



Indiana Hoosier Care Connect Behavioral Health Provider Training

UnitedHealthcare Community Plan

United
Healthcare®

Agenda – Indiana Hoosier Care Connect

1. Intro to Integrated Behavioral Health
2. Coordination of Care Requirements
3. Substance Use Disorder and Opioid Treatment
4. Contracting with Optum
5. Provider Responsibilities
6. Coding, Billing and Reimbursement
7. Appeals and Complaints



UnitedHealth Group Structure



Helping make the health system work better for everyone

Information and technology-enabled health services:

- Behavioral Health
- Technology solutions
- Pharmacy solutions
- Intelligence and decision support tools
- Health management and interventions
- Administrative and financial services



Helping people live healthier lives

Health care coverage and benefits:

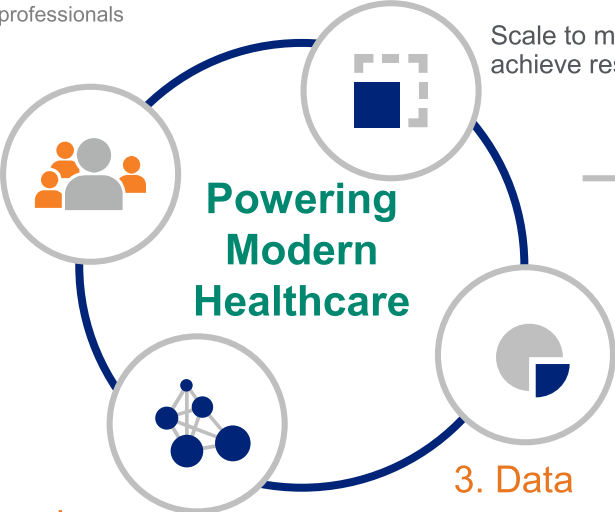
- Employer & Individual
- Medicare & Retirement
- Community & State
- Military & Veterans
- Global



How Optum can uniquely help

1. People

Unmatched health care expertise
80,000 professionals



**Powering
Modern
Healthcare**

4. Action

Scale to mobilize and
achieve results globally

2. Technology

Comprehensive solutions
System-wide scale serving the
unique needs of health care

3. Data

Insights that drive decision
Two decades of longitudinal data

Helping:

30 million people
get the medicines
they need

1 million people
receive home visits to guide
them to the right care

40 states
expand coverage and make
the most of their budgets

3 million people
utilize health savings
accounts

25 million people
receive services in
international markets

18 federal agencies
deliver technology
enabled health care

Process 500k documents
per day by
computer-assisted coding

**50% of Fortune 500
companies**
increase employee wellness

2 million people
access care at local care
delivery clinics

Tens of thousands
of physicians leverage our data
platform to provide smarter care



Our foundational approach to helping people

Addressing individual needs is our focal point. We do this by creating systems of care that include strategies that empower people to achieve their wellness goals in ways that work most effectively for them.

Person-centered care

A relationship-based approach to care that honors and respects the voice of individuals

Whole-person health

- A focus on improving a person's health and well-being by addressing their physical health, mental/psychological health and the mind-body connection
- Also considers a person's living environment (housing and work status) and access to community supports

Meeting consumers where they are

Creating opportunities to help people access the knowledge, tools and services they need to achieve and maintain their well-being



Optum and You

- Achieving our Mission:
 - Starts with Providers
 - Serves Members
 - Applies global solutions to support sustainable local health care needs



From risk identification to integrated therapies, our mental health and substance abuse solutions help to ensure that people receive the right care at the right time from the right providers.



