Jeffrey S. Beelaert, ISB No. 12384
Preston N. Carter, ISB No. 8462
Don Z. Gray, ISB No. 10070
Megann E. Meier, ISB No. 11948
GIVENS PURSLEY LLP
601 West Bannock Street
P.O. Box 2720
Boise, Idaho 83701-2720
Telephone: (208) 388-1200
Fax: (208) 388-1300
jbeelaert@givenspursley.com
prestoncarter@givenspursley.com
dongray@givenspursley.com
mem@givenspursley.com

Attorneys for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

RAMON, by and through next friend, G.C.; THOMAS, by and through next friend, C.G.; CAMERON, by and through next friend, B.E.; ANTHONY; and WENDY,

Plaintiffs,

v.

JULIET CHARRON, in her official capacity as Director, Idaho Department of Health and Welfare; SASHA O'CONNELL, in her official capacity as Deputy Director, Idaho Department of Health and Welfare; ROSS EDMUNDS, in his official capacity as Administrator, Division of Behavioral Health,

Defendants.

Case No. 1:25-cv-00676-DKG

PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

Plaintiffs Ramon, by and through next friend, G.C.; Thomas, by and through next friend, C.G.; Cameron, by and through next friend, B.E.; Anthony; and Wendy, respectfully move this Court under Rule 65 of the Federal Rules of Civil Procedure to issue a Temporary Restraining Order and Preliminary Injunction against all the Defendants and to provide the relief set forth in the Proposed Order.

In support of their Motion, Plaintiffs rely upon the contemporaneously filed Memorandum of Law, Declarations, as well as the Complaint (Dkt. No. 1) and all other pleadings and materials filed in this case.

Dated: November 28, 2025.

GIVENS PURSLEY LLP

By /s/ Jeffrey S. Beelaert
Jeffrey S. Beelaert
Preston N. Carter
Don Z. Gray
Megann E. Meier
Attorneys for Plaintiffs

Jeffrey S. Beelaert, Idaho Bar No. 12384
Preston N. Carter, Idaho Bar No. 8462
Don Z. Gray, Idaho Bar No.
Megann E. Meier, Idaho Bar No. 11948
GIVENS PURSLEY LLP
601 West Bannock Street
P.O. Box 2720
Boise, Idaho 83701-2720
Phone: (208) 388-1200
Fax: (208) 388-1300
jbeelaert@givenspursley.com
prestoncarter@givenspursley.com
dongray@givenspursley.com
mem@givenspursley.com

Attorneys for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

RAMON, by and through next friend, G.C.; THOMAS, by and through next friend, C.G.; CAMERON, by and through next friend, B.E.; ANTHONY; and WENDY,

Plaintiffs,

v.

JULIET CHARRON, in her official capacity as Director, Idaho Department of Health and Welfare; SASHA O'CONNELL, in her official capacity as Deputy Director, Idaho Department of Health and Welfare; ROSS EDMUNDS, in his official capacity as Administrator, Division of Behavioral Health,

Defendants.

Case No. 1:25-cv-00676-DKG

MEMORANDUM IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

Introduction

In only a few days, the State of Idaho plans to cut off Assertive Community Treatment (ACT) services to hundreds of patients with severe mental illnesses who are currently living in local communities across our state. Late in the afternoon the day before Thanksgiving, representatives from the state contractor—Magellan Healthcare—began calling individual patients to tell them that they no longer will have access to ACT services after the holiday weekend, effective Monday, December 1, 2025. That unwelcome news has pushed many already vulnerable patients into a state of crisis.

Plaintiffs and other similarly situated Medicaid patients suffer from serious mental health problems. They have a history of paranoid delusions, psychotic episodes, violence, suicide attempts, homelessness, incarceration, frequent hospitalization, and prolonged institutionalization. As explained in detail in the declarations submitted in support of this motion, plaintiffs (and all others similarly situated) rely on teams of medical professionals, counselors, and support staff who are available to provide them services around the clock, twenty-four hours a day, seven days a week—even on holiday weekends and even as reimbursement for these services potentially may end in a few days.

Ending the ACT program will have "devastating" effects not only for individual patients suffering from severe mental illnesses but also for innocent Idahoans who may face an increased risk of harm. Kyle Pfannenstiel, *Idaho Medicaid contractor to cut critical services for people with severe mental illness*, IDAHO CAPITAL SUN (Nov. 21, 2025).[1] As one provider succinctly stated: these are "scary times." *Id.*

[1] Available at: https://idahocapitalsun.com/2025/11/21/idaho-medicaid-contractor-to-cut-critical-services-for-people-with-severe-mental-illness/

This Court should grant a temporary restraining order requiring the defendants to continue providing Assertive Community Treatment services to the plaintiffs and to all others currently receiving these services across Idaho. At a bare minimum, ACT services should continue for the next two weeks as the parties continue to litigate. The Court then should issue a preliminary injunction after a hearing.

Background

Assertive Community Treatment is a unique model of bundled care that provides comprehensive services to patients with serious mental health illnesses. A group of doctors first developed this treatment program more than fifty years ago after noticing that many patients, especially those with the most serious mental health conditions, would be hospitalized many times for the same issue. "The doctors believed they could develop a new type of mental health service model that would give more patients the ability to stay well while still living in the community." Elizabeth Mohn, *Assertive Community Treatment*, EBSCO (2023).[2] In essence, the ACT model helps patients who have not responded well to traditional mental health treatment methods.

