

# Children's DD Services

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ENHANCEMENT: PROVIDERS

[PRESENTATION DOCUMENTS](#)

# Ground Rules

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- ❖ Room Specifics
- ❖ Stay on Topic
- ❖ Brain Breaks
- ❖ Intent of the day: training

# Introductions and Overview

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- ❖ Temporary Proposed Rules
- ❖ Children's Habilitation Intervention Services (State Plan Services)
- ❖ Support Services (1915i Services)
- ❖ Case Management Option
- ❖ Transition Plan
- ❖ Reimbursement Rates

# Additional Trainings

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- ❖ Vineland (Score Interpretation)
- ❖ Service Hours Recommendation Checklist
- ❖ Crisis Request Form and Retro Crisis Request Form
- ❖ ACTP Annual Updates
- ❖ Telehealth
- ❖ Prior Authorization Process
- ❖ Prior Authorization clinical criteria for approval/denial
  - ❖ Portal
  - ❖ Denial process

# Children's Habilitation Intervention Services (State Plan) Definitions

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# Intervention Definitions

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**01. Annual.**

**02. Assessment and Clinical Treatment Plan.**

**03. 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.

**04. Baseline.**

**05. Community.**

**06. Developmental Disabilities Agency (DDA).**

**07. Duplication of Services.** Services are considered duplicate when:

\*Goals are not separate and unique to each service provided; or

\* When more than one service is provided at the same time, unless otherwise authorized.

# Intervention Definitions

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**08. Evidence-Based Interventions.**

**09. Evidence-Informed Interventions.**

**10. Human Services Field.**

**11. Intervention Services.**

**12. Objective.**

**13. Practitioner of the Healing Arts, Licensed.** Advanced practice registered nurse, nurse practitioner, or physician assistant.

**14. 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.

**15. Telehealth.**

**16. Treatment Fidelity.**

# Questions?

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# Children's Habilitation Intervention Services (State Plan) Eligibility

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# Eligibility Requirements

## State Plan Habilitation Intervention Services

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- ❖ Medicaid Eligible
- ❖ Birth-through the month of their 21<sup>st</sup> birthday
- ❖ Functional needs or a combination of functional and behavioral needs that require intervention services

# Eligibility Determination: Screening

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- ❖ Individual goes to their chosen provider to complete Vineland (this is a one-time screening).
  - ❖ Individuals who currently have an eligibility letter for Children's Developmental Disability Services do not have to complete an additional screening.
  - ❖ Can be completed by the IAP, school, psychologist, DDA, Department Crisis Prevention and Court Services member, Department Infant Toddler Program Staff or Contractor or Independent Habilitation Intervention Provider.
- ❖ If the individual has not accessed Habilitation Intervention services for more than 365 days, a new screening must be completed.

# Eligibility Determination: Screening

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- ❖ The screening can be reimbursed one time, unless an additional screening is required in accordance with guidelines as outlined in the Medicaid Provider Handbook.
- ❖ If an additional screening is required, it may be completed again at any point in time under the following requirements:
  - ❖ Second Assessor; Same Respondent; or
  - ❖ Second respondent; Same Assessor.
- ❖ The second screening cannot be completed using a second Respondent AND a second Assessor.

# Eligibility Determination

## Functional and Behavioral Needs

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- ❖ A deficit is defined as 1.5 or more standard deviations below the mean for all functional areas or above the mean for maladaptive behavior.
- ❖ Needs are determined through the current version of the Vineland Adaptive Behavior Scales.

# Eligibility Determination

## State Plan Habilitation Intervention Services

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- ❖ A functional need is determined when a deficit is identified in 3 or more of the following areas:
  - ❖ Self care
  - ❖ Receptive and Expressive Language
  - ❖ Learning
  - ❖ Mobility (fine or gross motor skills)
  - ❖ Self direction
  - ❖ Capacity for independent living
  - ❖ Economic self-sufficiency
  - ❖ Maladaptive behavior

# Physician Recommendation for Habilitation Intervention Services

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- ❖ Children's Habilitation Intervention Services must be recommended by a physician or practitioner of the healing arts.
- ❖ Initial recommendation must be current (within 365 calendar days) but is not required annually.
- ❖ Is required to be submitted on the Department-required form with the request for prior authorization of services.
- ❖ If the individual has not accessed services for more than 365 days, a new physician recommendation must be obtained.

**Review: Physician's Recommendation Form**

# Ongoing Eligibility

## State Plan Habilitation Intervention Services

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- ❖ Provider completes an Assessment and Clinical Treatment Plan and submits to the Department's contractor to determine hours.
- ❖ Redetermination for continued eligibility is determined through review of data and treatment goals.

