

The information in this document will be included in the provider handbook on the Molina provider portal at www.idmedicaid.com no later than October 1, 2011. The numbering for each section will change. Please refer to the Molina website for the most up to date version of the handbook after October 1.

Children’s Developmental Disabilities Services

1. Overview

The phased implementation for the children’s redesign began July 1, 2011, and will continue over the next year until all children are transitioned into the new benefits. The new children’s developmental disabilities (DD) services system includes a greater array of benefits to replace developmental therapy and intensive behavioral intervention, includes an independent assessment process, and offers case management for families.

Also under the new system there is opportunity for individuals and agencies to enroll under different provider specialties other than Developmental Disabilities Agencies (DDA). The following is a list of providers able to enter into a Medicaid provider agreement and deliver the redesign services:

- Developmental Disabilities Agencies
- Developmental Disabilities Agencies, Support Only
- Independent Respite Provider
- Independent Therapeutic Consultation Provider
- Independent Crisis Professional Provider

DDA’s currently under provider agreement continue to operate under their same provider specialty. At the time of recertification or earlier if desired, agencies can decide to continue as a DDA and offer all of the children’s DD services, or choose to only offer support services and change their provider specialty to DDA – Support Only.

Be sure to visit the website at www.redesignforchildren.medicaid.idaho.gov for forms, processes, contact information, and ongoing updates.

Under the redesigned system, there are three benefit packages available for families:

- Children’s Home and Community-Based Services State Plan Option (Children age 0 -17 meeting DD criteria)
- Children’s Developmental Disabilities Waiver (Children age 0 – 17 meeting DD criteria and institutional level of care)
- Children’s Act Early Waiver (Children age 3 through 6 meeting DD criteria and institutional level of care who have autism or maladaptive behaviors)

2. Department Prior Authorization Process

Prior authorization involves the assessment of the need for services, development of a budget, development of a plan of service, prior approval of services, and a quality improvement program. Services are reimbursable if they are identified on the authorized plan of service and are consistent with the purpose and rule for prior authorization as well as rules for the specific service. The Department’s prior authorization process is outlined in IDAPA 16.03.10 “Medicaid Enhanced Plan Benefits”, Sections 520 through 528.

2.1. Eligibility Determination and Assessments

Initial and annual assessments must be performed by the independent assessment provider under contract with the Department. The purpose of the eligibility assessment is to determine a child's eligibility for developmental disabilities services and their level of care. When a child is determined eligible, the independent assessor will assign the child an annual budget amount that will be used for their DD services.

The child's budget amount covers services that are a part of the children's developmental disabilities program including: respite, habilitative supports, family education, habilitative intervention evaluation, habilitative intervention, family training, and interdisciplinary training.

Services under the children's DD program that are not included in the budget include: Therapeutic consultation and crisis intervention. These services are subject to prior authorization and have separate limitations. Also not included in the child's budget is children's DD case management.

The child's budget also does not include services outside of the children's DD program that are otherwise covered by the child's Medicaid card. Examples of services not included in the child's budget: Occupational therapy, physical therapy, speech-language pathology, personal care services, mental health services, medical services, transportation, etc.

Prior to receiving developmental disabilities services, children must be determined eligible by the independent assessment provider. See IDAPA 16.03.10 "Medicaid Enhanced Plan Benefits", Section 522 for a description of the requirements for eligibility determinations.

2.2. Family-Centered Planning

The family-centered planning process involves the collaboration of a family-centered planning team to develop the plan of service for the child. The process is facilitated by a case manager (in IDAPA rule, the case manager is referred to as the paid plan developer and paid plan monitor). The family-centered planning team includes, at a minimum, the child (unless otherwise determined by the team), the parent or legal guardian and the child's case manager. The team may include others identified by the family or agreed upon by the family and the Department as important to the process.

2.2.1. Plan Development

In collaboration with the family and child, the Department must ensure that the child has one plan of service. The services and supports on the plan of service must be written within the child's budget. The plan must include all services and supports, including services not funded by Medicaid.

The family may use the Department's case manager, or develop their own plan. Non-paid plan development may be provided by the family, or a person of their choosing when this person is not a paid provider of services identified on the child's plan of service. The plan of service must always be authorized by the Department prior to implementing services.

The child's plan of service includes a planning assessment, and identifies the following:

- Family's identified needs
- Goals to be addressed within the plan year
- Type of supports and services (including services not funded by Medicaid)

- Service provider
- Frequency and costs for services
- Budget utilization
- Target dates
- Methods for collaboration

Families are provided with a list of all willing and qualified providers for children's DD services in the State of Idaho. If the family has not selected a provider at the time of plan development, they will need to identify a provider shortly after the planning meeting. Once a provider has been identified, the provider must contact the Department to validate that they will be the child's provider for services. DDA providers are to use the DDA Choice Form, located on the children's redesign website, and cannot deliver services until the form has been submitted and authorization has been obtained from the Department.

2.2.2. Plan Monitoring

The family-centered planning team must identify the frequency of monitoring. Monitoring of the plan of service must take place at least every six (6) months, and must be a face-to-face meeting with the child and family at least annually.

