

Children's DD Enhancement Project
 October Rulemaking Collaboration Meetings Feedback & Responses
 Updated 10/24/2018

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
1	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	<p>Question: Who will be responsible for educating the family on the difference between HS and BI/HabSkill and help them decide what is best for their child?</p> <p>How will the parent know what direction to go for the "eligibility/screening" process between BI/Hab Skill and HS?</p>	<p>The project team is anticipating training families and providers on what the services are before and after July 1, 2019.</p> <p>There is a recommendation for increased educational material that families can access through public formats. The recommendation is provided up front education.</p>
2	10/3/18	Regional Meeting - Comment Card	16.03.09.572.03	Question: Will eligibility be similar to ITP: -1.5 in 2 domains?	No. The rule language at 16.03.10.572.03 states 2 standard deviations in a minimum of 3 domains. This aligns with State Statute.
3	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Comment: agencies should be able to use a Vineland-3 completed by any other agency, school district, or psychologist.	Thank you for comment, this is under consideration.
4	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Comment - Vineland and BASC has to be administered by a master level practitioner.	<p>To deliver the Vineland and/or the BASC the provider must meet ONE of the following requirements:</p> <ul style="list-style-type: none"> •A master's degree in psychology, education, occupational therapy, social work, counseling, or in a field closely related to the intended use of the assessment, and formal training in the ethical administration, scoring, and interpretation of clinical assessments. <p>OR</p> <ul style="list-style-type: none"> •Certification by or full active membership in a professional organization (such as ASHA, AOTA, AERA, ACA, AMA, CEC, AEA, AAA, EAA, NAEYC, NBCC) that requires training and experience in the relevant area of assessment. <p>OR</p> <ul style="list-style-type: none"> •A degree or license to practice in the healthcare or allied healthcare field. <p>OR</p> <ul style="list-style-type: none"> •Formal, supervised mental health, speech/language, occupational therapy, social work, counseling, and/or educational training specific to assessing children, or in infant and child development, and formal training in the ethical administration, scoring, and interpretation of clinical assessments. <p>Source: www.pearsonclinical.com</p>

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5	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Question/Comment: In one slide reference was mentioned that services need to be PA'd, does the screening tool also need to be authorized or approved?	The recommendation is that there will not be a requirement for prior-authorization of the screening tool.
6	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Question/Comment: How long do you anticipate the screening or tool to take?	20 to 60 minutes
7	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Question: Have you looked at parameters to ensure that multiple screenings are not occurring within the calendar year?	We are currently looking at parameter to ensure that multiple screenings do not occur in a calendar year.
8	10/4/18	Regional Meeting - WebEx	16.03.09.572.03	Comment: Recommend we look at ITPs qualification criteria for "presumptive" eligibility while an assessment is taking place. Can something similar be allowed for intervention?	Thank you for your comment, the team will look at the option of doing this.
9	10/4/18	Regional Meeting - WebEx	16.03.09.572.03.a	Comment: 03a the language used is "areas" but in 03b the language is "categories". Are these the same?	Thank you for your comment we will edit the rule language to be consistent. We will use "areas" in both a & b
10	10/4/18	Regional Meeting - WebEx	16.03.09.572.03	Comment: 03b calls out "maladaptive behaviors" but this isn't mentioned in 03a	Thank you for your comment, we are providing clarification in the draft rule.
11	10/4/18	Regional Meeting - WebEx	16.03.09.572.03	Comment: so if the screening was done by an agency but family chooses to change agencies, that initial work by the first agency seems lost. Is a second screening expected by the second agency as well?	Thank you for your question. The intent is that the participant receives only one screening prior to the initiation of services. The project team is still working to address procedures around completion of the screener and transfer of service from one provider to another.
12	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Question/Comment - would Liberty have the capacity to add on the additional number of participants these changes might incur.	Thank you for your comment, if it is identified that Liberty will be the entity to determine eligibility for Habilitation Intervention services it would be the expectation It would be part of the contract
13	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Comment- Like - the option of allowing families to choose DDA or Liberty.	Thank you for your comment.
14	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Comment: Prefer agencies do the assessments themselves.	Thank you for your comment.
15	10/4/18	Regional Meeting - WebEx	16.03.09.572.03	Comment: Eligibility says if the screening is completed by the dept or designee it doesn't need to be re-administered but what if it's completed by the school or a provider? Can this work in reverse? The language doesn't seem to allow that.	Thank you for your questions, we will continue to research what flexibility we have related to state plan assessments.
16	10/3/18	Regional Meeting - Comment Card	16.03.09.572.03	Comment: Let provider conduct assessment tool as well	Thank you for your comment.

