



# December 2018 Collaborative Rule Making Meeting

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# Introductions and Basic Overview

- ❖ Process
- ❖ Overview of Last Meeting
- ❖ Not in Chronological Order
- ❖ “Department Approved”

# Ground Rules

- ❖ Avoid repeat questions
- ❖ Everyone has a right to be heard
- ❖ Strive for solution focused comments
- ❖ Be specific
- ❖ Be respectful
- ❖ Not every comment will be responded to today but they will be responded to and posted to web

# Updates to Draft Rule Based On Feedback from November Meetings

❖ Happy Holidays

16.03.09.571.

## CHILDREN'S HABILITATION INTERVENTION SERVICES: DEFINITIONS.

- ❖ **01.** Annual. Every three hundred sixty-five (365) days except during a leap year which equals three hundred sixty-six (366) days.
  
- ❖ **03.** Clinical Assessment and Treatment Plan. A comprehensive treatment plan that guides the formation of developmentally appropriate objectives and strategies related to identified goals.
  
- ❖ **04.** Community. Natural, integrated environments outside the home, school, or DDA center-based settings.

## 16.03.09.571 CHILDREN'S HABILITATION INTERVENTION SERVICES: DEFINITIONS.

- ❖ **05.** Developmental Disabilities Agency (DDA). A DDA is an agency that is:
  - ❖ **a.** A type of developmental disabilities facility, as defined in Section 39-4604(7), Idaho Code, that is non-residential and provides services on an outpatient basis
  - ❖ **b.** Certified by the Department to provide therapeutic services to individuals with developmental disabilities or identified qualifying functional and/or behavioral needs in accordance with these rules; and
  - ❖ **c.** A business entity, open for business to the general public.

16.03.09.571

## CHILDREN'S HABILITATION INTERVENTION SERVICES: DEFINITIONS.

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- ❖ **06.** Human Services Field. A particular area of academic study that includes, but is not limited to, sociology, special education, rehabilitation counseling, and psychology as described in 42 CFR §483.430 (b)(5)(x).
- ❖ **07.** Intervention Services. Intervention services include outcome-based therapeutic services, professional consultation services, and crisis assistance for eligible individuals. Intervention services include teaching and coordinating methods of training with family members caring for their eligible individual.

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# 16.03.09.571

## CHILDREN'S HABILITATION INTERVENTION SERVICES: DEFINITIONS.

- ❖ **09.** Telehealth. Telehealth is an electronic real-time synchronized audio-visual contact between a qualified professional and participant for the purpose of treatment. The professional and participant interact as if they were having a face-to-face service. Telehealth services must be delivered in accordance with the Idaho Medicaid Telehealth Policy at <https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf>
- ❖ **10.** Treatment Fidelity. For the purposes of these rules, treatment fidelity consists of strategies that monitor and enhance the accuracy and consistency of an intervention to ensure it is administered in accordance to the model or evidence-based program from which it is derived.

## 16.03.09.573.

### CHILDREN'S HABILITATION INTERVENTION SERVICES: COVERAGE AND LIMITATIONS.

- ❖ **01.** Service Delivery. The children's habilitation intervention services allowed under the Medicaid state plan authority include evaluations, diagnostic and therapeutic treatment services provided on an outpatient basis. Habilitation intervention services may be delivered as community-based, home-based, or center-based in accordance with the requirements of this chapter.
  
- ❖ **02.** Required Referral. Children's habilitation intervention services must be recommended by a physician or other practitioner of the healing arts.

**16.03.09.573.  
CHILDREN'S HABILITATION INTERVENTION SERVICES:  
COVERAGE AND LIMITATIONS.**

- ❖ **03.** Required Screening. All participants must receive a needs screening to identify their functional and/or behavioral needs in accordance with medical necessity (per definition contained in Section 880 of this chapter of rules) and the criteria established by the Department. The screening must be completed prior to implementation of any services.