For example, under the traditional "case management model" for treatment, patients with mental illnesses "visit various medical professionals for each symptom or condition that needs treating." *Id.* "Often, however, the care individuals receive in this model is not integrated, meaning providers do not work together to understand all the different medical interventions a person is receiving." *Id.* "Although some patients benefit from the case management model, psychiatrists have found that some patients, especially those with the

[2] Available at: https://www.ebsco.com/research-starters/consumer-health/assertive-community-treatment-act

most serious conditions, benefit more from *integrated care* provided by various professionals with different backgrounds and specialties." *Id.* (emphasis added).

The ACT model provides integrated care. Rather than brokering various services and forcing patients with the most serious mental illnesses to visit a bunch of different medical professionals to treat each symptom or condition, the ACT model relies on a team of service providers working cooperatively to treat individual patients. The ACT team itself is the service delivery vehicle.

Multidisciplinary team members coordinate with each other to develop an individualized service plan for each patient: ACT teams take "a *holistic approach* to services, helping with illness management, medication management, housing, finances, and anything else critical to an individual's community adjustment." Gary R. Bond & Robert E. Drake, *The critical ingredients of assertive community treatment*, WORLD PSYCHIATRY (June 4, 2015).[3] And, importantly, the ACT model focuses on "*assertive outreach*" in the local community, allowing medical professionals and support staff to engage individual patients who are "reluctant to keep appointments at a clinic." *Id.*

ACT essentially acts as a treatment of last resort for patients who, without comprehensive bundled services, find themselves at severe risk of institutionalization or prolonged hospitalization. And it works. ACT programs have been implemented in thirty-five states as well as in Canada, Australia, and Europe. "As ACT spread" across the country and around the world, "researchers carefully studied its effectiveness." Substance Abuse and Mental Health Services Administration, *Assertive Community Treatment: Training Frontline*

[3] Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4471983/.

Staff, at 2 (2008) (published by the U.S. Department of Health and Human Services).[4] "Reviews of ACT research consistently conclude that," when compared to other more traditional treatments, "ACT greatly reduces psychiatric hospitalization and leads to a higher level of housing stability" for patients receiving ACT services. *Id.*

States typically provide ACT services to residents under Medicaid. *See* Compl. ¶¶ 116–30 (legal background); *id.* ¶¶ 151–71 (factual background). Idaho amended its state Medicaid plan in July 2024 to add ACT services, and the federal government (i.e., the Centers for Medicare & Medicaid Services at the Department of Health & Human Services) approved the amendment. *See* Exhibit A (attached here) (excerpted pages). In describing its program, Idaho listed several "recovery outcomes" for patients receiving ACT services, including reduced hospitalization, reduced arrests, reduced days of incarceration, and increased housing stability. *Id.* at 4. The program has succeeded in delivering those outcome, as evidenced by the success experienced by the individual plaintiffs in this case. *See* C.G. Decl. ¶¶ 11–24 (Dkt. No. 3-1); G.C. Decl. ¶¶ 9–20 (Dkt. No. 3-2); B.E. Decl. ¶¶ 6–21 (Dkt. No. 3-3); Anthony Decl. ¶¶ 6–24 (Dkt. No. 3-4); Wendy Decl. ¶¶ 5–24 (Dkt. No. 3-5).

Immediate hearing and oral argument

This Court "may issue a temporary restraining order without written or oral notice" to the defendants. Fed. R. Civ. P. 65(b)(1). Given the dire circumstances plaintiffs face in this case—especially the imminent cessation of ongoing mental health treatments for hundreds of patients with severe mental illnesses across Idaho and the irreparable harm that inevitably will follow

[4] Available at: https://library.samhsa.gov/sites/default/files/sma08-4344-trainingfrontlinestaff.pdf

absent preliminary relief—the Court should issue a temporary restraining order as soon as possible. Undersigned counsel has submitted a declaration certifying in writing all efforts made to notify the defendants. Fed. R. Civ. P. 65(b)(1)(B). And the individual declarations submitted by the named plaintiffs "clearly show that immediate and irreparable injury, loss, or damage will result to the movant[s] before the adverse part[ies] can be heard in opposition." Fed. R. Civ. P. 65(b)(1)(A).

In accord with Rule 65(b)(2), the temporary restraining order may not exceed fourteen days. Plaintiffs respectfully request that the Court issue a TRO now and then schedule a hearing "at the earliest possible time" to consider a preliminary injunction. Fed. R. Civ. P. 65(b)(3).

Legal standard

The standard for a temporary restraining order and preliminary injunction is the same: plaintiffs must establish that they are likely to succeed on the merits, that they are likely to suffer irreparable harm absent preliminary relief, that the balance of the equities tip in their favor, and that an injunction is in the public interest. *See Winter v. NRDC*, 555 U.S. 7, 20, 129 (2008); *Alliance for Wild Rockies v. Higgins*, 690 F. Supp. 3d 1177, 1185 (D. Idaho 2023). "When the government opposes a preliminary injunction, 'the third and fourth factors of the preliminary-injunction test—balance of equities and public interest—merge into one inquiry.'" *Idaho Org. of Res. Councils v. Labrador*, 780 F. Supp. 3d 1013, 1045 (D. Idaho 2025) (quoting *Porretti v. Dzurenda*, 11 F.4th 1037, 1050 (9th Cir. 2021)).

