

ATTENTION: Effective July 1, 2019, all content in this document will replace Section 1.10 in the Idaho Medicaid Provider Handbook Agency Professional, until further notice when the content can be moved into the Idaho Medicaid Provider Handbook Agency Professional please use this document.

Services Delivered by a Developmental Disabilities Agency (DDA)

In order for a DDA to provide children's habilitation intervention services, the DDA must be certified in accordance with *IDAPA 16.03.21, Developmental Disabilities Agencies*.

Services Delivered by an Independent Habilitation Intervention Provider

In order for an independent provider to provide children's habilitation intervention services, the provider must meet the minimum qualification listed in *IDAPA 16.03.09 Independent Children's Habilitation Intervention Services Provider* section and obtain an independent Medicaid provider agreement through the Department.

The following provider qualifications can become an independent provider:

- Intervention specialist
- Intervention professional
- Evidence-Based Model (EBM) intervention specialists
- Evidence-Based Model (EBM) intervention professional

Eligibility Requirements

For a child to be eligible for children's habilitation intervention services they must be Medicaid eligible, age birth through the month of their twenty-first (21st) birthday, have a screening completed prior to the implementation of any services, and meet one of the following criteria:

- Requires intervention to correct or ameliorate their condition in accordance with Early Periodic Screening, Diagnosis, and Treatment (EPSDT) IDAPA 16.03.09.880, or
- Demonstrates a functional need or a combination of a functional and behavioral needs that require intervention services.

A functional or behavioral need is determined by **one of the following:**

- The individual has been determined eligible the Department or its designee.**
 - **Documentation of this would be an eligibility letter from the IAP (adult or child eligibility).**
- Completing or obtaining a current** screening tool.
 - This is the current version of the Vineland Adaptive Behavior Scales or other Department approved screening tools.
 - When the publisher of the Department approved screening has made updates to the tool, the individual completing the screening must begin utilizing the updated version within two (2) years from the date of the update.
 - **A school has been identified as a designee that**

can complete the Screening or Department approved specific skills assessment/developmental assessment for the assessment and clinical treatment plan (ACTP). A community provider can obtain one of the "School Based Services Department Approved Assessments for Children's Habilitation Intervention Services" and utilize that for community services, if the assessment has been completed within the last 365 days. The School Based Services list does include 'older' versions of some assessments, for example it identifies the Vineland II. If the School completed the Vineland II with a child within the last 365 days, and obtained by the community provider, this can be utilized for the Screening and for the ACTP for community Children's Habilitation Intervention Services.

- The comprehensive interview form of the current Vineland Adaptive Behavior Scales must be completed with the parent/legal guardian for the screening. The interview form can be completed with the parent/legal guardian in person or can be administered via Remote On-Screen administration. If the Remote On-Screen administration is utilized. The provider may only seek reimbursement for the amount of time it took to send and score the screening (i.e. 1 unit=15 minutes).

A functional or behavioral need is determined when a deficit is identified in three (3) or more of the following areas:

- Self-Care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency, or
- Maladaptive behavior

A deficit is defined as one-point five (1.5) or more standard deviations below the mean for functional areas or above the mean for maladaptive behavior. A Vineland standard deviations tool is posted on the children's provider website for providers who are completing the screening.

This screening tool may be conducted by the family's chosen children's habilitation intervention services provider, the Department, or its designee. Designees include: Independent Assessment Provider (IAP), a school, a Psychologist, a member of the IDHW Crisis Prevention and Court Services team, an Infant Toddler staff, a DDA or an Independent Habilitation Intervention Provider. The individual completing the screening tool must administer it in accordance with the identified protocol. A family or provider may contact the IAP directly to have the screening for children's habilitation intervention services completed by calling 208-528-7980.

Although the screening may be completed by someone other than the provider, the provider will still need to identify if the child meets eligibility for children's habilitation intervention services.

The screening is required initially but is not required to be completed annually unless the child has not accessed children's habilitation intervention services for more than three hundred sixty-five (365) calendar days. If the child has had a screening tool completed within the last three hundred sixty-five (365) days, then an additional screening is not required. Prior to completing the screening, providers should review in DXC if the child has previously had a screening completed. For children who have a current eligibility assessment and have been determined eligibility by the IAP, an additional screening tool is not required.

If a child has not previously had a screening completed, and the provider completes one, but does not complete the assessment and clinical treatment plan to request prior authorization of intervention hours, the provider can request authorization for the screening through the prior authorizing entity. This can be completed by entering the request in the provider portal through the prior authorization entity.

The screening can be billed one time for a maximum of 4 units=1 hour. **If the screening tool has not been previously reimbursed, the provider will include the request for up to 4 units on the initial prior authorization request and on the child's assessment and clinical treatment plan and the provider will then receive the retroactive authorization to seek reimbursement.**

Individuals can complete the screening tool when they have the knowledge, skills and meet the requirement of the tool. These individuals must also follow the protocol of the tool when completing it.

For providers who only complete the screening, they can request reimbursement of up to 4 units. Once the screening is completed, the provider will submit their authorization request to the Department or it's contractor with the completed screening.

If an additional screening must be completed, the following criteria applies:

- 2nd Assessor; same respondent or
- 2nd respondent; same assessor
- The second screening cannot be completed using a 2nd respondent and a 2nd assessor.