Specialty Network Services

Customers we serve:

- 50% of the Fortune 100 and 34% of the Fortune 500
- Largest provider of global Employee Assistance Programs (EAP), covering more than 19 million lives in over 140 countries
- Local, state and federal government contracts (Public Sector)

Serving almost 43 million Members:

- 1 in 6 insured Americans
- The largest network in the nation, delivering best in class density, discounts and quality segmentation
- More than 140,000 practitioners; 4,200 facilities with 9,000 facility locations

Simultaneous NCQA and URAC accreditation



Staff expertise:

- Multi-disciplinary team of 50 staff Medical Directors, including child and adolescent, medical/psychiatric, Board Certified Behavior Analysts, and addiction specialists, just to name a few



Optum Indiana Providers

UnitedHealthcare Community Plan of Indiana Hoosier Care Connect is privileged to help serve the most vulnerable members of the community through the Indiana Hoosier Care Connect program. We support the Indiana state goals of increased access, improved health outcomes and reduced costs for the following eligible members:

- Aged individuals, Blind individuals, Disabled individuals (ABD)
- Foster children and newly adopted children and youth
- Individuals receiving Supplemental Security Income (SSI)
- Individuals enrolled through M.E.D. Works



Indiana Hoosier Care Connect BH Services

With the introduction of Integrated Managed Care we ask that all Indiana Medicaid providers always prioritize access for services for Indiana Medicaid members.

These include but are not limited to - behavioral health screenings and assessments; referral and treatment services; outpatient services; inpatient psychiatric hospital services; inpatient drug and alcohol detoxification; inpatient drug and alcohol rehabilitation; residential treatment services for opioid use disorder (OUD) and substance use disorder (SUD)



Behavioral Health Services

- On behalf of Indiana Hoosier Care Connect we ask that all providers address the needs of our members in an integrated way, with attention to the physical health and chronic disease contributions to behavioral health.
- Provider engagement is necessary to assist coordination of services for individuals with multiple diagnoses of mental illness, substance abuse and physical illness.



Behavioral Health Care Coordination

Each BH provider working with our members must notify the UnitedHealthcare Community Plan of Indiana Hoosier Care Connect within 5 calendar days of the member's visit, and submit information about the treatment plan, the member's diagnosis, medications, and other pertinent information.



Behavioral Health Services

Facilities are required to contact MCO within 72 hours that a member has been seen for Emergency Treatment and/or within 72 hours of the hospital inpatient admission





Coordination of Care Requirements

Behavioral Health Care Coordination

- In order to serve each member in an integrated manner we ask that you be able to provide a written plan and evidence of ongoing, increased communication and coordination between the behavioral health and non-behavioral health care providers.
- Please note that it is imperative that the unique behavioral health and developmental needs of wards, foster children and former foster children be documented clearly.



Behavioral Health Care Coordination

- Each provider is asked to obtain a Release of Information (ROI) from the member upon entry into the practice to allow integration of care services to facilitate the reciprocal exchange of social, physical and behavioral health information between physical and behavioral health providers treating the member.
- This ROI should include permission to release substance abuse treatment information to United Healthcare Community Plan of Indiana Hoosier Care Connect and to the member's physical or behavioral health providers, if applicable.



Behavioral Health Care Coordination

For each member receiving behavioral health treatment, the provider is required to document and coordinate care between behavioral and physical health providers and reciprocally share the following information for that member:

- Primary and secondary diagnoses;
- Findings from assessments;
- Medication prescribed;
- Psychotherapy prescribed; and
- Any other relevant information.

Updates should be provided at minimum on a quarterly basis.



Behavioral Health Care Coordination

- Contractors must establish referral agreements and liaisons with both contracted and non-contracted CMHCs, following the ROI must provide physical health and other medical information to the appropriate CMHC for every member.
- The State is exploring implementation of new initiatives for behavioral and physical health integration for Indiana Medicaid members and must provide physical health and other medical information to the appropriate CMHC for every member.