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17			16.03.09.572.03	I remember how DDA's did assessment, think should have Liberty.	Thank you for your comment.
18	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Comment - would like to see the BASC as a tool - easily accessible, is normed.	Thank you for your comment.
19	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Comment - whatever assessment is chosen for eligibility should be the same with Liberty or the DDA.	Thank you for your comment.
20	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Question: Can the Department consider the ABAS III?	Thank you for comment, this is under consideration.
21	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Regarding the screening tool, determine which version of the tool you are using. For example, the different versions of the Vineland vary drastically in size and timeframes to complete.	Thank you for your comment, we will be changing the draft rule to include language around using the most current version of the screening tool. In addition, we will be adding similar language to the handbook.
22	10/4/18	Regional Meeting - WebEx	16.03.09.572.03	Question: what do other states use for their screening tools for their programs?	Thank you for your questions, we will continue to look at other states and we are willing to draft a summary document of our findings.
23	10/4/18	Regional Meeting - WebEx	16.03.09.572.03	Question: Could we discuss some of the differences between the SIB-R and the Vineland? What did the Department like about the Vineland that had us choose this as a Department approved?	The SIB-R is being replaced because this instrument has not been updated or re-normed since 1996. The electronic scoring options are not supported by current electronic systems. The Vineland 3 assesses adaptive functioning and maladaptive behaviors and was recently updated with new norms and scoring options. In addition to the parent/caregiver form, there is a teacher form for comparison if additional information is needed. Outreach to psychologists in our state indicated that the Vineland is a tool many of them use to assess functioning and they liked using this instrument to identify strengths and weakness in children
24	10/4/18	Regional Meeting - WebEx	16.03.09.572.03	Question: Did you talk to anyone who liked the ABAS?	We did, but they did not recommend it for a screening.

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25	10/4/18	Regional Meeting - WebEx	16.03.09.572.03	Staff comment: this eligibility determination is supposed to be regarding the screening for state plan services. Discussion of changing from the SIB-R by replacing with the Vineland confuses the screening with the DD eligibility assessment requirement by the IAP. Are we saying we are also allowing the use of the Vineland for the screening tool? This seems duplicative, especially if the screening is completed by an agency since the IAP would have to complete another Vineland to obtain support services.	Thank you for your comments and question. Current process does prevent the IAP from utilizing a tool completed by an agency. The project team has determined that the Vineland meets qualification as both a screening tool and DD eligibility assessment tool. The project team is researching options to prevent unnecessary duplication of the tool.
26	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Question: SBS does the Dept approved screening tool need to be updated every 364 days>	Thank you for your comment, we are currently evaluating how the process for screening is done.
27	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Question: Reference to rule language, referencing Dept. approved, meaning it is not in rule, but in the Dept documents or handbook. Is there a written process or guidelines about how to make changes to these documents?	The Department is currently revising the process for the provider handbook changes. It has been recommended that the Department will seek input from all stakeholders.
28	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Comment: Suggestion - name tool in rule followed by "and other Department approved tool." Follow-up comment - even using name of tool, version may change so would need to be broader (i.e., Vineland vs. Vineland 3).	Thank you for your comment, the Department is taking this into consideration.
29	10/3/18	Regional Meeting - WebEx	16.03.09.572.03	Comment - seems like could compromise by naming and putting "and any other department approved."	Thank you for your comment the team is taking this into consideration
30	10/3/18	Regional Meeting - WebEx		Comment - like definition for evidence based, but curious about why evidence informed is included. Why would we allow someone to provide a lesser quality service?	Thank you for your comment. We expect that providers who are delivering "evidence-informed" services do so by using elements or components of evidence-based techniques for which they have been trained. Currently Idaho has 1,372 providers delivering habilitative intervention to 2,862 children. Idaho is a vastly rural state and if, at this time, Idaho required all providers, delivering intervention service, to provide under an evidence-based model only we would eliminate access to services in many parts of the state.
31	10/3/18	Regional Meeting - WebEx		Comment - eclectic approach to treatment has been proven to be ineffective, particularly for children with ASD.	Thank you for your comment.
32	10/3/18	Regional Meeting - WebEx		C: The Denver model is only for a certain age group.	Thank you for your comment