Alternatively, plaintiffs may obtain preliminary equitable relief under the "sliding scale" approach applicable in this Circuit. *Alliance for the Wild Rockies v. Cottrell*, 632 F.3d 1127, 1131 (9th Cir. 2011). "Under this approach,

the elements of the preliminary injunction test are balanced, so that a stronger showing of one element may offset a weaker showing of another." *Id.* "For example, a stronger showing of irreparable harm to plaintiff might offset a lesser showing of likelihood of success on the merits." *Id.* A court could issue preliminary relief when the balance of the hardships tips sharply in the plaintiffs' favor and the likelihood of success is such that plaintiffs raised serious questions going to the merits. *See id.*

Argument

1. If ACT services are terminated, plaintiffs likely will suffer irreparable harm, and the balance of interests tilts heavily in their favor.

Irreparable harm. On this record, plaintiffs have made a "clear showing" of irreparable harm. *Idaho Org. of Res. Councils*, 780 F. Supp. 3d at 1039 (quoting *Lopez v. Brewer*, 680 F.3d 1068, 1072 (9th Cir. 2012)). "Numerous federal courts have recognized that the reduction or elimination of public medical benefits irreparably harms the participants in the programs being cut." *Brantley v. Maxwell-Jolly*, 656 F. Supp. 2d 1161, 1176 (N.D. Cal. 2009) (collecting cases). Given the seriousness of their mental illnesses and their historical struggles with mental health, any interruption in the plaintiffs' ongoing ACT care, even if temporary, will have serious consequences for them. The threat of hospitalization, standing alone, is irreparable harm. *D.W. v. Fresenius Med. Care N. Am.*, 534 F. Supp. 3d 1274, 1288 (D. Or. 2021).

Assertive Community Treatment services currently keep plaintiffs out of jail and free from hospitalization and institutionalization. Consider only a few examples. Ramon suffers from acute psychosis, auditory hallucinations, and delusions. *See* G.C. Decl.¶ 6. He was first incarcerated as a juvenile offender and again as an adult. *See id.* ¶ 8. When Ramon was released from prison, his

mental health condition led him to homelessness, unemployment, and an inability to function independently. *Id.* ¶ 9. In January 2025, while again incarcerated, Ramon was first referred to an ACT program. *Id.* ¶ 12. Since he has received ACT services, Ramon's symptoms dramatically have improved. *Id.* ¶ 13. Ramon has reunited with his family, *id.* ¶ 15, and he has not been incarcerated, hospitalized, or institutionalized while receiving ACT services, *id.* ¶ 16. Without ACT services, Ramon will lose access to the team that has helped him improve so much over the last year, and he likely will be incarcerated, hospitalized, or institutionalized given his history of violent and disruptive episodes. *Id.* ¶ 20.

Thomas suffers from paranoid delusions, thoughts of grandiosity, and psychotic episodes. C.G. Decl. ¶ 7. Since receiving his mental illness diagnosis, he has been admitted to a state hospital *ten times*. *Id.* ¶ 8. The same pattern has repeated again and again—Thomas would be institutionalized as a result of psychotic episodes then released with no ability to care for himself, which would lead to repeated episodes of homelessness followed by another round of the same thing all over again. *Id.* All the while, Thomas struggled to take his medication. *Id.* ¶ 9.

Indeed, Thomas failed to respond to traditional treatment models; he has history of not showing up for appointments, not adhering to his medication schedules, and not following through with formal substance abuse treatment. *Id.* ¶ 10. That all changed when Thomas started receiving ACT services. *Id.* ¶ 15. Since receiving ACT services, Thomas has not been re-institutionalized. He has kept out of jail, out of the hospital, and out of an institution because of ACT. *Id.* ¶ 21; *see also* Anthony Decl. ¶ 20; Wendy Decl. ¶ 22.

Public interest and equities. Maintaining ACT services is in the public interest, and the equities weigh heavily in favor of the plaintiffs. Idaho specifically amended the state Medicaid plan to add ACT services in July 2024. And, in doing so, the State cited "measurable, achievable ACT recovery outcomes" that it sought to achieve. Exhibit A. Those outcomes included reduced hospitalizations, re-hospitalization, and the decreased use of emergency rooms. *Id.* And those outcomes included reduced arrests, reduced days of incarceration, and the reduced reliance on crisis services. *Id.* All of these outcomes are in the public interest, and plaintiffs' own experiences demonstrate exactly how the State of Idaho has achieved success. *See* C.G. Decl. ¶¶ 13–21; G.C. Decl.¶¶ 10–20; B.E. Decl. ¶¶ 11–19; Anthony Decl. ¶¶ 10–24; Wendy Decl. ¶¶ 8–24. The public interest favors preliminary relief so that plaintiffs and all similarly situated can continue to receive much-needed ACT services.