Plan monitoring includes the following:

- Review of the plan of service with the parent or legal guardian to identify the current status of programs and changes if needed
- Contact with service providers to identify barriers to service provision
- Discussion with parent or legal guardian about their satisfaction regarding quality and quantity of services
- Review of provider status reviews

Providers of habilitative supports, habilitative intervention and family training must complete a six (6) month and annual provider status review. The provider status review must be submitted to the plan monitor within forty-five (45) calendar days prior to the expiration of the existing plan of service.

The child's plan of service may be adjusted during the year with an addendum to the plan. These adjustments must be based on changes in the child's need or demonstrated outcomes. Adjustment of the plan of service requires a parent's or legal guardian's signature, and providers will need to obtain a newly authorized plan of service before adjustments can be made to service delivery.

The child's plan of service must be reauthorized annually. The Department must review and authorize the new plan of service prior to the expiration of the current plan. At least 45 calendar days prior to the expiration of the existing plan of service, the case manager will:

- Notify the providers who appear on the plan of service of the annual review date.
- Obtain a copy of the current annual provider status review from each provider for use by the family-centered planning team.
- Convene the family-centered planning team to develop a new plan of service.

If the family is reapplying for waiver services after at least a thirty (30) calendar day lapse in service, the independent assessment provider must evaluate whether assessments are current and accurately describe the status of the child prior to developing a new plan of service.

3. Children’s DD Benefit Packages

Under the redesigned system, there are three benefit packages available for families:

- Children’s Home and Community Based Services State Plan Option
- Children’s Developmental Disabilities Waiver
- Children’s Act Early Waiver

3.1. Children’s Home and Community Based Services State Plan Option

3.1.1. Eligibility

The Children’s Home and Community Based Services (HCBS) State Plan Option offers services for children:

- Age birth through seventeen (17), and
- With a developmental disability as defined in 16.03.10 “Medicaid Enhanced Plan Benefits”, Sections 500 through 506.

3.1.2. Program Requirements

3.1.2.1. General Requirements for Program Documentation

The provider must maintain records for each child served. Each child’s record must include documentation of the child’s involvement in and response to the services provided. The direct service provider must include written documentation of the service provided during each visit made to the child, which contains at a minimum the following information:

- Date and time of visit.
- Intervention or support services provided during the visit.
- A statement of the child's response to the service.
- Length of visit, including time in and time out.
- Specific place of service.
- A copy of the above information will be maintained by the provider. Failure to maintain such documentation will result in the recoupment of funds paid for undocumented services.

3.1.2.2. Requirements for Following the Plan of Service

Providers of home and community-based services must coordinate with the family-centered planning team as specified on the plan of service. Providers must be identified as the family’s selected provider, and can only deliver services in accordance with the type, amount, duration, and frequency specified on the plan of service. Services delivered that are not authorized on the plan of services may be subject to recoupment by the Department.

3.1.2.3. Records Maintenance

Providers must retain participant records for those to whom they provide services for five (5) years following the last date of service.

3.1.2.4. Payment

Medicaid reimburses children’s HCBS state plan services on a fee-for-service basis. See CMS 1500 Instructions for the list of billing codes for the covered services.

3.1.2.5. Services Delivered by a Developmental Disabilities Agency (DDA)

In order for a DDA to provide respite, habilitative supports, and family education, the DDA must be certified to provide support services in accordance with IDAPA 16.03.21 “Developmental Disabilities Agencies”. Each DDA is required to provide habilitative supports.

3.1.2.6. Clinical Supervision

A clinical supervisor must be employed by a DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for:

- The supervision of service elements of the agency, including face to face supervision of agency staff providing direct care services.
- The observation and review of the direct services performed by all staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services.
- The completion of provider status reviews.

Clinical supervisor qualifications are found in IDAPA 16.03.21 “Developmental Disabilities Agencies”.

3.1.3. Traditional Option Benefits

All children’s HCBS state plan services must be identified on a plan of service developed by the family-centered planning team, and must be recommended by a physician or other practitioner of the healing arts. The following services are reimbursable when provided in accordance with IDAPA 16.03.10 “Medicaid Enhanced Plan Benefits”, Sections 660-666:

3.1.3.1. Respite

3.1.3.1.1. Service Description

Respite provides supervision to the child on an intermittent or short-term basis because of the need for relief of the primary unpaid caregiver. Respite is also available in response to a family emergency or crisis, or may be used on a regular basis to provide relief to the caregiver.

DDA providers may provide respite in the child’s home, the private home of the respite provider, a DDA, or in the community. DDA providers may also provide respite in an individual or group setting.

Independent respite providers may provide respite in the child’s home, the private home of the respite provider or the community, and the respite can only be provided in an individual setting.

The following limitations apply for respite services:

- Payment cannot be made for room and board.
- Must only be offered to children living with an unpaid caregiver who requires relief.
- Cannot exceed fourteen (14) consecutive days.
- Cannot be provided at the same time other Medicaid services are being provided.
- Cannot be provided on a continuous, long-term basis as a daily service to enable an unpaid caregiver to work.