# Children's Habilitation Intervention Services

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# Habilitative Skills

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- ❖ This direct intervention service includes techniques used to develop, improve and maintain, to the maximum extent possible, the developmentally appropriate functional abilities and daily living skills needed by an individual.
- ❖ Intervention services include teaching and coordinating methods of training with family members caring for the eligible individual.
- ❖ Services include individual or group interventions.

# Behavioral Intervention

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- ❖ This service utilizes direct intervention techniques used to produce positive meaningful changes in behavior that incorporate replacement behaviors and reinforcement-based strategies.
- ❖ Intervention services include teaching and coordinating methods of training with family members caring for the eligible individual.
- ❖ Evidence-based or evidence-informed practices are used to promote positive behaviors and learning while reducing interfering behaviors and developing behavioral self-regulation.
- ❖ Services include individual or group behavioral interventions.

# Interdisciplinary Training

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- ❖ Companion service to Habilitative Skill and Behavioral Intervention. This service allows for collaboration and training between an Intervention Specialist or Professional and the following:

Speech Language and Hearing Professional (SLP)	Physical Therapist (PT)
Occupational Therapist (OT)	Medical Professional
Behavioral/Mental Health Professional	

# Crisis Intervention

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- ❖ Crisis Intervention is available when an individual experiences an unanticipated event circumstance or life situation that places them at risk of at least one of the following:
  - ❖ Hospitalization;
  - ❖ Risk of out of home placement;
  - ❖ Incarceration; or
  - ❖ Physical harm to self or others, including a family altercation or psychiatric relapse.
- ❖ Crisis Intervention can include:
  - ❖ Training to staff; and
  - ❖ Delivering emergency intervention; and
  - ❖ Developing a crisis plan.
- ❖ Crisis Intervention can also be requested retroactively.
  - ❖ It must be requested within 72 hours of providing the services.

# Questions?

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# Supervision

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- ❖ Includes both face-to-face observation and direction to the staff regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for an individual.
- ❖ Supervision is also provided to ensure staff demonstrate the necessary skills to correctly provide the services as defined in this rule set. It also informs of any modification needed to the methods to be implemented to support the accomplishment of outcomes identified in the Assessment and Clinical Treatment Plan.
- ❖ Frequency, amount, and supervisor qualification must be provided in accordance with each individual provider qualification. For evidence-based providers, supervision must be provided in accordance with the requirements of the model.

# Supervision

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**Supervision** is required for the following provider qualifications:

- ❖ Crisis Intervention Technician (weekly supervision)
- ❖ Habilitative Skills Technician (weekly supervision)
- ❖ Intervention Specialist (monthly supervision)
- ❖ EBM Paraprofessional (in accordance with the EB Model)
- ❖ EMB Intervention Specialist ((n accordance with the EB Model)

For Intervention Specialists who provide services to children birth to three (0-3) years of age, the Intervention Specialist or Intervention Professional who provides supervision must also meet the birth to three (0-3) requirements

# Questions?

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# Assessment & Clinical Treatment Plan (ACTP)

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- ❖ This document guides the recommendations for Children's Habilitation Intervention Services, including the amount of hours and provider qualification(s) and will guide the development of Implementation Plans.
- ❖ The ACTP must be on a Department Approved Form.
  - ❖ This document originally was drafted by the Enhancement clinical workgroup and a sub workgroup made up of clinical community providers, providers and Department staff.
  - ❖ It was then reviewed by the Enhancement Provider Advisory workgroup.
  - ❖ A sub workgroup was then created to draft an instructions and companion document (which includes examples).
- ❖ The ACTP must be completed initially and updated annually.
  - ❖ It can be reimbursed initially and annually as well.
- ❖ The ACTP will be submitted to gain Prior Authorization of Intervention Services.

# Assessment & Clinical Treatment Plan (ACTP)

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- ❖ Using information from the Screening, an ACTP will be completed which includes the following minimum requirements (not inclusive):
  - ❖ Clinical Interviews; and
  - ❖ Administration of a current, objective, and validated comprehensive skills assessment or developmental assessment approved by the Department; and
  - ❖ Review of assessments, reports, or relevant histories; and
  - ❖ Observations; and
  - ❖ Reinforcement invention or preference assessment; and
  - ❖ Transition plan
- ❖ Recommendations for services will be included
- ❖ The ACT-P must be on a Department Approved Form

# What are the Components of the ACTP?

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**Let's review the ACTP**

**ACT-P**

**ACTP TOOLS**

**PA AMENDMENT FORM & INSTRUCTIONS**

# Questions?

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# Implementation Plans

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- ❖ Once the ACTP has been completed, the Agency/Independent Provider must create Implementation Plans to detail how intervention will be provided.
- ❖ Implementation Plans created must relate to an identified goal from the ACTP.
- ❖ Implementation Plans do not have to be created on a Department approved form/template.