"The balance of equities inquiry concerns the plaintiffs' burdens or hardships compared to the defendants' burden if the court orders the injunction." *Idaho Org. of Res. Councils*, 780 F.Supp.3d at 1045. Without ACT services, plaintiffs face serious hardships. They likely will be incarcerated or face prolonged hospitalization or institutionalization because of their mental illnesses. Plaintiffs have experienced institutionalization and hospitalization in the past, and they likely will return without continued ACT services—the one program that significantly has improved their lives (and the lives of hundreds of other Idahoans). *See* C.G. Decl. ¶¶ 13–21; G.C. Decl.¶¶ 10–20; B.E. Decl. ¶¶ 11–19; Anthony Decl. ¶¶ 10–24; Wendy Decl. ¶¶ 8–24.

The defendants may try to argue that the State of Idaho has a strong public interest in balancing its budget or saving money by cutting services. But it is entirely unclear as to how cutting ACT services actually saves money "given

the cost to the state of institutionalizing Plaintiffs." *M.R. v. Dreyfus*, 697 F.3d 706, 737 (9th Cir. 2012). In any event, the Ninth Circuit has "several times held that the balance of hardships favors beneficiaries of public assistance who may be forced to do without needed medical services over a state concerned with conserving scarce resources." *Id.*; *A.H.R. v. Washington State Health Care Auth.*, 469 F. Supp. 3d 1018, 1048 (W.D. Wash. 2016).

2. Plaintiffs are likely to succeed on the merits of their claims.

Congress enacted the Americans with Disabilities Act "to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities." 42 U.S.C. § 12101(b)(1). Similar to the ADA, the Rehabilitation Act prohibits discrimination on the basis of a disability, *see* 29 U.S.C. § 794(a) and 28 C.F.R. § 41.51(a), requires the provision of services in the most integrated setting, *see* 28 C.F.R. § 41.51(d), and makes it a violation of the Act to use methods of administration that subject individuals to discrimination, *see* 28 C.F.R. § 41.51(b)(3); 45 C.F.R. § 84.4(b)(4).

Plaintiffs have alleged violations of both statutes—the ADA and the Rehabilitation Act—under 43 U.S.C. § 1983 as the individual government-official defendants have acted under color of state law in authorizing or directing Magellan to change its reimbursement policies for Assertive Community Treatment services required under the Idaho Behavioral Health Plan. These changes effectively prevent providers from continuing to offer ACT services to plaintiffs and to hundreds of other patients with severe mental illnesses similarly situated across Idaho.

Magellan has acknowledged the effects of the changes, as Magellan employees started calling individual patients to tell them directly that ongoing ACT services will end on Monday, December 1, 2025. But that is not all. In

meetings held earlier this week, Magellan (and state officials) have confirmed that ACT services will terminate on December 1, 2025, and that mentally disabled residents soon will face an increased threat of hospitalization and institutionalization because of the cuts.

Defendants' failure to provide timely, statewide access to ACT services on December 1, 2025, will have cascading negative consequences for plaintiffs and for their families, including increasing acuity of mental health symptoms, more frequent and intense mental health crises, and an overall functional decline in their day-to-day lives negatively impacting not only family and social connections but also their own well-being and personal safety as well as the safety of others and the public at large.

For nearly all relevant purposes, this Court must construe the ADA and the Rehabilitation Act co-extensively because "there is no significant difference in the analysis of rights and obligations created by the two Acts." *K.M. ex rel. Bright v. Tustin Unified Sch. Dist.*, 725 F.3d 1088, 1098 (9th Cir. 2013) (internal quotation marks omitted). The failure to provide Medicaid services to mental health patients in a community-based setting is a form of discrimination on the basis of disability. *Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581, 600–01 (1999). Directly or through contractual or other arrangements, defendants have supervised administration of the Idaho Behavioral Health Plan, and they have utilized criteria or methods of administration that have subjected plaintiffs to discrimination on the basis of their mental illness disabilities. 28 C.F.R. § 35.130(b)(3).

Because of the defendants' actions, plaintiff face a serious risk of institutionalization. *See* C.G. Decl. ¶¶ 13–21; G.C. Decl.¶¶ 10–20; B.E. Decl. ¶¶ 11–19; Anthony Decl. ¶¶ 10–24; Wendy Decl. ¶¶ 8–24. Plaintiffs are

likely to prevail on the merits of their claims because they "need only show that the challenged state action creates a *serious risk* of institutionalization." *M.R. v. Dreyfus*, 697 F.3d at 734 (emphasis added). And it certainly does here. Plaintiffs have explained in detail above and in their declarations how they face a serious risk of institutionalization without ACT services. *See also* Compl. ¶¶ 15–112.

The U.S. Department of Justice has confirmed that the "elimination of services that have enabled Plaintiffs to remain in the community violates the ADA, regardless of whether it causes them to enter an institution immediately, or whether it causes them to decline in health over time and eventually enter an institution in order to seek necessary care." *M.R. v. Dreyfus*, 697 F.3d at 734–35 (quoting DOJ's statement of interest). Nor should it come as a surprise that district court around the country have preliminarily enjoined cuts to services that create a threat of institutionalization for the plaintiffs. *See Peter B. v. Sanford*, No. 6:10-767-JMC-BHH, 2010 WL 5912259, at *7 (D. S. Car. Nov. 24, 2010) (citing cases from the Eastern District of North Carolina, Eastern District of New York, District of Arizona, and the District of Utah). This Court should reach the same conclusion.