When an additional screening is needed, the provider must request prior authorization for the screening through the prior authorizing entity prior to completing. This can be completed by entering the request in the provider portal through the prior authorization entity.

Required Recommendation

Children's habilitation intervention services must be recommended by a physician or other practitioner of the healing arts within his or her scope of practice, under state law. This includes an advanced practice registered nurse, nurse practitioner, or physician assistant.

The physician's recommendation is only required **to be completed once and must be received prior to submitting the initial prior authorization request.** If the child has not accessed children's habilitation intervention services for more than three hundred sixty-five (365) calendar days, then a new physician's recommendation must be completed. The children's habilitation intervention services provider may not seek reimbursement for services provided more than thirty (30) calendar days prior to the signed and dated recommendation.

The physician's recommendation for children's habilitation intervention services must be completed on the [Department approved Recommendation for Children's Habilitation Intervention Services](#).

Children's Habilitation Intervention Services

Children's habilitation intervention services are medically necessary, evidence-informed or evidence based therapeutic techniques based on applied behavior analysis principles used to result in positive outcomes. These services must be recommended on the child's assessment and clinical treatment plan and must be prior authorized by the Department or its contractor.

In addition to children's habilitation intervention services respite, community-based supports, and family education, may be available to the child and family. These services are reimbursable when provided in accordance with *IDAPA 16.03.10, Medicaid Enhanced Plan Benefits, Sections 520–528*.

Habilitative Skill

Habilitative skill is a direct intervention service that includes techniques used to develop, improve and maintain developmentally appropriate functional abilities and daily living of the child. This service includes teaching and coordinating methods of training with family members or others who regularly participate in caring for the child. Examples include: a step parent, grandparent, daycare/babysitter, aunt, uncle, or sibling. During the family training and coordination components of habilitative skill the child must be present.

Habilitative skill can be provided individually or in a group. Group services must be provided by one (1) qualified staff providing the direct service for two (2) or three (3) children receiving the service. As the number and needs of the child increase, the **participant ratio in the group** must be adjusted accordingly and group habilitative skill will only be reimbursed when the child's objectives relate to benefiting from group interactions.

Behavioral Intervention

Behavioral intervention is a direct intervention service that utilizes techniques to produce positive meaningful changes in behavior that incorporates functional replacement behaviors and reinforcement-based strategies while also addressing any identified skill needs. Behavioral intervention is available to children who exhibit interfering behaviors that impact their independence or abilities which can include social skills and communication or destructive behaviors. Behavioral intervention can be provided utilizing evidence-based or evidence-informed practices that are used to promote positive behaviors and learning while reducing interfering behaviors.

This service includes teaching and coordinating methods of training with family members or others who regularly participate in caring for the child. This service includes teaching and coordinating methods of training with family members or others who regularly participate in caring for the child. Examples include: a step parent, grandparent, daycare/babysitter, aunt, uncle, or sibling. During the family training and coordination components of behavioral intervention the child must be present.

Behavioral intervention can be provided individually or in a group. Group services must be provided by one (1) qualified staff providing the direct service for two (2) or three (3) children receiving the service. As the number and needs of the child increase, the **participant ratio in the group** must be adjusted accordingly, and group behavioral intervention will only be reimbursed when the child's objectives relate to benefiting from group interactions.

Interdisciplinary Training

Interdisciplinary training is a companion service to habilitative skill and behavioral intervention and can be used to assist with the following:

- Implementing a child's health and medication monitoring;
- Positioning and physical transferring;
- Use of assistive equipment; and
- Intervention techniques.

Interdisciplinary Training must only be provided with the child present, during the provision of services by the providers listed below. The collaboration must occur between an intervention specialist or professional and one of the following:

- Speech Language and Hearing Professional (SLP):
- Physical Therapist (PT)
- Occupational Therapist (OT);
- Medical Professional, which can include a Physician or Specialist, Dentist, Ophthalmologist (when the child's behaviors interfere with medical care); and
- Behavioral or mental health professional, which can include a Counselor/ Psychologist/Psychiatrist/ Mental Health Provider.

Crisis Intervention

Crisis intervention provides direct emergency backup intervention and may also provide staff training related to the needs of the child. Emergency backup intervention includes decreasing an interfering behavior or increasing a skill to reduce further crisis. When providers utilize crisis for staff training, the child is not required to be present. Crisis intervention can be utilized to develop a crisis plan that directly addresses the behavior occurring and the necessary intervention strategies to minimize the behavior and future occurrences. During development of a crisis plan, the intervention specialist or intervention professional can utilize crisis intervention to update the child's assessment and clinical treatment plan and/or create a crisis plan that addresses the behavior occurring and the necessary intervention strategies to minimize the behavior.

Providers must use positive behavior interventions prior to and in conjunction with the implementation of any restrictive intervention. Any restrictive interventions must be documented on the child's implementation plan(s).

A crisis is defined as being an unanticipated event, circumstance, or life situation that places a child at risk of at least one (1) of the following: hospitalization, out of home placement, incarceration, or physical harm to self or others, including family altercation or psychiatric relapse.

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.

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 or its contractor within seventy-two (72) hours of providing the service. Providers will complete the Crisis Request Form and submit for approval.

Crisis requests must be completed on the Department approved [Crisis Request Form](#).