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33	10/3/18	Regional Meeting - WebEx	16.03.09.573.04	Comment - Denver is an emerging model, not an evidence based.	The Department has determined that Denver model is acceptable as an evidence-based model.
34	10/3/18	Regional Meeting - WebEx	16.03.09.573.04	Comment - how would we ensure we are complying?	Compliance would be meeting the standards/requirements of the model you are credentialed in.
35	10/4/18	Regional Meeting - WebEx	16.03.09.573.04	Question: What about models like Floor time?	Thank you for your question. At this time, Floor time is considered an emerging program and would meet the qualifications of an Evidence Informed model, but not Evidence Based.
36	10/4/18	Regional Meeting - WebEx		Comment: Some "life skills" are common tasks and for a home-based system finding an evidence based or evidence informed technique seems overly complicated.	Thank you for your comment.
37	10/4/18	Regional Meeting - WebEx		Comment - concern with basic, common sense teaching. How will this work for families trying to develop plans?	Families will be assisted in development of their plans by the Evidence Based or Evidence Informed providers for those skills that require structured interventions.
38	10/4/18	Regional Meeting - Comment Card		Comment - Look at RDI as evidence based or informed for FDS Plans. We use an independent consultant who uses RDI - Would like to continue	Thank you for your comment. Please note, if the service is intervention, it would be covered through the state plan (i.e., Medicaid Card), and not as part of the FDS SSP.
39	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.a. i & 16.03.09.573.04.b. i	Question - With re: Habilitative Skill - currently done as PCS in schools. Will that change? What is the expectation?	No PCS will continue to be a service in schools and habilitative skills will be another option in schools. Yes, they both involved ADLs but HabSkill is more teaching a PCS is more serving than teaching.
40	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.b	Comment - Definition of BI beautifully written and positively worked but doesn't seem to address function of behavior. Was the term function intentionally or inadvertently left out?	It was in inadvertently left out. We will edit the current rule draft to include "function of behavior".
41	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.b	Question - Re: BI - not clear in rule about being able to access both. Needs to be clarified in rule.	Thank you for your comment, the team will look at what language we could use to clarify this rule.
42	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.c	Question: (maybe for next month) Can BC be provided by a Bachelor level pro or only Master?	This will be addressed in the November meeting.
43	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.c	Comment: Behavioral Consultation seems to be only for schools now and I thought all services were going to be for both school and community. Question: Has this changed?	We anticipate that this service would only be delivered in the schools.
44	10/4/18	Regional Meeting - WebEx	16.03.09.573.04.c	Comment: With Behavioral consultation, it would be nice if the schools would take into consideration external feedback. Some schools do not take input from external providers and incorporate that feedback.	Thank you for your comment.

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45	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.d	Question - IDT, training to help the direct service provider. How would that be billed in SBS so as not duplication.	The direct service provider would bill for the direct service and the interdisciplinary training provider would bill interdisciplinary training. We will be providing additional language.
46	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.d	Comment - would like to see IDT for Habilitative Skills as well.	Thank you for your comment, we will be editing draft to include interdisciplinary training in habskill as well.
47	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.d	Question: Interdisciplinary Training includes the word "medical" does that mean dental as well?	Yes, it does include dental. We will put a list of approved Medical professionals in the Provider handbook.
48			16.03.09.573.04.d	Interdisciplinary Training. First sentence says bachelors and masters, second says only masters. This needs to be revised to say bachelor or masters.	Rule language needs to be modified.
49	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.d	Question: SBS- if interdisciplinary training is provided during a related service- can both service be billed?	Interdisciplinary training would be billed while one rehabilitative or habilitative services is being billed. You would not bill two rehabilitative or habilitative services at one time.
50	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.d	Question: SBS Does interdisciplinary training need to be defined on the IEP service grid to bill?	All school-based services must be identified on the IEP. Medicaid does not have a requirement where on the IEP. Training will be provided before go-live.
51	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.e	Comment - Please include draft language regarding crisis intervention, as well as information about who can provide the service.	Thank you for your comment, we will be changing draft rule to include additional language to define what crisis looks like.
52	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.e	Question: Crisis definition talks about the individual. Can this include the parent or guardian? We have not served any children that are in crisis because they are incarcerated, we have children that are in crisis because now the parent is incarcerated.	The service of crisis is intended to address the crisis of the child. If the parent's incarceration causes the child to go into crisis as defined in the rules, then crisis would cover the crisis for the child.
53	10/4/18	Regional Meeting - WebEx	16.03.09.573.04.e	Comment to Crisis def and wording: The service intro is "this service is defined as" but the next section isn't defining the service but is defining what a crisis is. Recommend rewording.	Thank for your comment, the staff is recommending some changes to this section of rule.
54	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.a.i & 16.03.09.573.04.b.i	Comment: How to sustain a program that focuses on 1:1 services in the community. Group therapy is difficult to ensure each participant is working on unique goals.	Group services should be utilized when each of the child's goals can relate and benefit from group interaction.
55	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.a.i & 16.03.09.573.04.b.i	Question: Who determines if the child needs group services?	In the community the family, child and the person completing the clinical assessment and treatment plan identify if the child would benefit from group services. In the schools the IEP team determines that the child would benefit from group services.