Maintaining the status quo will not result in a fundamental alteration of the State's Medicaid program. This is evident on its face: maintaining a Medicaid- and ADA-compliant program—as the ACT program is—does not alter the program; it maintains it. "Nor is it clear why the preservation of a program as it has existed for years and as approved by the federal government would fundamentally alter the nature of the program." *Fisher v. Oklahoma Health Care Auth.*, 335 F.3d 1175, 1183 (10th Cir. 2003) (internal quotation marks omitted). In this case, the State of Idaho did not seek CMS approval or a waiver

to make any changes to the existing state Medicaid plan (which allows for ACT services). The State cannot credibly assert that a behind-the-scenes change without notice and comment, and without an amendment to is Medicaid plan, somehow constitutes a "fundamental change" to its program.

Similar to the ADA, the Rehabilitation Act provides plaintiffs with a cause of action to challenge the defendants' failure to administer, operate, or fund Assertive Community Treatment services in Idaho consistent with *Olmstead*'s "integration mandate" that, when violated, results in segregation or a heightened risk of unjustified segregation for individuals with disabilities. *See, e.g.*, *Siino v. City of New York*, No. 14-CV-7217, 2020 WL 3807451, at *15-16 (E.D.N.Y. Feb. 27, 2020) (collecting cases). For the same reasons discussed above in the context of the ADA, plaintiffs are likely to prevail on the merits. They require ACT services to avoid unnecessary segregation. Defendants' failure to arrange for the continued provision of these services as a requirement of the Idaho Behavioral Health Plan violates the Rehabilitation Act and its implementing regulations.

3. This Court should waive the bond requirement.

Plaintiffs request that the Court waive Rule 65(c)'s bond requirement; there is no risk of monetary harm to the defendants if they eventually are found to be wrongfully enjoined. *See Idaho Org. of Res. Councils*, 780 F. Supp.3d at 1046 (citing *Barahona-Gomez v. Reno*, 167 F.3d 1228, 1237 (9th Cir. 1999)); *Davids v. Adams*, Case No. 25-CV-00334-AKB, 2025 WL 2083832, *16 (D. Idaho July 24, 2025).

Conclusion

Plaintiffs request that the Court grant their motion for a temporary restraining order, set a hearing at the earliest possible time, and issue a preliminary injunction against the defendants.

Dated: November 28, 2025.

GIVENS PURSLEY LLP

By */s/ Jeffrey S. Beelaert*
Jeffrey S. Beelaert
Preston N. Carter
Don Z. Gray
Megann E. Meier
Attorneys for Plaintiffs

EXHIBIT A

EXHIBIT A

Table of Contents

State/Territory Name: Idaho

State Plan Amendment (SPA) #: 24-0003

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

August 29, 2024

Juliet Charron, Deputy Director
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 8320
Boise, ID 83720-0009

Re: Idaho State Plan Amendment (SPA) 24-0003

Dear Deputy Director Charron:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ID-24-0003. This amendment proposes to revise Idaho's Enhanced Alternative Benefit Plan to add the following services: Assertive Community Treatment, Parenting With Love and Limits, and Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.110. This letter informs you that Idaho's Medicaid SPA ID-24-0003 was approved on August 29, 2024, with an effective date of July 1, 2024.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

[redacted]

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Charles Beal
William Deseron

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Idaho

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

ID-24-0003

Proposed Effective Date

07/01/2024 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

Section 1905 of the Social Security Act; Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	$ 15669190.00
Second Year	2025	$ 20590747.00

Subject of Amendment

Amendment to the State Plan to add benefits in the Idaho Medicaid State Plan Basic and Enhanced Alternative Benefit Plans (ABPs): Assertive Community Treatment (ACT), Parenting With Love and Limits (PLL), Inpatient Psychiatric Services for

Governor's Office Review

- (●) **Governor's office reported no comment**
- ( ) **Comments of Governor's office received**
  Describe:
- ( ) **No reply received within 45 days of submittal**
- ( ) **Other, as specified**
  Describe:

Signature of State Agency Official

Submitted By:	**Charles Beal**
Last Revision Date:	**Aug 22, 2024**
Submit Date:	**Jun 7, 2024**

Alternative Benefit Plan

☒ 14. Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All ☐

Remove

Other 1937 Benefit Provided:
Assertive Community Treatment (ACT) (Rehab)

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Prior Authorization

Provider Qualifications:
Other

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:

Program Description:
Assertive Community Treatment (ACT) is an evidence-based rehabilitative benefit provided according to 42 C.F.R. § 440.130(d) - Rehabilitative Services. The ACT benefit offers treatment, rehabilitation, and support services using a person-centered, recovery-based approach to individuals who have been diagnosed with severe and persistent mental illness (SPMI).

Individuals receive ACT services from a mobile, multidisciplinary team in community settings. These services are available to the individual twenty-four (24) hours per day. Individuals will have at least one (1) contact with the treatment team every forty-eight (48) hours.

Services:
ACT services will be provided based upon the assessment of an individual's mental, physical, and behavioral condition and history, which will be the basis for establishing the individual's functional deficits and recovery goals.

All medically necessary ACT services to be provided must be documented in a person-centered service plan. Any legal or criminal justice needs must be clearly identified in the goals and objectives. The person-centered service plan must be reviewed, and revised as appropriate, every ninety (90) calendar days.