Substance Use Disorder and Opioid Treatment

Residential (SUD) Services

- Prior authorization (PA) is required for all residential SUD stays.
- Admission criteria for residential stays for OUD or other SUD treatment is based on the following American Society of Addiction Medicine (ASAM) Patient Placement Criteria:

ASAM Level 3.1 – Clinically Managed Low-Intensity Residential Services

ASAM Level 3.5 – Clinically Managed High-Intensity Residential Services



Residential Substance Use Disorder (SUD) Services

- Short-term low-intensity and high intensity residential treatment for opioid use disorder (OUD) and other substance use disorder (SUD) in settings of all sizes, including facilities that qualify as institutes of mental disease (IMDs) are a covered benefit under the Hoosier Care Connect program.



Residential Substance Use Disorder (SUD) Services

- When residential services are determined medically necessary for a member, the Contractor will approve a minimum of 14 days for residential treatment, unless the facility requests fewer than 14 days.
- If a facility determines that a member requires more time than the initial 14 days, the facility should submit a PA update request showing that the member has made progress but can be expected to show more progress given more treatment time.
- An additional length of stay can be approved based on documentation of medical necessity.



Opioid Treatment Program (OTP)

Coverage of OTP services will be restricted as follows -

Individuals aged 18 and older seeking OTP services must meet the following medical necessity criteria:

- Must be dependent on an opioid drug
- Must have been dependent on for at least one year before admission to the OTP
- Must meet the criteria for the Opioid Treatment Services (OTS) level of care, according to all six dimensions of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria



Opioid Treatment Program (OTP)

Individuals under the age of 18 seeking OTP services must meet the following medical necessity criteria:

- Must be addicted to an opioid drug
- Must have two documented unsuccessful attempts at short-term withdrawal management or drug-free addiction treatment within a 12-month period preceding admission
- Must meet the criteria for the Opioid Treatment Services (OTS) level of care, according to all six dimensions of the ASAM Patient Placement Criteria



Opioid Treatment Program (OTP)

The following individuals are exempt from the one-year addiction requirement:

- Members released from a penal institution – If the individual seeks OTP services within six months of release
- Pregnant women
- Previously treated individuals – If the individual seeks OTP services within two years after treatment discharge





Contracting with Optum



Providers in our Behavioral Health Network

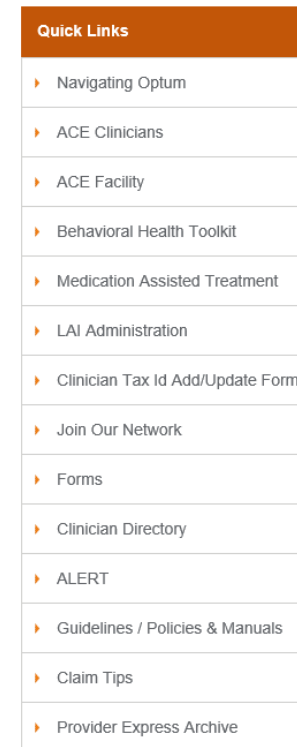
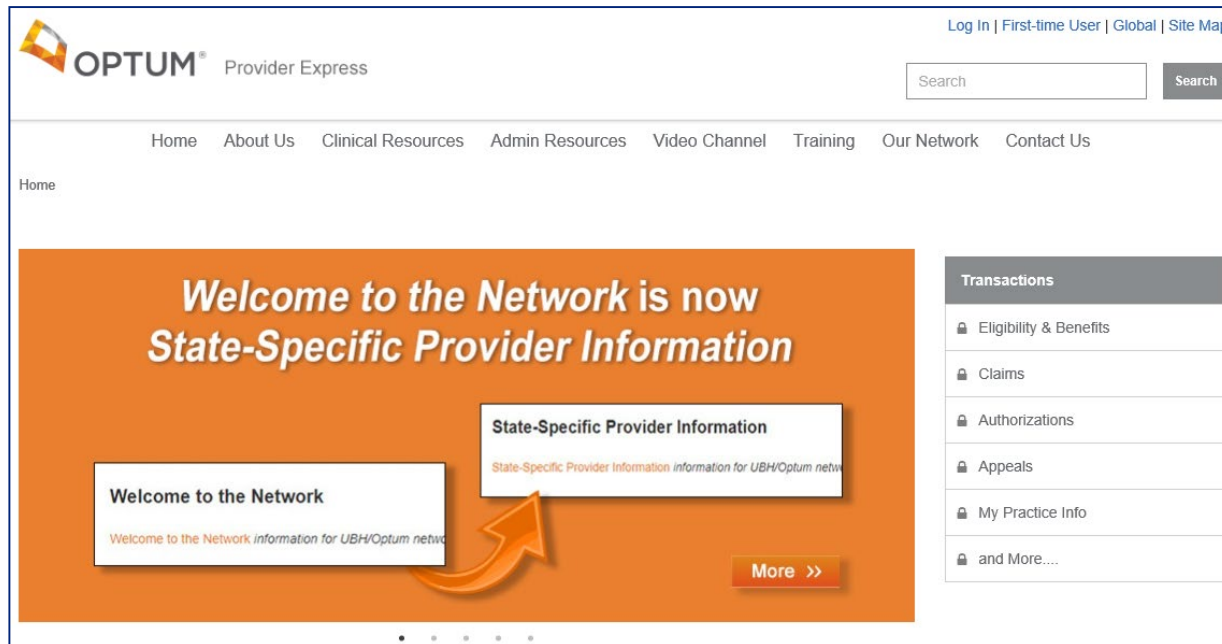
Network providers include:

- Psychiatrists
- Addictionologists
- Psychologists
- Master Level Clinicians
- Advanced Practice Registered Nurses (APRN)
- Community Mental Health Centers
- Rural Health Clinics
- Federally Qualified Health Centers
- Substance Use Disorder Agencies
- Inpatient Facilities



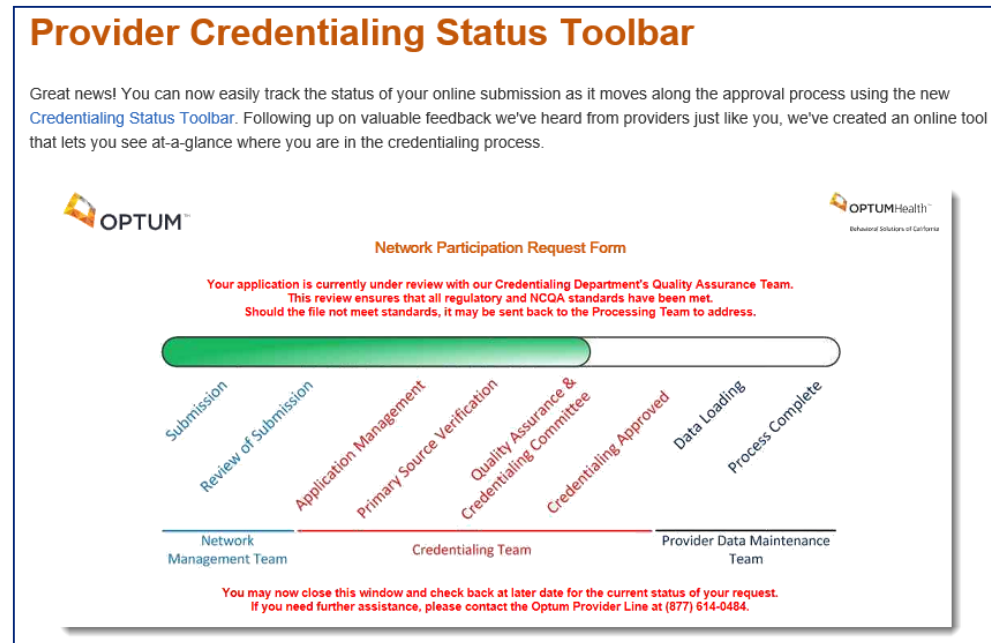
Applying to join the Optum Network

Providers begin the application process at providerexpress.com by selecting “Join Our Network” on the right-hand side of the page under “Quick Links” and following the prompts