Crisis intervention is a Telehealth eligible services. If crisis intervention is provided via Telehealth, all requirements must be followed and ensured in accordance with the Idaho Medicaid Telehealth Policy. Further information about Telehealth Services can be found in the *Medicaid Provider Handbook, General Provider and Participant Information Section*.

Assessment and Clinical Treatment Plan (ACTP)

The purpose of the assessment and clinical treatment plan is to guide the formation of intervention strategies and recommendations for services related to the child's needs. The assessment evaluates the child's strengths, needs, and functional abilities across environments. An intervention specialist or professional must complete the ACTP prior to the initial provision of children's habilitative intervention services.

The ACTP must be completed annually and must be on a Department approved form which contains the following minimum requirements:

- An objective, and validated comprehensive skills assessment or developmental assessment approved by the Department which must be administered or obtained within the last 365 days.
 - When the publisher of an approved comprehensive skills assessment/developmental assessment has made updates to the tool, the individual completing the tool must begin utilizing the updated version within two (2) years from the date of the update.
 - The Department approved skills assessments and developmental assessment are listed as [ACTP Tools](#)
- Clinical interview(s) must be completed with the parent or legal guardian
- Review of assessments, reports, and relevant history;
- Observations in at least one (1) environment;
- A reinforcement inventory or preference assessment;
- A transition plan; and
- Be signed by the individual(s) completing the assessment and the parent or legal guardian. If multiple individuals are completing the ACTP, each individual must sign the ACTP.

The ACTP should be written for the entire year. If the provider has identified that the child's needs will be different during different times of the year (i.e. during the summer or holiday breaks), this information should be captured with the ACTP.

The provider must document that a copy of the ACTP was offered to the child's parent or legal guardian.

The assessment and clinical treatment plan can be reimbursed initially and annually. **The ACTP must be completed on the Department approved [ACTP template](#).**

The initial ACTP must be requested retroactively on the prior authorization request and listed on the individual's ACTP. The number of units requested for the ACTP will

be determined by the duration of time it takes the provider(s) to complete the ACTP. Any ACTP PA request that is over 21 units, must be requested using the EP modifier. The provider will then receive the retroactive authorization to bill for the service provided.

The annual ACTP must be requested at the 8-month (240 day) prior authorization request.

If a provider completes or obtains a Vineland Adaptive Behavior Scales for the child's screening, that same tool can be utilized in the child's ACTP for their assessment tool.

Requests for services must be outlined weekly for habilitative skill and behavioral intervention and can be requested monthly for interdisciplinary training. Requested hours cannot be rolled over from week to week and should be provided as prior authorized.

If multiple provider qualifications are completing the ACTP, authorization should be requested in units for each qualification.

Procedural Requirements

Prior Authorization

All children's habilitation intervention services identified on the child's assessment and clinical treatment plan must be prior authorized by the Department, or its contractor, and must be maintained in each child's file. The initial assessment and clinical treatment plan does not need to be prior authorized before completing it.

The provider is responsible for documenting and submitting the assessment and clinical treatment plan to obtain prior authorization before delivering any children's habilitation intervention services. The prior authorization process is intended to help ensure the provision of medically necessary services and includes review and approval, or denials of authorization requests and any decisions made will be sent to the provider and the parent or legal guardian.

Prior authorization will occur every 4 months and are not required to be submitted on a Department approved form. Templates may be available for optional use by providers. Providers should submit their ongoing prior authorization requests at a minimum of 30 calendar days prior to the expiration of the authorization to avoid a gap in intervention services authorization. The Department or its contractor will review the documents submitted within 10 business days. If the reviewer does not have the necessary information to process the request or if documentation is missing, the provider will be notified and have 10 business days to submit the requested information/documentation.

*For individuals who were issued 120-day prior authorizations, to ensure that these individuals retain the same annual plan start and end dates, existing authorizations will remain on the 120-day cycle with the final prior authorization being issued for 125 or 126 days. Those on the 120-day review cycle will not change to the 4-month review cycle until the child's next plan year. For any newly submitted initial ACTP's, prior authorizations will be issued for 4 months.

Example of a 4-month authorization dates:

Prior Authorization	Start Date	End Date
Initial/Annual 4-month	<i>January 31, 2020</i>	<i>May 30, 2020</i>
Second 4-month	<i>May 31, 2020</i>	<i>September 30, 2020</i>

Final 4-month

October 1, 2020

January 30, 2021

For initial prior authorization requests, the following must be included:

- The Service Eligibility Determination Form;
 - **The [Service Eligibility Determination Form](#) is a Department approved form.**
- A recommendation from a physician or other practitioner of the healing arts;
- The assessment and clinical treatment plan; and
- Implementation plan(s).

*Initial is defined as an individual who has never accessed children's habilitation intervention services or has not accessed those services for over 365 days.

For children who have not accessed children's habilitation intervention services, once the initial request for prior authorization is submitted, children's habilitation intervention services may be delivered for a maximum of twenty-four (24) total hours for up to thirty (30) calendar days or until the prior authorization is approved, whichever comes first. The request for authorization of these hours must be included on the initial assessment and clinical treatment plan. Once the provider receives the prior authorization of those services, they may go back and bill for the services provided.