Specific, measurable, achievable ACT recovery outcomes can include:
• Reduced hospitalizations, re-hospitalization, or use of emergency rooms
• Reduced arrests
• Reduced days of incarceration
• Reduced use of crisis services
• Increased housing stability
• Increased interactions with natural supports
• Increased engagement with employment or education
• Improved quality of life

Collateral contacts will occur with the individual's family, and others significant in their life, that provide a direct benefit to the individual and are conducted in accordance with, and for the purpose of advancing the person-centered service plan; and for coordination of services with other community and medical providers.

Medically necessary ACT Services include:
a. Assessment.
b. Assertive Engagement. Rehabilitative service focused on increasing an individual's engagement with treatment and recovery. It is an active process that includes active listening, shared decision-making, and outreach strategies.

c. Person-centered Planning.
d. Care Coordination.
e. Crisis Intervention.
f. Crisis Response.
g. Community Integration and Re-integration. Rehabilitative service that engages and assists individuals in the restoration of social, interpersonal, and basic living skills impacted by or lost as a result of mental illness which hinder an individual's ability to live in an integrated community setting. It is an active process that includes coordination of services and supports, assisting in transition from a hospital setting, identification or modification of supports, to promote community tenure and manage behavioral and physical health needs.
h. Medication Management.
i. Family Psychoeducation.
j. Integrated Co-occurring Substance Use Disorder (SUD) Treatment. Evidence-based rehabilitative service and practice using an integrated care model, and providing motivational interviewing, stage-wise interventions, cognitive-behavioral, harm reduction techniques, and linkage to community support groups, to restore functionality and promote recovery for individuals with dual recovery substance use disorder and mental illness.
k. Individual, Group, and/or Family Psychotherapy
l. Peer Support Services.
m. Family Peer Support Services.
n. Self-management and Skill Training. Rehabilitative skills training services to restore and maximize an individual's independence in personal health care and wellness by increasing the individual's awareness of the individual's physical and mental health status and the resources required to maintain physical health and effectively manage serious mental health conditions, including coping skills training, disability education, and relapse prevention training.
o. Psychosocial Rehabilitative Services. Rehabilitative service focusing on behavioral, social, communication, rehabilitation, and/or basic living skills training to increase a participant's functioning and decrease mental health and/or behavioral symptoms. This addresses an individual's ability to function adaptively in home and community settings. Examples of training areas that may be addressed include self-care, behavior, social decorum, avoidance of exploitation, anger management, budgeting, development of social support networks, and use of community resources.

Provider Qualifications:
ACT Services are provided by licensed professional staff, and by unlicensed staff under the supervision of licensed staff. The mobile, multidisciplinary team ACT team includes at least one of the following:
1) Licensed Clinical Professional Counselor (LCPC)
2) Licensed Clinical Social Worker (LCSW)
3) Licensed Marriage and Family Therapist (LMFT)
4) Licensed Masters Social Worker (LMSW)
5) Licensed Nurse Practitioner
6) Licensed Physician
7) Licensed Physician's Assistant
8) Licensed Practical Nurse
9) Licensed Professional Counselor (LPC)
10) Licensed Psychiatric Nurse
11) Licensed Psychiatric Nurse Practitioner
12) Licensed Psychiatrist
13) Licensed Psychologist
14) Licensed Registered Professional Nurse
15) Licensed Social Worker (LSW)
16) Any other behavioral health or substance use disorder license type recognized by the Idaho Division of Professional Licensing (DOPL)

Unlicensed staff must:
a) Be at least eighteen (18) years old.
b) Have attained a high-school diploma or equivalent.
c) Have at least six (6) months of documented direct care experience with individuals with Serious and Persistent Mental Illness (SPMI).
d) Completed State Medicaid Agency designated training.

Professional staff supervision for unlicensed staff occurs both formally, through direct supervision and clinical consultation availability, as well as informally, through regular organizational and service planning meetings, which are a hallmark of the ACT evidence-based practice model.

All ACT Services providers are required to have completed State Medicaid Agency identified training within ninety (90) calendar days of first rendering services.

Peer Support, including Youth Support - Provider Qualifications
1. Eighteen (18) years of age or older.
2. Obtained a high school diploma or GED.
3. Obtained State Medicaid Agency approved certification as a Peer Support Specialist or Recovery Coach.
4. Be supervised by a licensed behavioral health professional.
5. Completed a criminal history and background check or received a State Medicaid Agency waiver.
6. Completed State Medicaid Agency identified training.
7. For Youth, transitioned out of treatment at least one (1) year ago.
8. For Youth, completed endorsement as a Youth Support Specialist.

Family Support - Provider Qualifications
Family Support providers must receive training and certification as a Peer Support Specialist. Family Support providers must be supervised by an independently licensed clinician who has direct knowledge and contact with the families receiving the service.

Other 1937 Benefit Provided:
Audiology

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Yes

Provider Qualifications:
Other

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:
Certain services require prior authorization.

Audiologist services are covered for individuals with hearing disorders when provided by an audiologist who is licensed by the Speech and Hearing Services Board of the Idaho Board of Occupational Licenses.
~ Participants age twenty-one (21) and older are eligible to receive diagnostic audiology services necessary to obtain a differential diagnosis.
~ Participants under the age of twenty-one (21) are eligible to receive necessary audiometric services and supplies.
~ The State Medicaid Agency will prior authorize audiometric examination/testing if needed more frequently than once per year.