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56	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.a.i & 16.03.09.573.04.b.i	Comment: group says up to three. Does that mean you can have a group of 1? Can't the language be clear and say a group of "two or three?"	Yes, we can clarify this rule to include a group of two or three individuals.
57	10/4/18	Regional Meeting - WebEx	16.03.09.573.04.a.i & 16.03.09.573.04.b.i	Comment: Appreciate the language "...delivered when the individual's goals relate to benefitting from group interaction"	Thank you for your comment.
58	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: Behavioral implementation plans are call behavior intervention plan in schools	Thank you for your comment.
59	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Question: is this where you believe therapeutic consultation will come in? Is it captured, that if we come in and do therapeutic consultation, then we would have to do an advanced assessment?	Starting on July 1, 2019 there will no longer be a service called therapeutic consultation.
60	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: Two assessments makes sense. Best practice would be to complete multiple assessments to get the whole picture of the child in multiple environments.	Thank you for your comment
61	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Comment - other states where these changes have taken place, one plan is the norm. For advanced would be the addition of the FBA. Can share templates.	Thank you for your comment
62	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: I like having two levels of assessment as some kids will need an additional assessment.	Thank you for your comment
63	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: I would prefer a range of hours for "assessments" and planning based on the complexity of the child, such as behavioral issues, out of home placement, etc..	Thank you for your comment
64	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Comment - Doesn't seem to flow - adds list in rule but then refers to handbook. Are there different lists?	Thank you, we will be recommending changes to rule to delete the "as outlined in the Idaho Medicaid Handbook"
65	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Question - states who will provide service. Title vs. Name. What happens if named person changes.	Thank you for your comment, it is anticipated that it is the provider qualification title and not the name of the provider. Training to the Clinical Assessment and Treatment Plan will be provider.
66	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Comment - nothing about treatment modality in the list. If move forward with Evidence Informed, would recommend that the practitioner identify what treatment modality is being utilized to create some form of accountability.	Thank you for your comment, the project team agrees and will be recommending changes to add to the clinical assessment and treatment plan document
67	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Question: Can have ongoing assessment hours instead?	Thank you we will take this into consideration as we work through the assessment and fee schedules.

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68	10/4/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: Experience is there can be resistance to completing additional assessments after one has been done. Resistance can be from providers or families or other places. Better to get it all completed at one time.	Thank you for your comment
69	10/4/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: Assessment could be done by same person and updated as child's needs change	Thank you for your comment
70	10/4/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: Currently, based on the level of staff that agencies have, obtaining a separate advanced level assessment may create additional barriers in some areas.	Thank you for your comment
71	10/4/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: Also acknowledge the need for some assessments that are completed to address basic skill needs and do not require extensive detail. Seems like there might need to be an option for an assessment that meets the needs of the child.	Thank you for our comment
72	10/4/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: idea of one assessment is preferred	Thank you for your comment
73	10/4/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: Parent feels that going to two locations for assessment would be confusing. Parent would like to get assessments from one person. Tell one person at one time the information.	Thank you for your comment
74	10/3/18	Regional Meeting - Comment Card	16.03.09.573.05	Comment: VB-MAPP as Dept. approved Assessment by provider to determine treatment	While the VB-MAPP does not meet the requirements for eligibility determination, it will be considered as a component of the Clinical Assessment and Treatment Plan. Other potential tools will be discussed in November.
75	10/4/18	Email	16.03.09.573.05.b	Is this two interviews (parents & direct caregiver), or one in which the parent is also the direct caregiver? Clarification please. Also, will there be a minimum number of interviews?	Thank you for your question. A minimum of one interview with the parent/decision making authority is required. If the parent/decision making authority is not the primary care giver, additional interviews would be expected. Rule modification is being recommended by the project team.
76	10/4/18	Email	16.03.09.573.05.c	... objective AND validated behavioral ... makes more sense If this has been obtained (e.g., from the IAP or psychologist), must another assessment be used? Or it MAY be used at the discretion of the professional? Using "behavioral" implies an assessment of behavior. Perhaps state developmental and/or behavioral?	Thank you for your comment. The project team has recommended changes to the rule language.