- The respite provider must not use restraints on the child, other than physical restraints in the case of an emergency. Physical restraints may only be used in an emergency to prevent injury to the child or others, and must be documented in the child’s record.
- When respite is provided by a DDA as group respite, the following applies:
 - When group respite is center-based, there must be a minimum of one (1) qualified staff providing direct services to every six (6) participants. As the number and severity of the participants with functional impairments or behavioral issues increases, the staff-to-participant ratio must be adjusted accordingly.
 - When group respite is community-based, there must be a minimum of one (1) qualified staff providing direct services to every three (3) participants. As the number and severity of the participants with functional impairments or behavioral issues increases, the staff-to-participant ratio must be adjusted accordingly.

3.1.3.1.2. Provider Qualifications

Respite may be provided by a certified Developmental Disabilities Agency (DDA), or by an independent respite provider. An independent respite provider is an individual who has entered into a provider agreement with the Department. To enroll as a Medicaid provider, go to the Molina website at www.idmedicaid.com/default.aspx and follow the steps for provider enrollment.

Providers of respite services must meet the following minimum qualifications:

- Must be at least sixteen (16) years of age when employed by a DDA or at least eighteen (18) years of age and be a high school graduate, or have a GED, to act as an independent respite provider.
- Meet the qualifications prescribed for the type of services to be rendered, or must be an individual selected by the child, the family, or the child’s guardian.
- Have received instructions in the needs of the child who will be provided the service.
- Demonstrate the ability to provide services according to a plan of service.
- Must satisfactorily complete DHW’s criminal history background check process.
- When employed by a DDA, must be certified in CPR and first aid in accordance with the general training requirements in accordance with 16.03.21 “Developmental Disabilities Agencies”. When acting as an independent respite provider, must be certified in CPR and first aid prior to delivering services, and must maintain current certification thereafter.

3.1.3.1.3. Record Keeping

The respite provider must maintain records for each child served as described in this handbook under Section 3.1.2.1, “General Requirements for Program Documentation”.

3.1.3.2. Habilitative Supports

3.1.3.2.1. Service Description

Habilitative Supports provides assistance to a child with a disability by facilitating the child’s independence and integration into the community. This service provides an opportunity for children to explore their interests, practice skills learned in other therapeutic environments, and learn through interactions in typical community activities.

Integration into the community enables children to expand their skills related to activities of daily living and reinforces skills to achieve or maintain mobility, sensory-motor, communication, socialization, personal care, relationship building, and participation in leisure and community activities.

Habilitative Supports ensures the child is involved in age-appropriate activities and is engaging with typical peers according to the ability of the child.

The following limitations apply for habilitative supports:

- Cannot be used to supplant services provided in school or therapy, or supplant the role of the primary caregiver.
- When habilitative supports is provided as group supports, there must be a minimum of one (1) qualified staff providing direct services to every three (3) children when provided as group habilitative supports. As the number and severity of children with functional impairments increases, the staff-to-child ratio will be adjusted accordingly.

3.1.3.2.2. Provider Qualifications

Habilitative supports must be provided by a certified DDA.

Providers of habilitative supports must meet the following minimum qualifications:

- Must be at least eighteen (18) years of age.
- Must be a high school graduate or have a GED.
- Have received instructions in the needs of the child who will be provided the service.
- Demonstrate the ability to provide services according to a plan of service.
- Must have six (6) months supervised experience working with children with developmental disabilities, and this can be achieved in the following ways:
 - **Previous Work Experience.** Have previous work experience gained through paid employment, university practicum experience, or internship; or
 - **On-the-Job Supervision.** Have on-the-job supervised experience gained through employment at a DDA with increased supervision. Experience is gained by completing at least six (6) hours of job shadowing prior to the delivery of direct support services, and a minimum of weekly face-to-face supervision with the clinical supervisor for a period of six (6) months while delivering services.
- Must complete competency coursework approved by the Department prior to the delivery of the service, to demonstrate competencies related to the requirements to provide habilitative supports.
 - The competency coursework approved by the Department is an on-line competency training consisting of 4 modules.
 - For competency coursework, go to the Idaho Centers on Disabilities and Human Development website at <http://www.idahocdhd.org/itc/HabilitativeSupports.aspx> to access the training modules.

In addition to the habilitative support qualifications listed above, habilitative support staff serving children birth to three (3) years of age must meet the following qualifications:

- Have transcribed courses for a minimum of a Child Development Associate degree (CDA) or the equivalent through completion of twelve (12) semester credits from an accredited college or university in child development, special education, or closely-related coursework; or

- Have three (3) years of documented experience providing care to infants, toddlers, or children less than five (5) years of age with developmental delays or disabilities under the supervision of a child development.

3.1.3.2.3. Record Keeping

The habilitative supports provider must maintain records for each child served as described in this handbook under Section 3.1.2.1, “General Requirements for Program Documentation”.

In addition to the general requirements, the following must also be completed:

- On a monthly basis, the habilitative support staff must complete a summary of the child’s response to the support service and submit the monthly summary to the clinical supervisor.
- The clinical supervisor reviews the summary on a monthly basis and when recommendations for changes to the type and amount of support are identified, submits the recommendations to the child’s case manager.

3.1.3.2.4. Reporting Requirements

The clinical supervisor must complete at a minimum, 6 month and annual provider status reviews for habilitative support services provided, or more frequently as required on the plan of service.

