

1000. Psychiatric Residential Treatment Facilities: OUT-OF-STATE Psychiatric Residential Treatment Facilities

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Psychiatric Residential Treatment Facility (PRTF) is not a covered benefit in Idaho. Therefore, when PRTF services are required to satisfy a participant's EPSDT need, the Idaho Medicaid Program will reimburse for out-of-state PRTF placements. Reimbursement for EPSDT required out-of-state PRTF services will be at the per diem rate set by the Medicaid Program in the state where the PRTF is located. If the Medicaid Program does not have a set per diem rate, then the per diem rate paid is based on the average market rate. The state of Idaho requires the out-of-state PRTF to be certified by the state in which it is located. The PRTF must have a Letter of Agreement (LOA) with Idaho Medicaid that outlines the specific services being provided.

TN: 13-007  
Superseded TN: NEW

Approved Date:  
June 13, 2013

Effective Date: 4-6-2013

**BASIC PLAN**  
**(For Low-Income Children and Working-Age Adults)**  
**BENCHMARK BENEFIT PACKAGE**

**Contraceptive supplies** include condoms, foams, creams and jellies, prescription diaphragms, intrauterine devices, or oral contraceptives, which are limited to purchase of a three-month supply.

**Sterilization procedures** are limited to persons who are at least twenty-one (21) years of age or older at the time of signing the informed consent form. A person over the age of 21 that is incapable of giving informed consent will be ineligible to receive Medicaid payment for the sterilization. The person must voluntarily sign the informed consent form at least thirty (30) days, but not more than 180 days, prior to the sterilization procedure. Sterilizations for individuals institutionalized in correctional facilities, mental hospitals, or other rehabilitative facilities are ineligible unless ordered by the court of law. Hysterectomies performed solely for sterilization are ineligible for Medicaid payment.

**3.K MENTAL HEALTH SERVICES**

**3.K.1 Inpatient Psychiatric Services**

In addition to Psychiatric Services covered under Inpatient Hospital Services, the Basic Benchmark Benefit Package Medical Assistance includes services for **Certain Individuals in Institutions for Mental Diseases** permitted under sections 1905(a)(14) of the Social Security Act.

**Inpatient psychiatric facility services for individuals under 22 years of age** include services provided which meet medical necessity criteria determined by the Department or its authorized agent and provided in a JCAHO accredited hospital.

**Limitations.** Inpatient mental health services, including Psychiatric Services covered under Inpatient Hospital Services, are limited to ten (10) days per calendar year.

The Department provides assurance that providers of inpatient psychiatric services for individuals under 21 shall meet the requirements of 42 CFR 440.160(b) and Subpart D of 42 CFR 441 regarding certification and accreditation requirements.

The Department provides assurance that inpatient psychiatric services for individuals under 21 comply with restraint and seclusion requirements at 42 CFR 483 Subpart G.

**ENHANCED PLAN**  
**(For Individuals with Disabilities, Including Elders, or Special Health Needs)**  
**BENCHMARK BENEFIT PACKAGE**

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

All requirements of 42 CFR Part 441, Subpart F are met.

**Limitations.** The following service limitations apply to the Enhanced Benchmark Benefit Package covered under the State plan.

**Contraceptive supplies** include condoms, foams, creams and jellies, prescription diaphragms, intrauterine devices, or oral contraceptives, which are limited to purchase of a three-month supply.

**Sterilization procedures** are limited to persons who are at least twenty-one (21) years of age or older at the time of signing the informed consent form. A person over the age of 21 that is incapable of giving informed consent will be ineligible to receive Medicaid payment for the sterilization. The person must voluntarily sign the informed consent form at least thirty (30) days, but not more than 180 days, prior to the sterilization procedure. Sterilizations for individuals institutionalized in correctional facilities, mental hospitals, or other rehabilitative facilities are ineligible unless ordered by the court of law. Hysterectomies performed solely for sterilization are ineligible for Medicaid payment.

### **3.K MENTAL HEALTH SERVICES**

#### **3.K.1 Inpatient Psychiatric Services**

In addition to Psychiatric Services covered under Inpatient Hospital Services, the Enhanced Benchmark Benefit Package includes **Services for Certain Individuals in Institutions for Mental Diseases** permitted under sections 1905(a)(14) of the Social Security Act.

**Inpatient hospital services for individuals Age 65 or Over in Institutions for Mental Diseases** include services provided for individuals 65 years of age or older who are patients in institutions for mental diseases.

The requirements of 42 CFR Part 441, Subpart C, and 42 CFR 431.620 (c) and (d) are met.

The Department provides assurance that providers of inpatient psychiatric services for individuals under 21 shall meet the requirements of 42 CFR 440.160(b) and Subpart D of 42 CFR 441 regarding certification and accreditation requirements.

The Department provides assurance that inpatient psychiatric services for individuals under 21 comply with restraint and seclusion requirements at 42 CFR 483 Subpart G.

**ENHANCED PLAN**  
**(For Individuals with Disabilities, Including Elders, or Special Health Needs)**  
**BENCHMARK BENEFIT PACKAGE**

**3.Y SPECIAL SERVICES FOR CHILDREN/EPSTD**

**EPSTD Services.** The Department meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Social Security Act with respect to early and periodic screening, and diagnostic, and treatment (EPSTD) services.

The Enhanced Benchmark Benefit Package includes early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Services under EPSTD are available to recipients up to and including the month of their twenty-first (21st) birthday.

EPSTD services include diagnosis and treatment involving medical care within the scope of Medical Assistance, as well as such other necessary health care described in Section 1905(a) of the Social Security Act, and not included in this State Plan as required to correct or ameliorate defects and physical and mental illness discovered by the screening service. The Department will set amount, duration and scope for services

The Department provides assurance that providers of inpatient psychiatric services for individuals under 21 shall meet the requirements of 42 CFR 440.160(b) and Subpart D of 42 CFR 441 regarding certification and accreditation requirements.

The Department provides assurance that inpatient psychiatric services for individuals under 21 comply with restraint and seclusion requirements at 42 CFR 483 Subpart G.