4-month and **8-month** prior authorization requests must include:

- A list of the child's objectives;
- Graphs showing change lines;
- A brief analysis of data regarding progress or lack of progress to meeting each objective;
- A list of all children's habilitation intervention services, hours being requested, and the qualification of the individual(s) who will provide them;
- Request for the annual ACTP, if applicable;
 - The request for the annual ACTP **must** occur at the **8-month** prior authorization request.
- New implementation plans.
 - **A new implementation plan is a plan that has not yet been submitted to the Department or its contractor for prior authorization. If modifications have been made to previously submitted implementation plans, those implementation plans do not need to be submitted.**

Annual prior authorization requests must include:

- A list of the child's objectives;**
- Graphs showing change lines;**
- A brief analysis of data regarding progress or lack of progress to meeting each objective;**
- A list of all children's habilitation intervention services, hours being requested, and the qualification of the individual(s) who will provide them;**
- An updated annual assessment and clinical treatment plan; and
- An annual written summary with an analysis of data regarding the child's progress or lack of progress, justification for any changes made to implementation of programming for new objectives, discontinuation of objectives, if applicable, and a summary of parent(s) or caregiver(s) response to teaching of coordinated methods.
- New implementation plans.**

The graphs submitted for each ongoing prior authorization request must include at a minimum the graphed data for the last prior authorization cycle (i.e. at the **8-month** prior authorization submittal, the provider will include data from the **4-month** prior authorization until the **8-month** prior authorization is submitted).

Providers may choose to submit additional data via graphs from the previous authorization cycle(s) during these ongoing prior authorization requests.

Once a prior authorization is issued, if it is identified that an update must be made to the authorization, the parent or legal guardian and the provider(s) can request an update to the authorization by completing a [Prior Authorizations Amendment Form](#) and submit it as a new request to the prior authorizing entity as a new request.

This form would be utilized in the following situations:

- Adding interdisciplinary training.
 - If during the previous authorization request the child was not accessing additional/ancillary services and interdisciplinary training was not requested.
- Changing providers
 - Turning one providers authorization 'off' and attaching another provider to the authorization.
- Splitting an authorization between two providers, when only one provider has an authorization.
 - The new provider will need to complete the prior authorization amendment form and submit.
- Adjusting hours between two staff members (i.e. changing from 6 hours per week with a professional and 3 hours per week with a specialist to 5 hours per week with a professional and 4 hours per week with a specialist)
- Adjusting staff qualifications (changing the modifiers associated with the service)

The Department has posted [Prior Authorization Amendment Form Instructions](#) to assist providers in completing this process.

The Prior Authorization Amendment Form would not be utilized to request crisis intervention or to request additional or an increase in hours of service, **including increasing authorized hours of interdisciplinary training**. If additional hours of children's habilitation intervention services are needed, the child's assessment and clinical treatment plan must be updated to document the need for additional services and submitted for prior authorization. This request may also require additional implementation plans be submitted. The update to the assessment and clinical treatment plan does not have to be an update to the entire document, but the provider will need to ensure that there is documentation and justification to support an increase in intervention hours.

Implementation Plans

Using information from the assessment and clinical treatment plan, the program implementation plan(s) will give the provider details on how intervention will be implemented. All implementation plan objectives must be related to a need identified on the ACTP and must be completed by an intervention specialist or intervention professional.

The implementation plan(s) must include the following requirements:

- The child's name;
- Measurable, behaviorally-stated objectives;
 - An objective is a behavioral outcome statement developed to address a need identified for the child. It is written in measurable terms.
- A baseline statement;
 - Baseline is the child's skill level prior to receiving intervention that is written in measurable terms that identify their functional, behavioral status or both. **Baseline can be compiled from the individuals specific skills assessment/developmental assessment.**
- A target date for completion;
 - The target date listed can correspond to the objective and criteria being implemented.
- Identification of the type of environment(s) and community location(s) where objectives will be implemented;
 - The location to be identified on the implementation plan should be a generalized location. For example: retail store, park, grocery store;
- Precursor behaviors for children receiving behavioral intervention;
 - **Any response/behavior that occur immediately prior to the interfering problem behavior that the provider is creating a behavior response plan for.**
- Description of the treatment modality to be utilized;
 - The name of the evidence-based intervention/practice. It is not required that a comprehensive description of the modality is included within the implementation plan(s),
 - **The treatment modality listed should align with the skill being taught or behavior to be reduced.**
 - **The other content of the implementation plan should align with treatment modality that is identified.**
- Discriminative stimulus (Sd) or direction;
 - **An Sd is an antecedent stimulus correlated with the availability of reinforcement for a particular response. The child's response in the presence of an Sd will equal reinforcement delivered. The child will learn to make more responses in the presence of the Sd than when it is not present.**
- Targets, steps, task analysis or prompt level;
 - **Targets or Steps can include multiple different skills that will be acquired while working towards a larger goal as outlined in the objective. For example, an objective is written to increase the individual's social interactions with peers. Target 1 may include remaining further than arm's length from a peer when engaging with them, Target 2 may include taking turns with peers, Target 3 may include reciprocal conversations, etc...**
 - **Task analysis: breaking a complex skill into smaller, teachable units, which is then a series of sequentially ordered steps or tasks.**
 - **Prompts are utilized before or during the performance of the skill**
 - **Response prompts: antecedent stimuli that are used to assist the child in correct responding when the Sd is present. (verbal, modeling, physical)**
 - **Stimulus prompts: movement, positioning, and redundancy of an antecedent stimuli. (e.g. Looking in the correct direction, placing the correct item closer for the child to choose).**
- Correction procedure;
 - What will the provider do if the child does not respond to the