Jeffrey S. Beelaert, ISB No. 12384
Preston N. Carter, ISB No. 8462
Don Z. Gray, ISB No. 10070
Megann E. Meier, ISB No. 11948
GIVENS PURSLEY LLP
601 West Bannock Street
P.O. Box 2720
Boise, Idaho 83701-2720
Telephone: (208) 388-1200
Fax: (208) 388-1300
jbeelaert@givenspursley.com
prestoncarter@givenspursley.com
dongray@givenspursley.com
mem@givenspursley.com

Attorneys for Plaintiffs

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

RAMON, by and through next friend, G.C.; THOMAS, by and through next friend, C.G.; CAMERON, by and through next friend, B.E.; ANTHONY; and WENDY,

Plaintiffs,

v.

JULIET CHARRON, in her official capacity as Director, Idaho Department of Health and Welfare; SASHA O'CONNELL, in her official capacity as Deputy Director, Idaho Department of Health and Welfare; ROSS EDMUNDS, in his official capacity as Administrator, Division of Behavioral Health,

Defendants.

Case No. 1:25-cv-00676-DKG

DECLARATION OF COUNSEL IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER

I, Jeffrey S. Beelaert, declare:

1. I am one of the attorneys of record for the plaintiffs in the above-titled action. I have personal knowledge of the facts set forth herein, and I make this declaration on the basis of my personal knowledge and belief.

2. In accord with Rule 65(b), I have attempted to inform the defendants of the filing of this action and of the motion for a temporary restraining order. *See* F.R.C.P. 65(b). My efforts included:

a. At 9:25 am, on November 26, 2025, my legal assistant contacted the Idaho Attorney General's Office to inform them that our law firm would be filing a lawsuit involving the Idaho Department of Health and Welfare and that the filing was imminent. My legal assistant explained that our firm also would be moving for a temporary restraining order and preliminary injunction. She offered to provide courtesy copies of each filing, and she requested that the Attorney General's Office provide the contact information for the individual who should receive copies of the summonses, the complaint, the motion, and any associated documents.

b. At 11:02 am, on November 26, 2025, the Attorney General's Office indicated that all courtesy copies should be sent to Division Chief Tom Donovan at the Department of Health and Welfare.

c. At 3:06 pm, on November 26, 2025, I emailed a copy of the complaint to Mr. Donovan. *See* Exhibit A (attached here) (emails).

I also explained in the email that I would be filing a motion for a temporary restraining order and preliminary injunction but that it likely would not be filed the same day.

d. At 6:19 am, on November 28, 2025, shortly before filing the TRO motion, I again emailed Mr. Donovon to provide courtesy copies of the filings. *See id.*

3. The Court should issue a temporary restraining order without additional notice to the defendants. As set forth in the *Memorandum in Support of Plaintiffs' Motion for Temporary Restraining Order*, as well as in the declarations for each named plaintiff (filed under seal), there is a significant risk of irreparable harm to the health and safety of the individual plaintiffs as well as to all others similarly situated across the entire state of Idaho if Assertive Community Treatment (ACT) services no longer are provided to them on Monday, December 1, 2025.

4. Plaintiffs have severe mental illnesses, including schizophrenia, bipolar disorder with psychosis, and a history of failure with traditional mental health service models. ACT essentially acts as a treatment of last resort for them and for hundreds of other patients who, without comprehensive bundled services, likely will be at tremendous risk of serious harm. Plaintiffs have a history of harming themselves, of attempting suicide, and of harming others. Without ACT services, they face institutionalization or prolonged hospitalization.

5. Plaintiffs currently are medicated and supported by their ACT teams, and this Court should preserve the status quo. If ACT services no longer can be provided to plaintiffs (and to hundreds of other Idaho residents with severe mental illnesses), their conditions inevitably will deteriorate and they likely will become a danger to themselves and to others. Without ongoing ACT services and treatment from their provider teams, plaintiffs could be incarcerated, hospitalized, or institutionalized. These risks significantly outweigh the costs associated with continuing to provide ACT services while this litigation continues.

Dated: November 28, 2025.

GIVENS PURSLEY LLP

By *Jeffrey S. Beelaert*
Jeffrey S. Beelaert
Attorney for Plaintiffs

Jeff S. Beelaert

From: Jeff S. Beelaert
Sent: Friday, November 28, 2025 6:19 AM
To: 'Donovan, Tom - CO 10th'
Cc: Preston N. Carter; Don Z. Gray; Megann E. Meier
Subject: RE: Ramon, et al. v. Director Juliet Charron, et al. (D. Idaho) [EXTERNAL EMAIL] [GP-DMS.018546.0001.FID1305951]
Attachments: 1 Declaration of C.G._Executed_19230726_2.pdf; 2. Declaration of G.C._Executed_19231451_2.pdf; 3. Declaration of B.E._Executed_19231089_2.pdf; 4. Declaration of Anthony Executed_19230363_2.pdf; 5. Declaration of Wendy Executed_19230658_2.pdf; Exhibit A_Idaho Amend (excerpts).pdf; Memo iso Motion for TRO and PI.pdf; Motion for TRO and PI.pdf; Proposed Order Granting Motion for TRO and PI.pdf

Good morning, Tom.