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# 16.03.09.573.08

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## Requirements for Program Documentation

- ❖ **08.** Requirements for Program Documentation. Providers must maintain records for each individual served. Each individual's record must include documentation of the individual's involvement in and response to the services provided. For each individual, the following program documentation is required:

## 16.03.09.573.08

### Requirements for Program Documentation

- ❖ **a.** Direct service provider information which includes written documentation of each visit made or service provided to the individual, including at a minimum the following information:
  - ❖ **i.** Date and time of visit;
  - ❖ **ii.** Services provided during the visit;
  - ❖ **iii.** A statement of the individual's response to the service, including any changes in his or her condition;
  - ❖ **iv.** Length of visit, including time in and time out; and
  - ❖ **v.** Location of service delivery.

## 16.03.09.573.08

### Requirements for Program Documentation

- ❖ **b.** A copy of the above information must be maintained by the provider. Failure to maintain such documentation may result in the recoupment of funds paid for undocumented services.
  
- ❖ **c.** Records will be retained by the Department as part of the participant's closed case record. Providers will be responsible to retain each individual's records for five (5) years following the date of service.

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## CHILDREN'S HABILITATION INTERVENTION SERVICES: PROCEDURAL REQUIREMENTS FOR SERVICE AUTHORIZATION.

- ❖ **01.** Physician Referral. Habilitation intervention services must be recommended by a physician, or other licensed practitioner of the healing arts within his or her scope of practice, under state law, to help improve individualized functional skills, develop replacement behaviors, and promote self-sufficiency of the individual, pursuant to Preventative Services as identified at 42 CFR §440.130(c).
- ❖ **a.** The habilitation intervention service provider may not seek reimbursement for services provided more than thirty (30) days prior to the signed and dated recommendation or referral.
- ❖ **b.** The physician's referral must be current (within 364 days) and obtained annually.

# 16.03.09.574.02.

## Components of Service Authorization Request.

- ❖ **02.** Components of Service Authorization Request.
- ❖ **a.** Habilitation Intervention Screening. Individuals must be determined eligible for habilitation intervention services. This information is identified through a screening tool required by the Department containing standard functional measurements. The screening must be conducted by a qualified professional as defined by the Department. The provider must:
  - ❖ **i.** Complete the Department-approved screening tool;
  - ❖ **ii.** Complete the Service Eligibility Determination form; and
  - ❖ **iii.** Maintain both the screening and service eligibility determination form in the individual's file.

## 16.03.09.574.02. Components of Service Authorization Request Continued

- ❖ **b.** Clinical Assessment and Treatment Plan.\* Using the information obtained from the required screening tool, the qualified provider conducts an assessment to evaluate the individual's strengths, needs, and functional abilities across environments. This process guides the development of intervention strategies and recommendations for services related to the individual's identified needs. The clinical assessment and treatment plan must:
  - ❖ **i.** Be completed within 30 days of determining initial eligibility.
  - ❖ **ii.** Be submitted to the Department or its contractor on a Department-approved form to obtain authorization for ongoing services.
  - ❖ **iii.** Be monitored and adjusted to reflect the current needs of the individual upon submission of each prior authorization request.

## 16.03.09.574.02. Components of Service Authorization Request Continued

- ❖ **iv.** Contain the minimum requirements pertaining the type of assessment used. For a standard assessment, this includes the minimum requirements as identified in Section 573.06 of these rules. For an advanced assessment, if identified as needed, this includes the minimum requirements in accordance with Section 573.07 of these rules. This assessment must be requested for prior authorization.
- ❖ **v.** Service delivery can be initiated once the individual is initially determined eligible while completing the clinical assessment and treatment plan. Initial habilitation intervention services may be delivered at a maximum of twenty-four (24) total hours during the planning phase up to 30 days.

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# 16.03.09.574.03

## Procedure for Prior Authorization.

- ❖ **03.** All habilitation intervention services identified on an individual's clinical assessment and treatment plan must be prior authorized by the Department or its contractor. The habilitation intervention provider is responsible for documenting and submitting the individual's Clinical Assessment and Treatment Plan to obtain prior authorization before delivering any habilitation intervention services.
- ❖ **a.** The initial service authorization request must be submitted to the Department or its contractor and must include:
  - ❖ **i.** Service Eligibility Determination Form and Screening Tool
  - ❖ **ii.** Service Hours Recommendation Checklist
  - ❖ **iii.** Clinical Assessment and Treatment Plan

## 16.03.09.574.03

### Procedure for Prior Authorization Continued

- ❖ **b.** Ongoing service authorization request must be submitted to the Department or its contractor and must include:
  - ❖ **i.** Updated Clinical Assessment and Treatment Plan
  - ❖ **ii.** Service Hours Recommendation Checklist
  - ❖ **iii.** Progress reporting that utilizes progress graphs that include trend and change lines
  - ❖ **iv.** Statement of individual status to include a report of goals met, not met, or modified and description of why if goals have not been met.
  - ❖ **v.** Summary of parent(s)/caregiver(s) response to teaching of coordinated methods.