- Documentation of the 6 month and annual reviews must be submitted to the child’s case manager. Status reviews must be submitted forty-five (45) calendar days prior to the expiration of the existing plan of service.
- The provider must use Department-approved forms for provider status reviews. Department forms are available at www.redesignforchildren.medicaid.idaho.gov.

3.1.3.3. Family Education

3.1.3.3.1. Service Description

Family education is professional assistance to families to help them better meet the needs of the child. It offers education to the parent or legal guardian that is specific to the individual needs of the family and child as identified on the plan of service.

Family education is delivered to families to provide an orientation to developmental disabilities and to educate families on generalized strategies for behavioral modification and intervention techniques specific to their child’s diagnoses. It may also provide assistance to the parent or legal guardian in educating other unpaid caregivers regarding the needs of the child.

When family education is provided in a group setting, the group must not exceed five (5) families of children with developmental disabilities receiving services.

3.1.3.3.2. Provider Qualifications

Family education must be provided by a certified DDA.

Providers of family education must meet the following minimum qualifications:

- Must hold at least a bachelor’s degree in a human services field from a nationally-accredited university or college. A human services field is a particular area of academic study in health care, social services, education, behavioral science or counseling.
- Have one (1) year experience providing care to children with developmental disabilities.

- Must complete competency coursework approved by the Department to demonstrate competencies related to the requirements to provide family education. The requirements for competency coursework are as follows:
 - Transcript must contain the nine (9) credit hours of required courses listed in the table below from an accredited university or college.
 - The nine credits must be equivalent to 3 credit hours from each of the 3 areas, and the course must contain at least the minimum course content listed in the table.

Note: Professional Development courses from an accredited university are accepted if they are the equivalent to a 3 credit university or college course.

Habilitative Intervention Coursework Requirements

Required Course	Course content must include the following components:
ABA	Scientifically based behavior change methods, functional assessments, observation methods, goal and objective writing, various reinforcement techniques, data collection and interpretation, development and monitoring of an appropriate intervention based on the function of the problem behavior.
Child Development	Child development, learning and cognitive development (the majority of the course must contain materials focusing on infancy through adolescents).
Learning Theory Or Psychology of Learning	Development of learning and understanding, including developmental stages, principles of learning, learning styles and processes that lead to comprehension.

- Individuals working as Developmental Specialists for children ages birth through three (3) or three (3) through seventeen (17), and individuals certified as Intensive Behavioral Interventionist professionals prior to July 1, 2011 are qualified to provide family education until June 30, 2013. The individual must meet the requirements of the Department-approved competency coursework and obtain a certificate of completion by June 30, 2013 in order to continue delivering family education.

In addition to the family education qualifications above, family education staff serving children birth to three (3) years of age must have a minimum of two hundred forty (240) hours of professionally-supervised experience with young children who have developmental disabilities, as well as must meet one (1) of the qualifications listed in IDAPA 16.03.10.665.04.

3.1.3.3.3. Ongoing Training

Professionals providing family education services must complete at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions shown to be effective.

If the individual has not completed the required training during any yearly training period, they cannot provide family education beginning with the anniversary date of the following period, and thereafter, until the required number of training hours have accumulated.

As training hours accumulate, they will be accounted first to any training-deficient prior yearly period before being applied to the current annual training period. Training hours may not be earned in a current annual training period to be applied to a future training period.

3.1.3.3.4. Record Keeping

The family education provider must maintain records for each child served as described in this handbook under Section 3.1.2.1, “General Requirements for Program Documentation”.

In addition to the general requirements, the DDA must survey the parent or legal guardian’s satisfaction of the service following each family education session.

3.1.4. Family-Directed Services Option – HCBS State Plan

Families of children eligible for the children’s home and community based state plan option may choose to direct their individual budget rather than receive the traditional services. The requirements for the family-directed services option are outlined in IDAPA 16.03.13 “Consumer-Directed Services.”

Refer to the “My Voice My Choice Guide to Family-Direction” at www.familydirected.dhw.idaho.gov for additional guidance.

3.1.5. Covered Service Limits

Traditional and Family-Directed HCBS state plan services are limited by the child’s individual budget amount. The budget amounts are available at www.redesignforchildren.medicaid.idaho.gov.

Non-Covered Services

Vocational and educational services are excluded from Medicaid payment for HCBS state plan services. Family education is not considered educational because it does not provide for the payment of services that are mandated under the Individuals with Disabilities Education Improvement Act (IDEA).

3.2. Waiver Services for Children with Developmental Disabilities (DD)

Idaho has two waiver benefit packages for children:

- Children’s DD Waiver
- Act Early Waiver

3.2.1. Eligibility

For a child to be eligible for the Children’s DD Waiver, the Department’s independent assessor must determine that the child meets the following criteria:

- Age birth through seventeen (17);
- Has a developmental disability as defined in 16.03.10 “Medicaid Enhanced Plan Benefits”, Sections 500 through 506;
- Meet intermediate care facility for persons with intellectual disabilities (ICF/ID) level of care as defined in 16.03.10 “Medicaid Enhanced Plan Benefits”, Section 584;
- Is capable of being maintained safely and effectively in a non-institutional setting; and
- Would need to reside in an ICF/ID in the absence of such services.