- Sd/Cue or prompt, or begins to respond incorrectly?
- Data collection;
 - How will the provider measure the child's progress?
 - Percentage of Success (+/-)
 - Prompt level
 - Number of Episodes
 - Duration
 - Latency
 - How do you define that the individual has responded correctly to the presented Sd/cue? What response from the individual will equal reinforcement?
 - How do you define that the individual has responded incorrectly to the presented Sd/cue?
 - Reinforcement, including type and frequency;
 - When the individual responds correctly what will be presented? (type)
 - How often will the reinforcement be delivered? On what schedule will the reinforcement be delivered? (frequency).
 - Will this occur every time the child responds correctly (1:1), on a variable or fixed schedule?
 - Will the frequency of reinforcement be faded as the child acquires the skill or the interfering behavior is reduced?
 - A plan for generalization;
 - Generalization to people/settings: The extent to which a learner continues to perform the skill after a portion or all of the intervention has been terminated. (Maintained)
 - A plan of family training;
 - How are you going to give the program information to the parent? How are they going to implement the program at home?
 - A behavior response plan for children receiving behavioral intervention;
 - What should occur if the individual engages in the interfering behavior?
 - This can include preventative (antecedent) strategies and response strategies.
 - Any restrictive or aversive interventions being implemented and the documentation of review and approval by a licensed individual working within the scope of their practice; and
 - Aversive Intervention: Uses unpleasant physical or sensory stimuli in an attempt to reduce undesired behavior and usually cannot be avoided or escaped and or is pain inducing.
 - Restrictive Intervention: Any intervention that is used to restrict the rights or freedom of movement of a person and includes chemical restraint, mechanical restraint, physical restraint and seclusion.
 - Be signed by the individual(s) who completed the implementation plan(s) and include their credential and date.

The provider must document that a copy of the child's implementation plan(s) were offered to the child's parent or legal guardian.

If the individual is receiving behavioral intervention and habilitative skill, the provider must have two (2) separate sets of implementation plans, one for each service being provided. This will ensure that there is not a duplication of services as each service will have separate and unique goals.

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 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;
- Documentation of service provided including a statement of the child's response to the service, including any changes in his or her condition;
- Data documentation that corresponds to the implementation plans.
- Length of visit, including time in and time out;
- Location of service delivery; and
- Signature of the individual providing the service, date signed and credential.

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.

If interdisciplinary training is provided, documentation must also include who the service was delivered to and the content covered.

If family training is provided as a component of habilitative skill and behavioral intervention, providers must follow the documentation requirements as described above.

If the ACTP spans over multiple days, it can be billed on the date it was completed and signed. The supporting documentation must meet the program documentation requirements.

Supervision

Supervision is provided to ensure staff demonstrate the necessary skills to correctly provide the services as defined and informs of any modification needed to the methods implemented to support the accomplishment of outcomes identified in the assessment and clinical treatment plan. Supervision includes both face-to-face observation and direction to staff that must include at a minimum one of the following:

- Developmental and behavioral techniques;
- Progress measurement;
- Data collection;
- Function of behaviors; or
- Generalization of acquired skills for the child

For evidence-based model providers, supervision must be provided in accordance with the requirements of the evidence-based model. For evidence informed providers, supervision must occur monthly and the following providers must be supervised:

- Crisis intervention technician
- Habilitative skill technician
- Intervention specialist

Intervention specialists providing services to children birth (0) to three (3) years old must be supervised by an intervention specialist or intervention professional who also meets the birth (0) to three (3) years old requirements.

The Department has posted [supervision frequently asked questions \(FAQ's\)](#) to assist providers.

Provider Qualifications

Evidence-Informed Provider Types

Evidence-informed interventions include interventions that use elements or components of evidence-based techniques and are delivered by a qualified individual but are not certified or credentialed in an evidence-based model.

Crisis Intervention Technician

This provider qualification can only provide emergency backup crisis intervention and must be an employee of a DDA and be supervised monthly by an intervention specialist or an intervention professional. This individual must meet the following minimum qualification:

- Meet the qualifications of a community-based supports staff as defined in IDAPA 16.03.10.526.

Habilitative Skills Technician

This type of provider can deliver habilitative skill and emergency backup crisis intervention for a maximum of 18 successive months. This provisional position is intended to allow an individual to gain the necessary degree, experience and/or competency needed to qualify as an intervention specialist or higher.

If an individual does not meet the competency requirements within the provisional period, may no longer provide services as a habilitative skills technician.

Habilitative skills technicians must be an employee of a DDA or school and be under the supervision of an intervention specialist or an intervention professional who is observing and reviewing the direct services performed by the habilitative skill technician. Supervision must occur on a monthly basis, or more often as necessary, to ensure the habilitative skill technician demonstrates the necessary skills to correctly provide the service.