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77	10/4/18	Email	16.03.09.573.05.e	Will there be a minimum number of observations? Also, at times it is more appropriate to do multiple observations in one environment rather than two or more in different environments. I would like to be sure that this language does not limit the professional's clinical judgement.	Thank you for your comment. The intent of the rule language is at least 2 different observations are occurring in different environments. The project team is recommending clarification be provided in the Provider Handbook.
78	10/4/18	Email	16.03.09.573.05.f	Reinforcement inventory OR preference assessment?	Thank you for your comment. Rule language has been modified for clarification.
79	10/4/18	Email	16.03.09.573.05.g	Objective is defined; no need to be wordy and keep defining it. How about this language: Treatment plan including goals with related objectives and baseline for each objective?	Thank you for your comment. Rule language has been modified for clarification.
80	10/4/18	Email	16.03.09.573.05.i	A summary of this checklist should be in rule or this is not enforceable by rule. Also, if it is not in rule the checklist could potentially change at random times which is problematic for multiple reasons.	Thank you for your comment. This checklist is being developed and is anticipated will be discussed at the December meeting. Potential rule modifications will be discussed at that time.
81	10/4/18	Email	16.03.09.573.06	add "assessment and" between clinical treatment 06. Advanced Assessment. When an individual's complex needs require an advanced professional opinion, this assessment is requested for prior authorization. An advanced assessment supplements the current clinical <u>assessment and</u> treatment plan to provide	Thank you for your comment. Rule language change is being considered.
82	10/4/18	Email	16.03.09.573.06	MUST include an FBA? Previously, that was optional . . . Recommend that the FBA and number of observations, interviews, and assessments are left up to the request and PA process to ensure needs of participant are met.	Thank you for your comment. Rule language change is being considered.
83	10/15/18	Staff	16.03.09.573.05	Recommend changing to: Clinical Treatment Plan (Needs to be ACTP) must contain the below listed minimum requirements. Recommend removing language about provider handbook. All content areas are listed in rule. The rule 574.02.b.ii requires department approved form.	Recommend changing CATP to ACTP. Remove language "as outlined in handbook" in rule
84	10/15/18	Staff	16.03.09.573.05.c	term "behavioral assessment instrument" is not the term used in the ACTP. It is called specific skills assessment/comprehensive developmental assessment" recommend changing to decrease confusion.	Change rule term to Specific Skills Assessment/Comprehensive Developmental Assessment
85	10/15/18	Staff	16.03.09.573.05.g	refer to treatment plans recommend stating it as "treatment implementation plans"	The implementation part of the plan will be referred to as the implementation plan

