs." (7-1-08)T

02. Department Performance Measurements. The Department will establish performance measurements to evaluate the effectiveness of substance abuse treatment services. The measurements will be reviewed at least annually and adjusted as necessary to provide effective outcomes and quality services. (7-1-08)T

68697. -- 699. (RESERVED).