For a child to be eligible for the Act Early Waiver, in addition to the requirements for the Children’s DD Waiver, the Department’s independent assessor must determine that the child meets the following criteria:

- Age three (3) through six (6); and
- Have an autism spectrum diagnosis; or
- Have a self-injurious, aggressive, or severely maladaptive behavior as evidenced by a General Maladaptive Index score of minus twenty-two (-22) or below on the Scales of Independent Behavior - Revised (SIB-R) or other behavioral assessment indicators identified by the Department, and a severe deficit defined as having a composite full scale functional age equivalency of fifty percent (50%) or less of the child’s chronological age.

3.2.2. Program Requirements

3.2.2.1. General Requirements for Program Documentation

The provider must maintain records for each child served. Each child’s record must include documentation of the child’s involvement in and response to the services provided. The direct service provider must include written documentation of the service provided during each visit made to the child, which contains at a minimum the following information:

- Date and time of visit.
- Intervention and support services provided during the visit.
- A statement of the child's response to the service.
- Length of visit, including time in and time out.
- Specific place of service.
- A copy of the above information must be maintained by the provider. Failure to maintain such documentation will result in the recoupment of funds paid to the provider for undocumented services.

3.2.2.2. Requirements for Following the Plan of Service

Providers of home and community based waiver services must coordinate with the family-centered planning team as specified on the plan of service. Providers must be identified as the family’s selected provider, and can only deliver services in accordance with the type, amount, duration, and frequency specified on the plan of service. Services delivered that are not authorized on the plan of services may be subject to recoupment by the Department.

3.2.2.3. Records Maintenance

Providers must retain participant records for those to whom they provide services for five (5) years following the last date of service.

3.2.2.4. Payment

Medicaid reimburses children’s waiver services on a fee-for-service basis. See CMS 1500 Instructions for the list of billing codes for the covered services.

3.2.2.5. Services Delivered by a Developmental Disabilities Agency (DDA)

In order for a DDA to provide waiver services, the DDA must be certified to provide both support and intervention services in accordance with IDAPA 16.03.21 “Developmental Disabilities Agencies”. Each DDA is required to provide habilitative supports. When a DDA opts to provide habilitative intervention services, the DDA must also provide habilitative supports and family training.

3.2.2.6. Clinical Supervision

A clinical supervisor must be employed by a DDA on a continuous and regularly scheduled basis and be readily available on-site to provide for:

- The supervision of service elements of the agency, including face to face supervision of agency staff providing direct care services.
- The observation and review of the direct services performed by all staff on at least a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the DDA services.
- The completion of provider status reviews.

Clinical supervisor qualifications are found in IDAPA 16.03.21 “Developmental Disabilities Agencies”.

3.2.2.7. Ongoing Training Requirements for Waiver Providers:

Professionals providing waiver services must complete at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions shown to be effective.

If the individual has not completed the required training during any yearly training period, they cannot provide waiver services beginning with the anniversary date of the following period, and thereafter, until the required number of training hours have accumulated.

As training hours accumulate, they will be accounted first to any training-deficient prior yearly period before being applied to the current annual training period. Training hours may not be earned in a current annual training period to be applied to a future training period.

3.2.3. Traditional Option - Children’s Waiver Services

All children’s waiver services must be identified on a plan of service developed by the family-centered planning team, and must be recommended by a physician or other practitioner of the healing arts.

Children enrolled in the waiver program have access to respite, habilitative supports, and family education as described in Section 3.1 “Children’s HCBS State Plan Option” of this handbook. Children enrolled in a waiver program have the ability to receive greater amounts of these services compared to children enrolled in the HCBS State Plan option.

For children enrolled in the Act Early waiver, the cost of respite services cannot exceed ten (10) percent of the child’s individual budget amount to ensure the child receives the recommended amount of intervention based on evidence-based research.

In addition to respite, habilitative supports, and family education, the following services are reimbursable when provided in accordance with IDAPA 16.03.10 “Medicaid Enhanced Plan Benefits”, Sections 680 – 686.

3.2.3.1. Habilitative Intervention

3.2.3.1.1. Evaluation

The purpose of the habilitative intervention evaluation is to guide the formation of developmentally - appropriate objectives and intervention strategies related to goals identified through the family-centered planning process.

The habilitative interventionist must complete an evaluation prior to the initial provision of habilitative intervention services. The evaluation must include:

- Specific skills assessments for deficit areas identified through the eligibility assessment
- Functional behavioral analysis
- Review of all assessments and relevant histories obtained from the child’s case manager; and
- Clinical opinion, which is a professional summary that interprets and integrates the results of the testing. This summary includes functional, developmentally appropriate recommendations to guide treatment.

3.2.3.1.2. Service Description

Habilitative intervention services must be consistent, aggressive, and continuous and are provided to improve a child’s functional skills and minimize problem behavior. Services include individual or group behavioral interventions and skill development activity.

Habilitative intervention must be provided to meet the intervention needs of the child by developing adaptive skills for all children, and addressing maladaptive behaviors for children who exhibit them.

- When goals to address maladaptive behavior are identified on the plan of service, the intervention must include the development of replacement behavior, rather than merely the elimination or suppression of maladaptive behavior that interferes with the child’s overall general development, community, and social participation.
- When goals to address skill development are identified on the plan of service, the intervention must provide for the acquisition of skills that are functional.