Improve the Speed of Processing - Tips for Applying to the Network

- Ensure your CAQH is accurate and up-to-date. You will need to enter your CAQH ID # on the credentialing application. If you need to update your CAQH profile, please contact www.CAQH.org.
- Missing documents from Optum are sent out via DocuSign. Sign and return as quickly as possible.
- Check the status of your application with the Credentialing Status Toolbar, available at providerexpress.com



Virtual Visit Telemental Health

Expand your access and client base potential by leveraging the latest in telemental health technology. Sign up at providerexpress.com to become a virtual visit telemental health provider with Optum.

The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and 'Provider Express' text. To the right are links for 'Log In | First-time User | Global | Site Map' and a search bar. A navigation menu includes 'Home', 'About Us', 'Clinical Resources', 'Admin Resources', 'Video Channel', 'Training', 'Our Network', and 'Contact Us'. The breadcrumb trail reads 'Home > Clinical Resources > Become a Virtual Visit Telemental Health Provider'. The main heading is 'Become an Optum virtual visit telemental health provider'. On the left, there is a vertical list of links: 'OUR NEW TELEMENTAL HEALTH PLATFORM', 'COMPLETE ATTESTATION HERE', 'TELEMENTAL HEALTH RESOURCES', 'ATA ONLINE TRAINING COURSE', and 'ATA BEST PRACTICES'. The main content area features a sub-heading 'Our telemental health service is now called virtual visits' followed by three paragraphs of text explaining the service, its availability, and its benefits. At the bottom left, there is a video player thumbnail with the Optum logo and the text 'Telemental Health'.





Provider Responsibilities



Eligibility

- Call the number on the back of the Member's insurance card to see if Member is eligible for your services or verify on provider portal www.providerexpress.com
- Check benefit coverage relating to both the service and the diagnosis on provider portal or by calling the number on the Member's insurance card.
- Make sure all services **receive prior approval before beginning services**
- When calling the Optum Care Advocate you must have:
 - Member's Name
 - ID#
 - Date Of Birth
 - Address



Prior Authorization Requirements

- No Authorization Required

- Members shall be able to access most routine behavioral health outpatient services (mental health and substance use) without an authorization.

- Authorization Required

- Request online or by Phone
 - Inpatient Mental Health and Substance Use Services (includes detoxification and residential treatment)
 - Partial Hospitalization
 - Intensive Outpatient
 - Frequently used non-routine services requiring an authorization: Psychological Testing, Transcranial Magnetic Stimulation (TMS), and ABA/Autism



Prior Authorization

How to Request a Prior Authorization

Call

- The number on the back of the member's ID card
- IP & Res reviews 24/7
- Non-Routine Outpatient: Call during business hours

Online

- [Providerexpress.com](https://www.providerexpress.com):
- Frequently used non-routine services where an authorization can be requested online include: Psychological Testing, Transcranial Magnetic Stimulation (TMS), and ABA/Autism
- For other non-routine services, including extended sessions, 90837 procedure code, call the number on the back of the Member's ID card to request authorization



Reporting Provider Changes/Updates

Providers must give notice at least 10 days in advance of any provider changes such as:

- Provider Terms
- Provider Adds/Updates
- Tax ID Changes
- Change of address



Quick Links
▶ Navigating Optum
▶ ACE Clinicians
▶ ACE Facility
▶ Behavioral Health Toolkit
▶ Medication Assisted Treatment
▶ LAI Administration
▶ Clinician Tax Id Add/Update Form
▶ Join Our Network
▶ Forms
▶ Clinician Directory
▶ ALERT
▶ Guidelines / Policies & Manuals
▶ Claim Tips
▶ Provider Express Archive

Updates should be made online at providerexpress.com under “Quick Links”