# What are the Components of an Implementation Plan?

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- ❖ The Implementation Plans must include all of the following components:
  - ❖ Participant's name;
  - ❖ Measurable, behaviorally-stated objectives, a baseline statement; and target date for completion;
  - ❖ Identification of the type of environment(s) and specific location(s) where objectives will be implemented;
  - ❖ Precursor behaviors for individuals receiving Behavioral Intervention;
  - ❖ Description of the treatment modality to be utilized;
  - ❖ Discriminative stimulus or direction;

# Components continued

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- ❖ Targets, steps, task analysis or prompt level;
- ❖ Correction procedure;
- ❖ Data collection;
- ❖ Reinforcement, including type and frequency; and
- ❖ A plan for generalization and a plan for family training;
- ❖ A behavior response plan for individuals receiving Behavioral Intervention;
- ❖ Any restrictive or aversive components being implemented and the documentation of review and approval by a licensed individual working within the scope of their practice;
- ❖ Be signed by the qualified provider who completed the documents(s), as indicated by signature, credential, date, and must document that a copy of the individual's Implementation Plan(s) were offered to the individual's parent/decision making authority.

# Questions?

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# Prior Authorization

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- ❖ Once the Assessment & Clinical Treatment Plan and the Implementation Plans have been completed, they must be submitted for Prior Authorization of services.
- ❖ All services listed on the individual's ACTP must be prior authorized.
- ❖ These documents will be submitted to the authorizing agency for review and approval or denial.
- ❖ Notices of approval/denial will be sent to both the parent/decision making authority and the Agency/Independent Provider.
- ❖ Prior Authorization will have to be completed initially, at 120-days, at 240-days and annually.

# Initial Prior Authorization

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Initial Prior Authorization must include submission of all of the following:

- ❖ The Service Eligibility Determination Form
- ❖ A Physicians Recommendation
- ❖ The Assessment and Clinical Treatment Plan
- ❖ Implementation Plan(s)

**Review: Services Eligibility Determination Form**

# Individuals Who Have Not Accessed Intervention Services in the Last 365 Days

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- ❖ Once the initial prior authorization request has been submitted, these individuals can access intervention services:
  - ❖ For a maximum of twenty-four (24) hours
  - ❖ For up to 30 calendar days or until the prior authorization is approved
- ❖ **Reminder**: this is only available to individuals who have not accessed intervention services during the last year

# Questions?

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# 120 day and 240 day Prior Authorization

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- ❖ 120-day and 240 day Prior Authorization requests must include submitting all of the following:
  - ❖ A list of the individual'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, amount & frequency being requested, and the qualification of the individual(s) who will provide them
  - ❖ If new implementation plans have been created after the initial prior authorization occurred, they must be submitted with the 120-day and 240-day prior authorization request

# Questions?

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# Annual Prior Authorization

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Annual Authorizations must include submitting all of the following:

- ❖ An updated Assessment and Clinical Treatment Plan
- ❖ Written summary which includes:
  - ❖ Analysis of data regarding the individual's progress or lack of progress, and
  - ❖ Justification for any changes made to implementation of programming, and
  - ❖ Justification for new goals and objectives, and discontinuation of goals or objectives, if applicable; and
  - ❖ Summary to include, and a summary of parent(s)/caregiver(s) response to teaching of coordinated methods.
- ❖ Implementation Plan(s)
- ❖ Graphs that include change lines

# Questions?

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# Prior Authorization for Crisis Intervention

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- ❖ If it is identified that an individual qualifies for the service of Crisis Intervention the following Prior Authorization process will be completed.
  - ❖ Agency/Independent Provider will complete the Crisis Prior Authorization Request Form and submit it to the PA'ing entity.
  - ❖ The Department is working with the PA'ing entity to determine the turnaround timeframe for this authorization.
    - ❖ Recommendation is no more than 2 business days.
  - ❖ Crisis Intervention may also be requested retroactively. The provider must submit the Crisis PA request within 72 hours of providing the service.

# Questions?

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# Documentation Requirements

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- ❖ Agencies and Independent Providers are required to have program documentation for each visit made or service provided to the individual.
- ❖ This documentation must be maintained by the provider in accordance with IDAPA 16.05.07.101.01.

# What are the Documentation Requirements?

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- ❖ Documentation must include all of the following components:
  - ❖ Date and time of visit
  - ❖ Documentation of service provided including a statement of the individual's response to the service including any changes in his or her condition, and if Interdisciplinary Training is provided documentation must include who the service was delivered to and the content covered
  - ❖ Data documentation that corresponds to the implementation plans
  - ❖ Length of visit, including time in and time out
  - ❖ Location of service delivery
  - ❖ Signature of the individual providing the service, date signed and credential

# Questions?

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# Intervention Provider Qualifications

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# Provider Qualifications Process Changes

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- ❖ Developmental Disability Agencies
  - ❖ After 7/1/19, DDAs will be required to review and approve provider qualifications for their staff. The Department will no longer be doing this work.
  - ❖ DDAs will also be responsible for monitoring continuing training requirements.
- ❖ Independent Providers
  - ❖ All enrollment applications will be reviewed by the Department to ensure qualifications to provide the services are met.
  - ❖ Continuing training requirements will be reviewed by the Department as part of the Quality Assurance process.