The qualifications for this type of provider can be met by one (1) of the following:

- An individual who is currently enrolled and is within fifteen (15) semester credits, or equivalent, to completing their bachelor's degree; or higher from an accredited institution in a human services field and or working towards meeting the experience or competency requirements; or
- An individual who holds a bachelor's degree from an accredited institution in a human services field or has a bachelor's degree and a minimum of 24 semester credits, or equivalent, in a human services field and or working towards meeting the experience or competency requirements; or
- An individual who has a bachelor's degree or higher from an

accredited institution and is currently enrolled to complete the required 24 semester credits, or equivalent, in a human services field and or working towards meeting their experience or competency requirements.

- 15 semester credits are equal to 22 quarter credits. This conversion was made by multiplying the number of semester credits by 1.5.
- 15 semester credits are equal to 18 trimester credits. This conversion was made by multiply the number of semester credits by 1.2.

A human services field bachelor's degree is defined as a diverse field that is focused on improving the quality of life for participants. Areas of academic study include, but are not limited to, sociology, special education, counseling, and psychology or other areas of academic study. For determining a human services bachelor's degree for a habilitative skills technician, the information listed below in the intervention specialist provider qualification should be utilized.

Intervention Specialist

This qualification can provide all types of children's habilitation intervention services, and complete assessments and implementation plans when they meet additional requirements as listed below. These individuals may be an employee of a DDA or may be an independent habilitation intervention provider and must be supervised monthly by a specialist or professional. This individual must meet the following minimum qualifications:

- Hold a current Habilitative Intervention Certificate of Completion in Idaho prior to July 1, 2019. These individuals will be allowed to continue providing services as an intervention specialist as long as there is not a gap of more than three (3) successive years of employment as an intervention specialist.

OR

- Has a bachelor's degree from an accredited institution in a human services field or has a bachelor's degree and a minimum of twenty-four (24) semester credits, or equivalent in a human services field; and
- Has one thousand forty (1,040) hours of supervised experience working with participants birth to twenty-one (21) years of age who demonstrate functional or behavioral needs; and
- Has met the met the competency requirements outlined by the Department by completing one of the following:
 - a. A forty (40) hour applied behavior analysis training delivered by an individual who is certified or credential to provide the training; or
 - b. The Department approved [intervention specialist competency checklist](#).
 - **The Department has posted [instructions for completing the competency checklist](#) to assist providers.**
- 24 semester credits are equal to 36 quarter credits. This conversion was made by multiplying the number of semester credits by 1.5.
- 24 semester credits are equal to 28 trimester credits. This conversion was made by multiply the number of semester credits by 1.2.

Intervention specialists who will complete assessments and implementation plans

must also have ten (10) hours of documented training in completing assessments and five (5) hours of supervised experience in completing comprehensive assessments and implementation plans for children with functional or behavioral needs.

The experience for an intervention specialist does not have a minimum duration of time in which it must be accrued, i.e. one year. If the individual has one thousand forty (1,040) hours of supervised experience working with individuals birth (0) to twenty-one (21) years of age who demonstrate functional or behavioral needs documented, that will meet the minimum rule requirements.

The Department has posted the following documents to assist providers when identifying if staff meet the minimum qualifications of an intervention specialist:

- [Human Services Degree & Worksheet](#)
- [Optional Intervention Specialist Qualification Worksheet](#)

The Department approved competencies for intervention specialists:

- a. Individuals who are certified or credentialed to provide the forty (40) hours applied behavior analysis training are Board Certified Behavior Analysts (BCBA's) and Board Certified Assistant Behavior Analysts (BCaBA's). These individuals must provide this training in accordance with their Board/Model requirements. **The 40-hour ABA training must be the Registered Behavior Technician training. Individuals who will be providing services as an intervention specialist, are only required to complete the RBT Training, and are not required to obtain the RBT credential (Please see EBM Paraprofessional provider qualification below).**
- b. The [Department approved Competency Checklist](#) allows for providers to have individuals demonstrate their proficiency by performing each skill listed on the checklist, with the exception of those which indicate "if applicable". This checklist cannot be modified by the provider.

*A provider may choose to upload the Competency Checklist to their digital platform to utilize for their employee competency, but no modification to the content of the template can be made. If modifications to the content of the Competency Checklist are made and not approved by the Department, the Department may not approve the employee's competency.

An individual who provides services to children birth (0) to three (3) years of age must also demonstrate a minimum of two hundred forty (240) hours of professionally supervised experience providing assessment or evaluation, curriculum development, and service provision in the areas of communication, cognition, motor, adaptive (self-help), and social-emotional development with infants and toddlers birth to five (5) years of age with developmental delays or disabilities. Experience must be through paid employment or university internship or practicum experience and may be documented within the supervised experience listed in Subsection 575.02.b.i. of IDAPA 16.03.09, and have one (1) of the following:

- An elementary education certificate or special education certificate with an endorsement in early childhood special education; or
- A blended Early Childhood or Early Childhood Special Education (EC or ECSE)

certificate; or

- A bachelor's or master's degree in special education, elementary education, speech-language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, counseling, or nursing. This individual must have a minimum of twenty-four (24) semester credits from an accredited college or university, which can be within their bachelor's or master's degree coursework, or can be in addition to the degree coursework. Courses taken must appear on college or university transcripts and must cover all of the following standards in their content:
 - Promotion of development and learning for children from birth to five (5) years of age. Course descriptions must provide an overview of typical and atypical infant and young child development and learning, and must include physical, social emotional, communication, adaptive (self-help), and cognitive development of infants and toddlers;
 - Assessment and observation methods that are developmentally appropriate assessment of young children with developmental delays or disabilities. Course descriptions must include the assessment and evaluation process in using both formal and informal assessment strategies. Strategies and tools for screening, assessing, and evaluating the development of infants and children birth through five (5) years of age, including typical and atypical development to support young children and families;
 - Building family and community relationships to support early interventions. Course descriptions must include working with families who have children with developmental disabilities, strengthening and developing family, professional and interagency partnerships, researching and linking families with community resources, parent or teacher or professional, communication, and collaborating with other professionals;
 - Development of appropriate curriculum for young children. Course descriptions must include instructional strategies for working with infants, toddlers, and young children through third grade with developmental delays and disabilities, linking assessment to curriculum and designing instructional programming in natural settings and formal settings for young children with special needs, involving families in the process;
 - Implementation of instructional and developmentally effective approaches for early learning, including strategies for children and their families. Course descriptions must include a focus on implementing strategies to meet outcomes for children with developmental delays and disabilities, and monitoring children's responses and overall progress; and
 - Demonstration of knowledge of policies and procedures in special education and early intervention and demonstration of knowledge of exceptionalities in children's development. Course descriptions include foundations of special education, as well as knowledge and understanding of young children with developmental disabilities.

Intervention Professional

This type of provider can deliver all types of children's habilitation intervention services and complete assessments and implementation plans. Intervention professionals must meet the following minimum qualifications:

- Holds a master's degree or higher from an accredited institution in psychology, education, applied behavior analysis**, or have a related discipline with one thousand five hundred (1,500)* hours of relevant coursework or training, or both, **psychology, education** in principles of child

development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis which may be documented within the individual's degree program, other coursework, or training; and *1 semester credit is equal to 16 hours of coursework or training.

****In some cases, the degree title on the individual's diploma may include a specific discipline within psychology, education or applied behavior analysis. Those degrees meet the requirement. For example, the degree conferred states "educational psychology" or "special education" they would meet the master's degree requirement.**

- Has one thousand two hundred (1,200)* hours of relevant experience in completing** and implementing*** comprehensive behavioral therapies for participants with functional or behavioral needs, which may be documented within the individual's degree program, other coursework, or training; and *1 semester credit is equal to 16 hours of coursework or training.
**Completing comprehensive behavioral therapy examples include: ACTP's, IEP's, IFSP's.
***Implementing behavioral therapy examples include: providing direct intervention, habilitative skill, behavioral intervention.
- An individual who provides services to children birth to three (3) years of age must meet the requirements defined in Subsection 575.03.c. of IDAPA 16.03.09.

Evidence-Based Provider Types

Evidence-based interventions include interventions that have been scientifically researched and reviewed in peer-reviewed journals, replicated successfully by multiple independent investigators, have been shown to produce measurable and substantiated beneficial outcomes, and are delivered with fidelity by certified or credentialed individuals trained in the evidence-based model.

Department Approved Evidence Based Models

Early Start Denver Model (ESDM)	Behavior Analyst Certification Board (BACB)
Any other evidence-based models identified that meet the IDAPA requirements will be reviewed and can be added to this list	

Evidence-Based Model (EMB) Paraprofessional

This type of provider can deliver habilitative skill, crisis intervention, and behavioral intervention, and must be supervised in accordance with the evidence-based model.

The qualifications for this type of provider are:

- An individual who holds a high school diploma or general equivalency diploma; and
- Holds a para-level certification or credential in an evidence-based model approved by the Department.

An individual who is a registered behavior technician (RBT) meets the requirements of an evidence-based model paraprofessional.

Evidence-Based Model (EMB) Intervention Specialist

This type of provider can deliver all types of children's habilitation intervention

services and complete assessments and implementation plans. This individual must be supervised in accordance with the evidenced-based model and may also supervise the evidence-based paraprofessional working within the same evidence-based model. The qualifications for this type of provider are:

- An individual who holds a bachelor's degree from an accredited institution in accordance with their certification or credentialing requirements; and
- Who is certified or credentialed in an evidence-based model approved by the Department.
- An individual who provides services to children birth to three (3) years of age must also have a minimum of two hundred forty (240) hours of professionally supervised experience providing assessment or evaluation, curriculum development, and service provision in the areas of communication, cognition, motor, adaptive (self-help), and social-emotional development with infants and toddlers birth to three (3) years of age with developmental delays or disabilities. Experience must be through paid employment or university activities.

An individual who is a board certified assistant behavior analyst (BCaBA) meets the requirements of an evidence-based model intervention specialist.

Evidence-Based Model (EMB) Intervention Professional

This type of provider can deliver all types of children's habilitation intervention services and complete assessments and implementation plans. The qualifications for this type of provider are:

- An individual who holds a master's degree or higher from an accredited institution in accordance with their certification or credentialing requirements;
- Who is certified or credentialed in an evidence-based model approved by the Department; and
- An individual who provides services to children birth (0) to three (3) years of age must meet the requirements defined in Subsection 575.06.c. of IDAPA 16.03.09.

An individual who is a board-certified behavior analyst (BCBA) or holds a master's level certification in the Early Start Denver Model meets the requirements of an evidence-based model intervention professional.