Coding, Billing and Reimbursement



Claims Submission

Electronic Claims Payer ID: 87726

Additional information regarding EDI is available on:
providerexpress.com > About Us > Navigating Optum > Billing and Claims > [Electronic Data Interchange \(EDI\)](#)

ERA Payer ID: 04567

Claims/Customer Service # :

- Call the number on the back of the member's insurance card. If you do not have a copy of the member's ID card, the main Optum customer service numbers are listed below:
 - Health Plan Groups -- 1-800-557-5745
 - Employer Groups -- 1-800-333-8724

Required Claim Forms (if not submitting electronically)

- Form 1500 (CMS-1500 form)

Paper Claims:

When submitting behavioral claims by paper, please mail claims to the address on the back of the member's insurance card.



Electronic Payment & Statements (EPS)

- With EPS, you receive electronic funds transfer (EFT) for claim payments and your Explanations of Benefits (EOBs) are delivered online:
 - Lessens administrative costs and simplifies bookkeeping
 - Reduces reimbursement turnaround time
 - Funds are available as soon as they are posted to your account
- To receive direct deposit and electronic statements through EPS you need to enroll at myservices.optumhealthpaymentservices.com.
- You'll need:
 - Bank account information for direct deposit
 - Either a voided check or a bank letter to verify bank account information
 - A copy of your practice's W-9 form



Claims Tips

- **To ensure "clean claims" remember:**
 - An NPI number is required on all claims
 - A complete diagnosis is also required on all claims
- **Claims filing deadline**
 - Providers should refer to their contract with United/Optum to identify the timely filing deadline that applies
- **Claims processing**
 - Clean claims, including adjustments, will be adjudicated within 14 days of receipt
- **Balance billing**
 - The Member cannot be balance billed for behavioral services covered under the contractual agreement



Claims Tips (continued)

- **Member Eligibility**

- Provider is responsible to verify Member eligibility through DHS website

- **Coding Issues**

- Coding issues including incomplete or missing diagnosis Invalid or missing HCPC/CPT examples:
- Submitting claims with codes that are not covered services
- Required data elements missing, (e.g., number of units)

- **Provider information missing/incorrect**

- Example: provider information has not been completely entered on the claim form or place of service

- **Prior Authorization Required**

- Prior Authorization is required for all services or when additional units are being requested



1500 Claim Form

All billable services must be coded. Coding is dependent on several factors:

- Type of service (assessment, treatment, etc.)
- Use appropriate modifier for specific provider type
- Rate per unit
- Place of service (home or clinic)
- Duration of therapy (1 hr. vs. 15 min)
- One DOS per line

Form 1500: formerly called CMS-1500



1500 Claim Form (continued)

The HCFA 1500 Form has 4 sections where provider information is stored, they have been highlighted for easy reference. The CRE Edit will review each section when a provider name and NPI number is populated.

- 17b – Referring, Prescribing physician and NPI number
- 24J – Rendering physician and NPI number
- 32A – Service location and NPI number
- 33A – Billing provider and NPI number

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL				15. OTHER DATE MM DD YY QUAL				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								20. OUTSIDE LAB? \$ CHARGES YES NO							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.								22. RESUBMISSION CODE ORIGINAL REF. NO.							
A. _____ B. _____ C. _____ D. _____				E. _____ F. _____ G. _____ H. _____				23. PRIOR AUTHORIZATION NUMBER							
I. _____ J. _____ K. _____ L. _____				24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID #											
1								NPI							
2								NPI							
3								NPI							
4								NPI							
5								NPI							
6								NPI							
25. FEDERAL TAX I.D. NUMBER SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH# ()							
SIGNED				DATE				a.		b.		c.		d.	