Habilitative intervention must be based upon the well-known and widely regarded principles of evidence-based treatment. Evidence-based treatment (EBT) refers to the use of mental and behavioral health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems.

A list of current Evidence-Based Treatment strategies, along with training modules and briefs are available at:

- Autism Internet Modules - <http://www.autisminternetmodules.org/>
- National Professional Development Center for Professional Development - <http://autismpdc.fpg.unc.edu/>

The following limitations apply for habilitative intervention:

- Must be provided in the child’s home or community setting, and in addition may be provided in a center.
- Group intervention may be provided in the community and center.
- When habilitative intervention is provided as group intervention, there must be a minimum of one (1) qualified staff providing direct services for every three (3) children. As the number and severity of children with functional impairments or behavioral issues increases, the staff to child ratio must be adjusted accordingly.
- The child must be integrated in the community in a natural setting with typically developing peers.

3.2.3.1.3. Provider Qualifications

Habilitative intervention must be provided by a certified DDA.

Providers of habilitative intervention must meet the following minimum qualifications:

- Must hold at least a bachelor’s degree in a human services field from a nationally-accredited university or college. A human services field is a particular area of academic study in health care, social services, education, behavioral science or counseling.
- Must be able to provide documentation of one (1) year’s supervised experience working with children with developmental disabilities. Experience must be gained through paid employment or university practicum experience or internship.
- Must complete competency coursework approved by the Department to demonstrate competencies related to the requirements to provide habilitative intervention. The requirements for competency coursework are as follows:
 - Transcript must contain the nine (9) credit hours of required courses listed in the table below from an accredited university or college.
 - The nine credits must be equivalent to 3 credit hours from each of the 3 areas, and the course must contain at least the minimum course content listed in the table.

Note: Professional Development courses from an accredited university are accepted if they are the equivalent to a 3 credit university or college course.

Habilitative Intervention Coursework Requirements

Required Course	Course content must include the following components:
ABA	Scientifically based behavior change methods, functional assessments, observation methods, goal and objective writing, various reinforcement techniques, data collection and interpretation, development and monitoring of an appropriate intervention based on the function of the problem behavior.
Child Development	Child development, learning and cognitive development (the majority of the course must contain materials focusing on infancy through adolescents).
Learning Theory Or Psychology of Learning	Development of learning and understanding, including developmental stages, principles of learning, learning styles and processes that lead to comprehension.

- Individuals working as Developmental Specialists for children ages birth through three (3) or three (3) through seventeen (17), and individuals certified as intensive behavioral interventionist professionals prior to July 1, 2011 are qualified to provide habilitative intervention until June 30, 2013. The individual must meet the requirements of the Department-approved competency coursework and obtain a certificate of completion by June 30, 2013 in order to continue delivering habilitative intervention.

In addition to the habilitative intervention qualifications above, habilitative intervention staff serving children birth to three (3) years of age must have a minimum of two hundred forty (240) hours of professionally-supervised experience with young children who have developmental disabilities, as well as must meet one (1) of the qualifications listed in IDAPA 16.03.10.665.04.

3.2.3.1.4. Record Keeping

The habilitative intervention provider must maintain records for each child served as described in this handbook under Section 3.2.2.1, “General Requirements for Program Documentation”.

In addition to the general requirements, the DDA must determine objectives to be included on the child's required program implementation plan. All objectives must be related to a goal on the child's plan of service and have a corresponding program implementation plan.

The program implementation plan must be written and submitted to the child's case manager within fourteen (14) days after the first day of ongoing programming and be revised whenever the child's needs change. If the program implementation plan is not completed within this time frame, the child's records must contain documentation justifying the delay.

The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements:

- The child's name.
- A baseline statement (must be measurable).
- Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service.
- Written instructions to the staff that may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote the child's progress toward the stated objective.
- Identification of the type of environment(s) and specific location(s) where services will be provided.
- A description of the evidence-based treatment approach used for the service provided.
- When the child has a current positive behavior support plan, it must be incorporated into the program implementation plan.
- When interdisciplinary training is provided, identification of the type of interdisciplinary training and the objectives related to the training must be included on the program implementation plan.
- Target date for completion of objectives, not to exceed one (1) year.
- The program implementation plan must be reviewed and approved by the DDA clinical supervisor, as indicated by signature, credential, and date on the plan.

3.2.3.1.5. Reporting Requirements

The clinical supervisor must complete, at a minimum, six- (6) month and annual provider status reviews for habilitative intervention provided. These provider status reviews must be completed more frequently when so required on the plan of service.

- Documentation of the 6 month and annual reviews must be submitted to the child's case manager. Status reviews must be submitted forty-five (45) calendar days prior to the expiration of the existing plan of service.
- The provider must use Department-approved forms for provider status reviews. Department forms are available at www.redesignforchildren.medicaid.idaho.gov.

It is the responsibility of the service provider to notify the child's case manager when any significant changes in the child's condition are noted during service delivery. Such notification will be documented in the service record.

3.2.3.2. Family Training

3.2.3.2.1. Service Description

Family training is professional one-on-one instruction to families to help them better meet the needs of the child receiving intervention services.