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86	10/15/18	Staff	16.03.09.573.06	advanced assessment: Recommend changing title to Advanced ACTP. recommend removing FBA term since advanced assessment is an FBA. Recommended language: "Advanced assessment must include additional observations, clinical interviews and assessment tools. If Identified a functional analysis may be included".	Will remove advanced assessment
87	10/15/18	Staff	16.03.09.573.07.b	uses term plan of care, recommend changing ACTP to assure consistency in terms.	Yes
88	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Question: is the clinical assessment and treatment plan required in schools or do the IEP and eligibility meet the requirement?	The team is still looking into this.
89	10/3/18	Regional Meeting - WebEx	16.03.09.573.05	Question: SBS- if it is the same (assessment and treatment plan) do we have to follow the same criteria?	The team is still looking into this.
90	10/3/18	Regional Meeting - WebEx	16.03.09.573.07	Comment: The kid must be present, when the supervision is provided, but it's not billable? This approach seems awkward when you are engaging a staff in front of the child	Thank you for your comment, the project team will need to take some time to review this.
91	10/4/18	Regional Meeting - WebEx	16.03.09.573.07	Question: Is this supervision service for EBM only or is there a service for Evidence Informed as well?	Yes, supervision is for EBM only. Evidence-informed services already have the rates built into the service reimbursement.
92	10/15/18	Staff	16.03.09.573.07	. EBM Supervision. Recommend stating: must be delivered in accordance with the model. The way it is written currently would not let a specialist to supervise a para.	Change rule to "must be delivered in accordance with model"
93	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.a & 16.03.09.573.04.b	Question - if Family Training is incorporated into the service, how does that impact SBS?	Thank you for your question; the team will need more time to discuss this before we have a complete understanding of the impact.
94	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.a & 16.03.09.573.04.b	Question - Could family training be an option rather than a requirement? Does the rule need clarification?	Thank you for your question, we will be clarifying the rule text to include it as an option and not a requirement.
95	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.a & 16.03.09.573.04.b	Question: Do we have to limit family training to family member?	No, we do not need to limit to family members. We will edit the current draft rule to include language others who participate in the child's care.
96	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.a & 16.03.09.573.04.b	Comment - SBS does eligibility, behavioral, and FBA/BIF. But plan for parent/caregiver training would be difficult for schools.	We appreciate your feedback and will look further into this as a team.
97	10/3/18	Regional Meeting - WebEx	16.03.09.575	Comment: when defining a service, look at who can provide the service, not as much as what it is	Thank you, in the October meeting we covered the services and in November we will be discussing the provider qualifications to deliver services.

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98	10/3/18	Regional Meeting - WebEx	16.03.09.575	Question - How does someone become certified or credentialed to become EBM certified?	It would depend on the evidence-based model you would be pursuing. Each evidence-based model has its own requirements.
99	10/3/18	Regional Meeting - WebEx	16.03.09.575	Comment - would seem to make sense to include credential of provider in rule, rather than just stating EBM.	Thank you for your comment, the team is taking this into consideration.
100	10/3/18	Regional Meeting - WebEx	16.03.09.575	Comment - feels like this is the department's way of not making it feel threatening for those who are not BCBA's. Reality is the BCBA have all the skills to implement. How is the Department going to track and monitor various certifications? Evidence Informed and BCBA rather than EBM.	Assuring qualifications of agency staff would be the responsibility of the agency. The Department will monitor during quality assurance.
101	10/4/18	Regional Meeting - WebEx	16.03.09.575	Comment: Concerns about provider quals for small towns for families accessing FDS	Thank you, we will discuss provider qualifications during the November meeting.
102	10/4/18	Regional Meeting - Comment Card	16.03.09.575	Comment - Would like to see education & Possibility of certification so we can keep the workers we hire. We live in a rural community & it would be extremely difficult to get bachelor's/master's level. I feel the rural communities & FDS plans will suffer with the present drafts.	Thank you for your comment. Provider qualifications will be addressed during the November meetings.
103	10/4/18	Regional Meeting - Comment Card	16.03.09.575	PCS has a para qualification for children who just need basic skills (laundry, teeth brushing, etc). Recommend considering a para just for skill.	Thank you for your comment. Provider qualifications will be discussed in November.
104	10/3/18	Regional Meeting - WebEx	16.03.09.575	Comment: School-based services Credentials- Do employees with the grandfathered IBI credential still meet the criteria to bill as an "Intervention Professional" for "Behavior Intervention" Services after 7-1-19	Thank you for your question, we will be addressing provider qualifications in November.
105	10/4/18	Regional Meeting - WebEx		Question: How will this effect FDS?	Thank you for questions, provider qualifications will be covered in the November meetings.
106	10/3/18	Regional Meeting - WebEx		Question: SBS: Do the current CBRS services remain the same after 7-11-19, or will that service be crisis intervention?	Yes, CBRS remains the same, it will not be crisis intervention.
107	10/3/18	Regional Meeting - WebEx		Question: CBRS: Where do CBRS services fall on 7-1-19?	They will live as they do today.
108	10/3/18	Regional Meeting - WebEx	16.03.09.570	Comment - Definition in 16.03.09.570 for Children's Habilitation Intervention Services is limited by adding the words "Applied Behavioral Analysis"	The identified evidence-based and evidence-informed therapeutic techniques are based on ABA principles. At this point, the project team has not identified any scientifically proven techniques or processes that are not ABA based. If there are techniques not based off ABA, that should be considered, the team would appreciate information related to those techniques.