I have attached courtesy copies of our motion for a TRO, the sealed declarations in support of the motion, our memo in support of the motion, and the draft order. I will be available today if you'd like to discuss. If you don't reach me at the number below, please use my cell phone: (202) 725-5483.

Jeff Beelaert
(208) 388-1218

From: Donovan, Tom - CO 10th <Tom.Donovan@dhw.idaho.gov>
Sent: Wednesday, November 26, 2025 3:26 PM
To: Jeff S. Beelaert <jbeelaert@givenspursley.com>
Cc: Preston N. Carter <prestoncarter@givenspursley.com>; Don Z. Gray <dongray@givenspursley.com>; Megann E. Meier <mem@givenspursley.com>
Subject: RE: Ramon, et al. v. Director Juliet Charron, et al. (D. Idaho) [GP-DMS.018546.0001.FID1305951] [EXTERNAL EMAIL]

EXTERNAL

Jeff:
Thanks for the heads up on this. Happy Thanksgiving to you as well.

Tom

Thomas A Donovan | Division Chief
Health & Human Services
Office of Attorney General Raúl R. Labrador
O: 208-334-5522 | M: 208-999-0188 | W: ag.idaho.gov

From: Jeff S. Beelaert <jbeelaert@givenspursley.com>
Sent: Wednesday, November 26, 2025 3:06 PM
To: Donovan, Tom - CO 10th <Tom.Donovan@dhw.idaho.gov>

Cc: Preston N. Carter <prestoncarter@givenspursley.com>; Don Z. Gray <dongray@givenspursley.com>; Megann E. Meier <mem@givenspursley.com>
Subject: Ramon, et al. v. Director Juliet Charron, et al. (D. Idaho) [GP-DMS.018546.0001.FID1305951] [EXTERNAL EMAIL]

Hi, Tom.

I hope all is well, and I hope that you have a nice Thanksgiving.

I write to provide a courtesy copy of a complaint that I just filed in federal district court for a group of individual plaintiffs on behalf of themselves and others similarly situated. I will serve a copy of the complaint and court-stamped summons as soon as we receive them back from the court. I anticipate that service will occur on Friday (Nov 28).

Because the purported cuts to the Assertive Community Treatment program are scheduled to go into effect on Monday (Dec 1), I will be filing a motion for a TRO/preliminary injunction. But that likely will not occur today. I'll send a courtesy copy to you as soon the motion and memo have been filed.

Thank you,

JEFF BEELAERT
GIVENS PURSLEY LLP
601 W Bannock St, Boise, ID 83702
P.O. Box 2720 (83701)
(208) 388-1218
jbeelaert@givenspursley.com
www.givenspursley.com

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

RAMON, by and through next friend, G.C.; THOMAS, by and through next friend, C.G.; CAMERON, by and through next friend, B.E.; ANTHONY; and WENDY,

Plaintiffs,

v.

JULIET CHARRON, in her official capacity as Director, Idaho Department of Health and Welfare; SASHA O'CONNELL, in her official capacity as Deputy Director, Idaho Department of Health and Welfare; ROSS EDMUNDS, in his official capacity as Administrator, Division of Behavioral Health,

Defendants.

Case No. 1:25-cv-00676-DKG

[PROPOSED] ORDER GRANTING PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION

Having considered the Motion for Temporary Restraining Order submitted by Plaintiffs Ramon, by and through next friend, G.C.; Thomas, by and through next friend, C.G.; Cameron, by and through next friend, B.E.; Anthony; and Wendy, the materials and declarations filed in this case, and for good cause shown, **IT IS HEREBY ORDERED THAT:**

1. Plaintiffs have established specific facts clearly showing that immediate and irreparable injury, loss, or damage will result to them before the defendants can be heard in opposition. Fed. R. Civ. P. 65(b)(1)(A). Absent preliminary injunctive relief requiring the defendants to provide Assertive Community Treatment services to

plaintiffs and others similarly situated across Idaho, plaintiffs likely will be institutionalized, hospitalized, or incarcerated. *See* C.G. Decl. ¶¶ 11–24 (Dkt. No. 3-1); G.C. Decl. ¶¶ 9–20 (Dkt. No. 3-2); B.E. Decl. ¶¶ 6–21 (Dkt. No. 3-3); Anthony Decl. ¶¶ 6–24 (Dkt. No. 3-4); Wendy Decl. ¶¶ 5–24 (Dkt. No. 3-5).

2. Plaintiffs' attorney properly has certified in writing any efforts made to give notice to the defendants.
3. The defendants are enjoined from making changes to the reimbursement procedures for Assertive Community Treatment services provided to plaintiffs and other Medicaid patients similarly situated in Idaho.
4. The defendants must continue to allow providers to offer Assertive Community Treatment services to plaintiffs and to all other Medicaid patients similarly situated in Idaho for a period of fourteen days—up to and including December 12, 2025, at 4:30 pm.
5. A hearing will be held at the first available time.

<<end of text>>
Submitted by:
Jeffrey S. Beelaert
Preston N. Carter
Don Z. Gray
Megann E. Meier
GIVENS PURSLEY LLP

Counsel for Plaintiffs