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To: Supported Living Providers; Adult DD Service Coordinators

From: Sasha O'Connell, Deputy Director

Subject: Update to Intense Supported Living Billing Practices

The department is changing billing and prior authorization practices for Intense Supported Living to require the use of 15-minute billing units when continuous one-to-one (1:1) staffing is not provided for the full 24-hour service day. This change ensures billing accurately reflects service delivery and remains consistent with the intense level of support described in [IDAPA 16.03.26.574.03](#).

Use of Daily Rate and 15-Minute Units

Effective June 1, 2026, daily rates for Intense Supported Living may be authorized only when the member:

- Requires and receives continuous 1:1 staffing and supervision for 24 hours per day, and
- Does not spend any portion of the 24-hour service day outside the provider's care.

When continuous 1:1 staffing is not provided for the full 24-hour service day, services must be billed as 15-minute units for Individual or Group Supported Living, reflecting the actual staffing delivered. This includes factors such as blended staffing arrangements or when the member engages in employment or other community activities outside of the provider's care.

Billing and Prior Authorization Practices

Modifiers were added to the Intense Supported Living procedure codes to support authorization and billing in 15-minute units.

- Providers must bill according to the units delivered.
- The member's plan must reflect the expected number and type of supported living hours delivered each day.
- If blended staffing is approved, the prior authorization will include both individual and group units.
- Billing in 15-minute units does not convert the service to Hourly Supported Living. Intense Individual and Group Supported Living services remain distinct from Hourly Supported Living.

Reimbursement Rates

Effective June 1, 2026, the following reimbursement rates apply:

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
H2016	U2	15 Minute Supported Living Services – Individual Intense Support	15 Mins	\$7.56
H2016	U3	15 Minute Supported Living Services – Blended (Group) Intense Support	15 Mins	\$3.86

Service Delivery, Monitoring and Documentation

Consistent with 42 CFR § 441.301 and IDAPA 16.03.26.573, supported living services must remain individualized and be based on assessed member needs. Minor day-to-day variations in staffing levels may occur to support health, safety, and community participation.

Minor daily variations do not require an immediate plan amendment if total billed units remain within annual authorization limits. However, providers must notify the Service Coordinator in a timely manner when service delivery reflects a sustained pattern of change in the member's needs. In those cases, a plan addendum and updated authorization must be completed.

Documentation expectations for daily units remain unchanged. When services are billed in 15-minute units, documentation must include length of visit information, including time in and time out, consistent with IDAPA 16.03.26.613.02.iv. When staffing differs from the approved plan, providers must document the specific reason(s) for the change including a statement demonstrating that the change was member driven.

Implementation Timeline

Effective June 1, 2026, all initial and annual plans requesting intense supported living should reflect 15-minute unit authorization when continuous 1:1 staffing is not provided for the full 24-hour service day. Plans may continue to utilize daily rates when a member receives continuous 1:1 staffing and supervision for 24 hours per day.

Addendums may be submitted prior to the annual plan renewal if the member chooses to transition before the renewal date.

We appreciate your service to Idaho Medicaid members.

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