Appeals and Complaints



Appeals

- Must be requested as soon as possible and no later than 60 days after the adverse determination.
- Determination is made within 30 calendar days of request. Notification sent to provider and member.
- Appeals can be requested:
 - Via telephone at 1-866-556-8166
 - Via fax at 1-855-312-1470
 - Via mail at United Behavioral Health

Appeals & Grievances

P.O. Box 30512

Salt Lake City, Utah 84130-0512

Appeal requests can be made orally or in writing; however, an oral request to appeal shall be followed up by a written, signed appeal.



Complaints

- We strive for the best customer service, but if you have a complaint please contact us within 120 days and we will respond within 30 days:
- Call the number on the back of the member's insurance card and a Customer Service representative will assist with the complaint process
- Or send a written grievance to:
 - United Behavioral Health
 - Appeals & Grievances
 - P.O. Box 30512
 - Salt Lake City, Utah 84130-0512





Resources



Provider Assistance

providerexpress.com	<p>Provider Express is your primary resource for claim submittal, practice updates, information about new initiatives and programs, finding guidelines, Manual(s), newsletters, etc.</p> <p>Available 24 hours a day / 7 days a week</p>
<p>Provider Relations Line</p>	<p>1-877-614-0484</p> <p>Calls are answered between 7 a.m. and 7 p.m. CST</p>
<p>Contracting Assistance (for new providers who wish to join the network)</p>	<p>1-877-614-0484</p>
<p>Provider Assistance (for existing providers)</p>	<p>1-877-614-0484</p>



Optum Provider Website

- www.providerexpress.com
- Secure Transactions Include:
 - Check eligibility and authorization or notification of benefits requirements
 - Submit professional claims and view claim status
 - Make claim adjustment requests
 - Register for Electronic Payments and Statements (EPS)
 - You may also obtain additional information through the help desk at 1-866-209-9320



To support physicians and encourage deeper collaborative care, we've developed a Behavioral Health Toolkit for medical practitioners

Behavioral Health Toolkit for Medical Providers

Screening for Behavioral Healthcare Issues: What tools should I use?

Each medical practice is unique in terms of who you serve and how your office operates. Therefore, we have catalogued a number of assessment tools to help you identify tools that best fit your practice and your patients.

Screening tools

To the left you will find screening tools that are organized first by clinical category and age.

Resources

To the right you will find resources including behavioral health care guidelines, identifying in-network referrals and health information for patients.

Behavioral Health Resources

Substance Use Disorder Helpline
1-855-780-5955

A 24/7 helpline for providers and patients to:

- Identify local MAT and behavioral health treatment providers and provide targeted referrals for evidence-based care
- Educate members/families about substance use
- Assist in finding community support services
- Assign a care advocate to provide ongoing support for up to 6 months, when appropriate

Medication-assisted Treatment

- Optimal Use Disorder Quick Reference Guide for Clinicians

Quality of Care Initiatives

- Second Generation Antipsychotics: Screening and Coordination of Care

Coordination of Care

- Communication is key when coordinating care with behavioral health providers

Additional Assessment Information

- SBRIT (Screening, Brief Intervention, Referral to Treatment)
 - SAMSHA Treatment Improvement Protocol (TIP)
 - Tip 24: A Guide to SA Services for Primary Care Clinicians
- Stages
 - SAFE-T (Suicide Assessment Five-Step Evaluation and Triage)
- Trauma
 - PC-PTSD-5 (Information & Tools for Primary Care from National Center for PTSD)

Referrals for Behavioral Health

- Provider Search Online - Live and Work Well Directory
 - How to find a Medication-Assisted Treatment Provider
 - How to find an Express Access or virtual visit Provider

Health Information for your patients

- Live and Work Well Clinician web page (use access code "clinician")

Optim Guidelines

- Behavioral Clinical Policies
- Best Practice Guidelines
- Coverage Determination Guidelines
- Level of Care Guidelines

- We designed the [Behavioral Health Toolkit](#) for physicians and other medical professionals with useful tools and best-practice guidance around the management of behavioral health conditions commonly seen in the Primary Care setting.