Family training is limited to training in the implementation of intervention techniques as outlined in the plan of service, and must be provided to the child's parent or legal guardian when the child is present.

If a child is receiving habilitative intervention, the parent or legal guardian of the child must participate in family training. The following limitations apply for each waiver program:

- For children enrolled in the Children's DD Waiver, the amount, duration, and frequency of the training must be determined by the family-centered planning team and the parent or legal guardian, and must be listed as a service on the plan of service.
- For children enrolled in the Act Early Waiver, the parent or legal guardian will be required to be present and actively participate during the intervention service session for at least twenty percent (20%) of the intervention time provided to the child.

3.2.3.2.2. Provider Qualifications

Family training must be provided by a certified DDA.

To deliver family training, the provider must meet the minimum qualifications required for a habilitative intervention provider, as described in this handbook under Section 3.2.3.1.3 "Habilitative Intervention – Provider Qualifications".

3.2.3.2.3. Record Keeping

Providers delivering family training must maintain records for each child served as described in this handbook under Section 3.2.2.1, "General Requirements for Program Documentation".

In addition to the general requirements, the DDA must develop a program implementation plan to determine objectives to be included on the child's required plan of service, as described in this handbook under Section 3.2.3.1.4 "Habilitative Intervention - Record Keeping".

3.2.3.2.4. Reporting Requirements

The clinical supervisor must complete, at a minimum, six- (6) month and annual provider status reviews for family training provided. These provider status reviews must be completed more frequently when so required on the plan of service.

- Documentation of the 6 month and annual reviews must be submitted to the child's case manager. Status reviews must be submitted forty-five (45) calendar days prior to the expiration of the existing plan of service.
- The provider must use Department-approved forms for provider status reviews. Department forms are available at www.redesignforchildren.medicaid.idaho.gov.

It is the responsibility of the service provider to notify the child's case manager when any significant changes in the child's condition are noted during service delivery. Such notification will be documented in the service record.

3.2.3.3. Interdisciplinary Training

3.2.3.3.1. Service Description

Interdisciplinary training is professional instruction to the direct service provider. Interdisciplinary training must only be provided during the provision of a support or intervention service. Interdisciplinary training is provided to assist the direct provider to meet the needs of the child receiving waiver services.

Interdisciplinary training includes training on health and medication monitoring, positioning and transfer, intervention techniques, positive behavior support, and use of equipment.

The following limitations apply for interdisciplinary training:

- Must only be provided to the direct service provider when the child is present.
- Training between a habilitative interventionist and a therapeutic consultant, and training between employees of the same discipline is not a reimbursable service.
- Must maintain documentation of the training in the child's record documenting the provision of activities outlined in the plan of service.

3.2.3.3.2. Provider Qualifications

Interdisciplinary training must be delivered by one of the following professionals:

- Occupational Therapist, as defined in Section 734 under IDAPA 16.03.09, "Medicaid Basic Plan Benefits";
- Physical Therapist, as defined in Section 734 under IDAPA 16.03.09, "Medicaid Basic Plan Benefits";
- Speech-Language Pathologist, as defined in Section 734 under IDAPA 16.03.09, "Medicaid Basic Plan Benefits";
- Practitioner of the healing arts;
- Habilitative intervention provider, as described in this handbook under Section 3.2.3.1.3 "Habilitative Intervention – Provider Qualifications"; or
- Therapeutic consultation provider, as described in this handbook under Section 3.2.3.4.2.

3.2.3.3.3. Record Keeping

Providers delivering interdisciplinary training must maintain records for each child served as described in this handbook under Section 3.2.2.1, "General Requirements for Program Documentation".

In addition to the general requirements, identification of the type of interdisciplinary training and the objectives related to the training must be included on the program implementation plan, and the training must be a service identified on the plan of service.

3.2.3.4. Therapeutic Consultation

3.2.3.4.1. Service Description

Therapeutic consultation provides a higher level of expertise and experience to support children who exhibit severe aggression, self-injury, or other dangerous behaviors. Therapeutic consultation is

provided when a child receiving habilitative intervention has been assessed as requiring a more advanced level of training and assistance based on the child’s complex needs.

A child requires therapeutic consultation when interventions are not demonstrating outcomes and it is anticipated that a crisis event may occur without the consultation service. The therapeutic consultant assists the habilitative interventionist by:

- Performing advanced assessments as necessary;
- Developing and overseeing the implementation of a positive behavior support plan;
- Monitoring the progress and coordinating the implementation of the positive behavioral support plan across environments; and
- Providing consultation to other service providers and the child’s family.

The following limitations apply for therapeutic consultation:

- Therapeutic consultation cannot be provided as a direct intervention service.
- Children must be receiving habilitative intervention services prior to accessing therapeutic consultation, with the exception of crisis situations.
- Therapeutic consultation must be prior authorized by the Department, and is limited to eighteen (18) hours per year per child.