## 16.03.09.574.03

### Procedure for Prior Authorization Continued

- ❖ **c.** The Department or its contractor will review and approve or deny the request and notify the provider of the decision. Prior authorization is intended to help ensure the provision of medically necessary services and will be approved according to the timeframes established by the Department and as described in the Medicaid handbook.

Submit Comments Now

## 576. CHILDREN'S HABILITATION INTERVENTION SERVICES: PROVIDER REIMBURSEMENT

- ❖ **01.** Reimbursement. The statewide reimbursement rate for children's habilitation intervention services was derived by using Bureau of Labor Statistics mean wage for the direct care staff providing the service, adjusted for employment-related expenditures, program-related costs, and general and administrative costs based on a cost survey. Reimbursement rates are set at a percentage of the statewide target reimbursement rate. The Department will take into consideration the factors of efficiency, economy, quality of care, and access to care when determining rates.

## 576. CHILDREN'S HABILITATION INTERVENTION SERVICES: PROVIDER REIMBURSEMENT

- ❖ **02. Cost Survey.** The Department will conduct a cost survey every five (5) years from a statistically appropriate number of provider association representatives in order to obtain cost data for employment-related expenditures, program-related costs, and general and administrative costs.

## 576. CHILDREN'S HABILITATION INTERVENTION SERVICES: PROVIDER REIMBURSEMENT Continued

- ❖ **03.** Claim Forms. Provider claims for payment must be submitted on claim forms provided or approved by the Department. General billing instructions will be provided by the Department.
- ❖ **04.** Rates. The reimbursement rates calculated for children's habilitation intervention services include both services and mileage. No separate charges for mileage will be paid by the Department for provider transportation to and from the participant's home or other service delivery location.

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# 16.03.09.577.

## CHILDREN'S HABILITATION INTERVENTION SERVICES: QUALITY ASSURANCE.

- ❖ **577.** The Department will establish performance criteria to meet federal assurances that measure the outcomes and effectiveness of the habilitation intervention services. Quality assurance activities will include the observation of service delivery with participants, onsite agency visits to review program protocol, and review of participant records maintained by the agency. All habilitation intervention providers will grant the Department immediate access to all information required to review compliance with these rules.

16.03.09.577.

## CHILDREN'S HABILITATION INTERVENTION SERVICES: QUALITY ASSURANCE.

- ❖ **01.** Quality Assurance. Quality Assurance consists of reviews to assure compliance with the Department's rules and regulations. The Department will visit providers to monitor outcomes, assure treatment fidelity, and assure health and safety. The Department will also gather information to assess family and child satisfaction with services. These findings may lead to quality improvement activities to enhance provider processes and outcomes for the child. If problems are identified that impact health and safety or are not resolved through quality improvement activities, implementation of a corrective action process may occur.

## 16.03.09.577.02 CHILDREN'S HABILITATION INTERVENTION SERVICES: QUALITY ASSURANCE.

- ❖ **02.** This is the policy developed for the HCBS process. However, the policy itself does not specify HCBS. If approved by Administration, we could place in the provider handbook or a centralized location to share this process as policy guideline. Quality improvement consists of the Department working with the provider to resolve identified issues and enhance services provided. Quality improvement activities may include:
  - ❖ **a.** Consultation, and/or
  - ❖ **b.** Technical assistance and recommendations.

## 16.03.09.577.03 Corrective Action.

- ❖ **03.** Corrective action is a formal process used by the Department to address significant, ongoing, or unresolved deficient practice identified during the review process. Corrective action, as outlined in the Department's Corrective Action Plan Process, includes but is not limited to:
  - ❖ **a.** Issuance of a corrective action plan,
  - ❖ **b.** Referral to Medicaid Program Integrity Unit, or
  - ❖ **c.** Action against a provider agreement.

Submit Comments Now