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109	10/3/18	Regional Meeting - WebEx	16.03.09.570	Question: reference has been made to medical necessity requirements. Some older conversations have indicated respite is not medically necessary, is this still the case?	For a service to be reimbursed by Medicaid the service being delivered must meet some level of medical necessity.
110	10/3/18	Regional Meeting - WebEx		Question - Why cap on service?	Currently the only service that requires a cap is behavioral consultation. When a soft-cap is included in state plan services ensure that services are delivered in an amount not to exceed what is medically necessary. If a child needs additional services and there is documented medical necessity, additional amounts can be requested.
111	10/3/18	Regional Meeting - Comment Card		Comment: Provider can do the educating of service options (we do it now as it is)	Thank you for your comment.
112	10/4/18	Regional Meeting - WebEx		Comment to BI/HabSkill: Concern that this will add more people into a family's life/schedule when there are already many professionals involved. Why do we have to separate a child's support needs, behavior needs, and life skills need. This will be especially difficult in rural areas. The delivery of the service needs to be integrated into the person's life instead of having many people involved into their life.	Thank you for your comment, we understand that this is a concern particularly for family-directed families. Based on the requirements for funding sources supports and intervention services must be separated. Please note that families still have choice in the services they are accessing.
113	10/3/18	Regional Meeting - WebEx	16.03.09.574.03	Question: who is saying yay or nay to this PA? who are providers going to ask for the advanced PA for the assessment?	Currently, we are pursuing an independent provider to do the prior-authorizations. Additional information will be shared in the December or January meeting.
114	10/3/18	Regional Meeting - Comment Card	16.03.09.571.04	571.04 - Natural "Inclusive"	Thank you for your comment. The wording suggestion will be considered.
115	10/3/18	Regional Meeting - WebEx	16.03.09.573.04.c.ii	Comment: Clarification: Clarify what type of year calendar vs school year.	Thank you for your comment, the project team will clarify rule to further define a "year".
116	10/4/18	Email		I like that the plan is to get through the rules quickly, input the information, and review the next draft together before legislative session. However, I do not think there was enough time during the comment periods today for all the comments, questions, feedback, etc. DHW could allow more time for regional discussion or anticipate more minutiae type comments when checking with each region for comments. I am sure there are other ways to address this, such as written comments.	Thank you for your comment. Written comments are solicited during each session and are encouraged at any time.
117	10/4/18	Regional Meeting - WebEx		When you add in the new language, ensure to update the intro to the sections as well.	Thank you for your comment

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118	10/3/18	Regional Meeting - WebEx		Comment - the codes that CMS is recommending (T codes) aren't moving into standard codes, and AMA recommending ability to bill both at the same time.	Thank you for your comment, we are currently exploring options to utilize the codes that AMA is recommending.
119	10/3/18	Regional Meeting - WebEx		Comment - clarification about loss of Therapeutic Consultation. Also looks as if Behavioral Consultation is for schools only.	Because of federal guidelines therapeutic consultation cannot be a standalone intervention service in the State Plan. The drafted State Plan services were cross-walked with the service of therapeutic consultation and the project team believes that all components of therapeutic consultation are captured within the State Plan. Yes, behavioral consultation is a service for schools
120	10/3/18	Regional Meeting - WebEx		Comment: When will the draft rules be available in writing?	It is anticipated that the updated draft will be available in January 2019.
121	10/3/18	Regional Meeting - WebEx		Question: Can you provide the information (Liberty vs DDA completing vineland) prior to the meetings, so that people can research and think about these before hand	As soon as we have a decision from administration we will communicate with stakeholders.
122	10/3/18	Regional Meeting - WebEx		Question: Do children need to access children services to receive EPSDT? What about those participants receiving adult services under the age of 21?	The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. Anyone with Medicaid under the age of 21 is eligible to receive benefits under EPSDT without a requirement to access other children's services.