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## **MEDICAID INFORMATION RELEASE MA20-41**

**To:** Medicaid Providers of Children's Habilitative Intervention Services (CHIS) and School-Based Services

**From:** Matt Wimmer

**Subject:** Service Delivery Flexibilities in Response to COVID-19

The Idaho Department of Health and Welfare (Department) continues to monitor and prepare for impacts resulting from the 2019 Novel Coronavirus (COVID-19) to support participant access to services and reduce administrative barriers for providers. Medicaid is temporarily allowing the following flexibilities for providers of CHIS and School-Based Services, effective immediately and continuing until at least the end of the declared state of emergency:

### **CHIS and School-Based Services**

As school districts develop and implement their reopening plans, instruction will be delivered in a traditional, hybrid/blended, or full distance/remote learning model. For children receiving hybrid/blended or full distance/remote learning models, their educational activities may vary from day to day and it is possible they may not receive their instruction during what is considered a typical school day. As a result, children may need additional CHIS in the home or community. Therefore, providers of community-based CHIS have the flexibility to provide services at varying times and days when Medicaid School-Based Services are not being delivered to the child. These CHIS may not be utilized to supplant School-Based Services or otherwise support a student during their educational services.

- For example, a student's school day is now only 1 hour a day for 4 days per week. The student needs Behavioral Intervention during that one-hour timeframe to meaningfully participate in their educational activities. Behavioral Intervention provided during this time is a Medicaid School-Based Service. If reimbursement from Medicaid is sought for the Behavioral Intervention provided during that hour, the school district must be the one to seek reimbursement, even if they are contracting with a community-based provider. When that same child needs Behavioral Intervention to function at home or in the community, when not engaged in educational services, the child should access community-based CHIS with a community-based CHIS provider. Behavioral Intervention provided during this time is a community-based service and the DDA or Independent provider may seek reimbursement from Medicaid for providing this service.
  - If a child has an increased need for CHIS, please see "Increased Need for CHIS" section below.

For children needing additional CHIS is the community due to a reduction in hours/days of school provided via hybrid/blended or full distance/remote learning models, community-based providers must:

- Coordinate their services with the child's **school-based providers and the families with whom they are working**. Educational services delivered to students via hybrid/blended or full distance/remote learning models may not necessarily follow a typical school day. It is likely that the typical school day has shifted for many students and community-based services may need to be provided during what is normally considered the typical school day.
- Request and receive prior authorization for community-based CHIS the child needs to function at home or in the community during all other hours of the day during which a student is not engaged in educational services.

For additional information, please see the [Medicaid School-Based Services Guidance for Back-to-School 2020](#).

### **Increased Need for CHIS**

When there is an increased need for CHIS, children's parent(s)/guardian(s) may elect to access community-based services from a community-based provider who would seek reimbursement for those services. These increased CHIS must be based on the needs of the child and may not be utilized to supplant the role of the parent(s)/guardian(s), School-Based Services, or otherwise support a student during their educational services.

Community-based providers must request prior authorization for the increased services via one of the following processes, depending on when in the authorization cycle the increased need is identified:

- **Increased need for CHIS identified at the time a 4-month, 8-month, or annual ongoing prior authorization request (review) is due:**
  - Provider will complete the review, including analysis of data regarding progress or lack of progress during the previous four (4) months of services provided and all other listed requirements for the associated prior authorization request;
  - Provider will update the participant's ACTP to justify/demonstrate the need for the requested additional units for the increased services; and
  - Provider will follow the standard process for submitting the ongoing prior authorization request and documentation to Telligen for review and approval.
    - An [OPTIONAL Ongoing Review Template](#) is available to use when submitting the ongoing prior authorization request (review).
- **Increased need for CHIS identified mid-authorization cycle:**
  - Provider will update and submit the participant's ACTP to justify/demonstrate the need for the requested additional units for the increased services;

- Provider will complete and submit the [PA Amendment Form](#) and documentation to Telligen for review and approval, including the following:
  - Child's Medicaid Identification Number;
  - Child's current authorization number;
  - Date range of child's current authorization;
  - Date ranges for which the request is intended;
  - Total number of hours/units the child needs per week (combined total of hours/units per week approved and the additional hours/units being requested for increased services); and
  - Parent signature.
    - Parent signature will not be required if not immediately available due to COVID-19; however, providers are still required to discuss the requested changes to authorized hours with the parent(s)/guardian(s).
    - Phone authorizations must be documented on the signature line of the form and identify the date and time of the call and those involved in the call (e.g. "*Verbal confirmation received from mom, Sam Jones, April 20, 2020 at 10:38am*").

These temporary changes took effect on August 14, 2020 and will continue through at least the end of the declared state of emergency. These changes may be rescinded or modified in the future to respond to changing pandemic conditions. To the extent practical, we strongly encourage the use of telehealth to provide services to Medicaid participants. Further guidance will be forthcoming as the situation develops.

We thank you for your service to Idaho Medicaid participants and appreciate your work to address this public health threat.

MW/adm