- **Substance Use and Mental Health** screening tools are located on left side of page under twirl-down buttons separated by age
- **Older Adult, Early Childhood, and Comorbid with Chronic Pain** resources are also located on the left side of the page under twirl-down buttons and we have a link to our new Intellectual and Developmental Disabilities (I/DD) Toolkit
- Additional resources are located on the right and cover a range of topics that help inform and direct behavioral health care and referrals



Indiana Hoosier Care Connect ABA Program

- Optum has been selected by UnitedHealthcare Community Plan of Indiana Hoosier Care Connect to develop and manage the ABA network for Indiana members, effective 4/1/2021. Your participation in our network helps to ensure access to comprehensive quality care for covered behavioral health services for enrolled members.
- More Information can be found on providerespress.com: State Medicaid ABA Programs
- Contact Us/Request to Join the Network
- Specialty Network Manager



Intellectual and Developmental Disabilities Toolkit

New in 2019: I/DD health care resources for health care professionals

Health Care for Individuals with Intellectual and Developmental Disabilities



Identifying the Health Needs of Individuals with I/DD

This site contains a variety of resources to assist health providers. To the left you will find different practice tools. In the middle key terms and resources related to supporting individuals with intellectual and/or developmental disabilities in your practice. On right we have included training and guidelines. **Individuals with I/DD receive care from multiple providers and facilities. Coordination of care amongst providers is vital to support maximum well-being.**

Developmental Disabilities Health Care E-Toolkit Resources²

The links below highlight just a few of the helpful resources available from the Vanderbilt Kennedy Center e-toolkit for Primary Care Providers: Health Care for Adults with Intellectual and Developmental Disorders.

Physical Health

- [Communicating Effectively, Informed Consent in Adults and Preparing for Office Visits](#)
- [Patient Profile and Preventive Care Checklists for Adults](#)
- [Health Watch Tables by Specific Syndromes](#)

Behavioral and Mental Health

- [Initial Management of Behavioral Crises](#)
- [Crisis Prevention and Management Planning](#)
- [Psychotropic Medication Issues & Checklists](#)

Intellectual disability is characterized by significant limitations both in **intellectual functioning** (reasoning, learning, problem solving) and in **adaptive behavior**, which covers a range of everyday social and practice skills. This disability originates before the age of 18.¹

Developmental disabilities are severe, chronic disabilities attributable to mental and/or physical impairments, which manifests before age 22 and are likely to continue indefinitely. They result in substantial limitations in > 3 areas:

- self-care
- receptive and expressive language
- learning
- mobility
- self-direction
- capacity for independent living
- economic self-sufficiency

Additionally, these disabilities reflect the need for individually planned and coordinated services and supports that are of lifelong or extended duration. (From 45 CFR 1385.3 definitions)

I/DD training offering CE credits

OptumHealth Education:

- [Effective Communication, Healthcare & Aging](#)
- [Autism Spectrum Disorder](#)

American Academy of Developmental Medicine and Dentistry

- [Developmental Disabilities Physician Education](#)

Additional Training for Health Care Providers

- [Archived Webinars \(The Arc\)](#)
- [Case Based Health Curriculum \(LEND and UCEDO resource\)](#)

Trauma Informed Care

- [Trauma Informed Care Resource Library](#) (National Association of State Directors of Developmental Disabilities Services - NASDDDS)
- [Assessing Trauma in Individuals With ID \(AUCD\)](#)
- [Trauma-informed Behavior Planning for People with IDD - Webinar Recording](#) sponsored by American Association on Intellectual Disabilities (AAID) and NADD

Additional Resources

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) provides clinical criteria for I/DD conditions. This book is available for purchase in print or online.

Resources

- Practice tools
- Checklists
- Training
- Trauma Informed Care
- Guidelines

Provider Express
Link

[I/DD Toolkit](#)



Your Feedback and Questions





Thank you.