Continuing Training Requirements for Children's Habilitation Intervention Services

Individuals providing children's habilitation intervention services must complete at least twelve (12) hours of training each calendar year, including one (1) hour of ethics and six (6) hours of behavior methodology or evidence-based interventions.

Providers who have not worked a full calendar year must have documentation of at least one hour of training per month of time providing direct services (i.e., if the provider worked seven months of the calendar year, seven hours of training for that calendar year is required). Providers must obtain an hour of ethics training first, followed by six hours of behavior methodology, and then can move to discretionary hours (i.e., if a provider only worked four months in the year, that provider should have one hour of ethics training plus at least three hours of training in behavior methodology).

The training received must be relevant to the service being delivered and training topics can be repeated but the content of the training must be different each calendar year. Any training or coursework in CPR or First Aid, fire and safety or agency policies and procedures cannot be applied to the continuing training

requirements. Staff can obtain their training through a variety of formats which can include in person, from an agency or an outside source, online, attending a conference or in a classroom.

If the individual has not completed the required training during any calendar year, they cannot provide children's habilitation intervention services until the required number of training hours have accumulated. As training hours accumulate, they will be accounted first to any training-deficient prior calendar year before being applied to the current calendar year's training period. Training hours may not be earned in a current calendar year to be applied to a future calendar year.

Records Maintenance

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

Payment

Medicaid reimburses children's habilitation intervention services on a fee-for-service basis. See the Medicaid Fee Schedule webpage for a list of billing codes for the covered services.

If a provider has a Prior Authorization (PA) for habilitative skill, because the reimbursement rate is set at one code (with no specific modifier delineating different provider qualifications or level of rate), an EBM paraprofessional (RBT), an intervention specialist, an EBM intervention specialist (BCaBA), an intervention professional or an EBM intervention professional (BCBA), can provide the habilitative skill service and bill off of that PA. For example, if a provider has a PA for habilitative skill to be provided by a habilitative skill technician. That technician is out sick for a week. The provider also has a staff who meets the requirements of an intervention specialist, that intervention specialist can provide the habilitative skill to that child during that week and bill at set procedure code and modifier for habilitative skill (H2014).

If a provider has a PA for behavioral intervention (BI) for an intervention specialist (IS), and the IS cannot provide services, the agency can have a higher qualified staff (i.e. and EBM intervention specialist-BCaBA, an intervention professional or an EBM intervention professional-BCBA) provide the BI for that child and bill at the intervention specialist rate as that is what the PA is for. The opposite would not be allowed, and intervention specialist would not be able to seek reimbursement for an authorization of BI for an intervention professional.

The following are excluded from Medicaid payment:

- Vocational services;
- Educational services; and
- Recreational services.

Recreational Services are defined as activities or services that are generally perceived as recreation such as, but not limited to, fishing, hunting, camping, attendance or participation in sporting events or practices, attendance at concerts, fairs or rodeos, skiing, sightseeing, boating bowling, swimming, and special day parties (birthday, Christmas, etc.)

Medicaid will not pay for the recreational service itself (i.e. Medicaid funds would not pay for the activity of bowling, swimming lessons, etc.).

Medicaid will pay for intervention services to be provided in the community (while the child is participating in activities such as bowling, swimming, etc).

Duplication of services is not reimbursable. A service is considered duplicate when:

- Goals are not separate and unique to each service provided; or
*A child may have an ACTP in which identifies multiple providers delivering services. These different providers may be delivering the same goals/objectives when providing intervention services to that child. This is not considered a duplication of services.
- When more than one (1) service is provided at the same time, unless otherwise authorized.

Case Management

Case management is an activity provided by a Case Manager employed or contracted by Family and Community Services at the Idaho Department of Health and Welfare that will assist eligible individuals to gain and coordinate access to necessary care and services appropriate to the needs of the individual.

Case Management is included in the services provided for individuals utilizing Children's Home and Community Based 1915i Services under the Traditional model and is an available option for individuals accessing only Children's Habilitation Intervention Services through the state plan and individuals accessing Children's Home and Community Based 1915i Services under the Family Directed Services model.

Functions of a case manager include:

- Empowering the family/youth to self-advocate to ensure appropriate access to services;
- Assisting in gathering information, applying for eligibility determination, and annual level of care redetermination;
- Facilitating person/family-centered service planning development including ensuring adequacy of assessment to determine the individuals support and case management needs;
- Coordination with all other providers (school and other service providers) to ensure consistency and avoid/eliminate duplication of services;
- Assisting in making informed decisions about services and supports;
- Assisting in navigating system including Medicaid reimbursable services and non-Medicaid reimbursable services: access to local and state supports and resources, including service provider referrals;
- Promoting self-management via encouraging education and providing information on resources, etc.;
- Making plan modifications as needed;
- Assisting in transition to other services;
- Monitoring service delivery and the case management plan monthly to assure adequate access to services and supports on an ongoing basis; and
- Establishing a targeted outcome for case management services.

For Individuals 18-21

Individuals who are 18-21 years of age may be able to receive both [Children's Habilitation Intervention Services](#) and [Adult DD Services](#).

Updates to Provider Handbook

Version	Section	Modification Description	Date	SME
v. 1	All	Handbook published to align with 16.03.09 rule implementation.	7/2019	A Williams B Hamilton
v. 2	All	Updates made to entire handbook to update operational processes. Content updates are in red.	2/2020	A Williams B Hamilton

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