3.2.3.4.2. Provider Qualifications

Therapeutic consultation may be provided by a certified DDA or by an independent Medicaid provider under agreement with the Department. Providers of therapeutic consultation must meet the following minimum qualifications:

- Doctoral or Master’s degree in psychology, education, applied behavioral analysis, or a related discipline with one thousand five hundred (1500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis (may be included as part of degree program).
- Two (2) years relevant experience in designing and implementing comprehensive behavioral therapies for children with developmental disabilities and challenging behavior.
- Therapeutic consultation providers must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, “Criminal History and Background Checks.”
- When employed by a DDA, must be certified in CPR and first aid in accordance with the general training requirements for a DDA. When acting as an independent therapeutic consultation provider, must be certified in CPR and first aid prior to delivering services, and must maintain current certification thereafter.

3.2.3.4.3. Record Keeping

Providers delivering therapeutic consultation must maintain records for each child served as described in this handbook under Section 3.2.2.1, “General Requirements for Program Documentation”.

In addition to the general requirements, when the child has a current positive behavior support plan it must be incorporated into the program implementation plan.

3.2.3.5. Crisis Intervention

3.2.3.5.1. Service Description

Crisis intervention services provide direct consultation and clinical evaluation of children who are currently experiencing or may be expected to experience a psychological, behavioral, or emotional crisis.

Crisis is defined as being an unanticipated event, circumstance, or life situation that places a child at risk of at least one of the following: Hospitalization; loss of housing; loss of employment; incarceration; or physical harm to self or others, including family altercation or psychiatric relapse.

This service may provide training and staff development related to the needs of a child, and also provides emergency back-up involving the direct support of the child in crisis. The following limitations apply for children’s crisis intervention services:

- Must be provided in the home and community.
- Provided on a short-term basis typically not to exceed thirty (30) days.
- Cannot exceed fourteen (14) days of out-of-home placement.
- Must be prior authorized by the Department.
 - Authorization for crisis intervention may be requested retroactively as a result of a crisis, when no other means of support is available to the child. In retroactive authorizations, the crisis intervention provider must submit a request for crisis intervention to the Department within seventy-two (72) hours of providing the service.
 - If staying in the home endangers the health and safety of the child or family, the provider may request short-term out of home placement for the child. Out of home placement must be prior authorized by the Department.
- Must use positive behavior interventions prior to and in conjunction with the implementation of any restrictive intervention. Restrictive interventions must be identified on the plan of service.

3.2.3.5.2. Provider Qualifications

Crisis intervention may be provided by a certified DDA or by an independent Medicaid provider under agreement with the Department. Providers of crisis intervention must meet the following minimum qualifications:

- Crisis Intervention professionals must meet the minimum therapeutic consultation provider qualifications described in this handbook under Section 3.2.3.4.2 “Therapeutic Consultation – Provider Qualifications”.
- Emergency intervention technician providers must meet the minimum habilitative support provider qualifications as described in this handbook under Section 3.1.3.2.2 “Habilitative Support – Provider Qualifications”.
- Crisis intervention providers must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, “Criminal History and Background Checks.”

3.2.3.5.3. Record Keeping

Providers delivering crisis intervention must maintain records for each child served as described in this handbook under Section 3.2.2.1, “General Requirements for Program Documentation”.

3.2.4. Family-Directed Services Option – Children’s DD Waiver

Families of children eligible for the children’s DD waiver may choose to direct their individual budget rather than receive the traditional services. The requirements for the family-directed services option are outlined in IDAPA 16.03.13 “Consumer-Directed Services.”

Refer to the “My Voice My Choice Guide to Family-Direction” at www.familydirected.dhw.idaho.gov for additional guidance.

The Act Early waiver does not have a family-directed services option. Families always have the choice to enroll their child in the children’s DD waiver rather than the Act Early waiver if they wish to participate in the family-direction program.

3.2.5. Covered Service Limits

Children’s waiver services are subject to the following limitations:

- Waiver services may be provided in the child’s home, community, or DDA. The following living situations are specifically excluded as a place of service for waiver services:
 - Licensed skilled or intermediate care facilities, certified nursing facility (NF) or hospital.
 - Licensed Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ ID).
 - Residential care or assisted living facility;
- Traditional and family-directed waiver services are limited by the child’s individual budget amount, excluding crisis intervention and therapeutic consultation services under the traditional option. The budget amounts are available at www.redesignforchildren.medicaid.idaho.gov.
- Therapeutic consultation must be prior authorized by the Department, and is not limited by the child’s budget. Therapeutic consultation is limited to eighteen (18) hours per year per child.
- Crisis intervention must be prior authorized by the Department, and is not limited by the child’s budget.
 - Authorization for crisis intervention may be requested retroactively as a result of a crisis, when no other means of support is available to the child.
 - In retroactive authorizations, the crisis intervention provider must submit a request for crisis intervention to the Department within seventy-two (72) hours of providing the service.
 - If staying in the home endangers the health and safety of the child or family, the provider may request short-term out-of-home placement for the child. Out-of-home placement must be prior authorized by the Department.

Non-Covered Services

The following services are excluded from Medicaid payment for children’s waiver services including habilitative intervention and evaluation, family training, interdisciplinary training, therapeutic consultation, and crisis intervention:

- Vocational services
- Educational services
- Recreational services.
- Individual Education Plan (IEP) Services.
 - According to 42 CFR 440.180, Medicaid Waiver services cannot be used to pay for special education and related services that are included in a child’s IEP under the provisions of Individuals with Disabilities Education Improvement Act of 2004 (IDEA), that are otherwise available through a local educational agency.