# Who Can Provide State Plan Intervention Services?

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- ❖ **Evidence Informed Providers:**

- ❖ Providers that use elements or components of evidence-based techniques, but do not adhere to a single defined evidence-based model

- ❖ **Evidence Based Providers:**

- ❖ Providers that are credentialed to deliver Evidence-Based Interventions. These interventions have been scientifically researched and reviewed in peer reviewed journals, replicated successfully by multiple independent investigators, shown to produce measurable and substantiated beneficial outcomes, and are delivered with fidelity by credentialed individual trained in the evidence based model
- ❖ E.g. Applied Behavioral Analysis provided by an individuals certified by the Behavior Analyst Certification Board; Early Start Denver Model provided by an individual certified in ESDM

# Provider Qualifications: Crisis Intervention Technician

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- ❖ **Crisis Intervention Technician:** Can provide Crisis Intervention (emergency backup)
  - ❖ Meets the qualifications of a Community Based Supports staff (IDAPA 16.03.10.526.02)
    - ❖ Must be at least 18 years of age; and
    - ❖ Have a high school diploma or GED; and
    - ❖ Have 6 months supervised experience working with individuals with developmental disabilities; and
    - ❖ Have completed the competency coursework approved by the Department (Current Habilitative Supports Training).
  - ❖ Must be supervised by a Specialist or Professional, at a minimum of weekly, while they are providing the Crisis Intervention service

# Provider Qualifications: Habilitative Skill Technician

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- ❖ **Habilitative Skills Technician:** Can provide Habilitative Skill and emergency backup Crisis Intervention
  - ❖ Provisional position- limited to a single 18 successive month period
  - ❖ Currently enrolled and is within 15 semester credits to complete their bachelor's degree in a human services field; or
  - ❖ Has a bachelor's degree in a human services field and is working to gain experience to become an Intervention Specialist
  - ❖ Employed at a DDA or School
  - ❖ Must have weekly supervision by an Intervention Specialist or Intervention Professional

# Questions?

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# Provider Qualifications: Intervention Specialist

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- ❖ **Intervention Specialist:** Can provide all types of Intervention, complete Assessments and Implementation Plans
  - ❖ Hold's a current HI Certificate of Completion prior to 7/1/19; or
  - ❖ Bachelor's Degree in human service field or a degree with 24 credits in human service field, or
  - ❖ Has 1,040 hours of experience working with individuals 0-21 who demonstrate functional or behavioral needs; and

# Provider Qualifications: Intervention Specialist

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- ❖ Meets the Department approved competency by completing one of the following:
  - ❖ Department approved competency checklist; or
  - ❖ Has completed a minimum of 40-hours of Applied Behavior Analysis training delivered by an individual who is certified/credentialed to provide the training;  
or
  - ❖ Other Department approved competency as defined in the Medicaid Provider Handbook
- ❖ If completing assessments: must have a minimum of ten (10) hours of documented training and five (5) hours of supervised experience in designing comprehensive assessments and implementation plans for individuals with functional or behavioral needs
- ❖ Employed at a DDA or enrolled as a Independent Medicaid Provider (which has additional requirements)
- ❖ Birth to three (0-3) has additional requirements

# Intervention Specialist Human Services Degree

Human Service	Family Relations/Family and Child Services
Counseling (General, MH, Vocational, Pastoral, Rehabilitation) and Guidance	Psychology
Nursing	Education/Special Education
Sociology	Child Development/Human Development
Social Work	Therapeutic Recreation
Marriage and Family Therapy	Occupational Therapy
Physical Therapy	Speech Language Pathology/Communication Disorders
Art Therapy, Dance Therapy, Music Therapy	Behavioral Sciences/ABA

**Now let's review the Human Service Degree Worksheet for those that do not hold one of these bachelor's degrees**

# Provider Qualifications: Intervention Specialist Experience

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Has 1,040 hours of experience working with individuals 0-21 who demonstrate functional or behavioral needs

- ❖ Experience can be accrued in any duration of time
  - ❖ i.e. Experience must be 1,040 hours, but no longer requires one year to complete. If an individual has 1,040 hours of experience gained by working 40 hours a week for 6.5 months that will meet this minimum requirement
- ❖ Experience can be documented on the individuals resume

# Intervention Specialist Department Approved Competencies

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- ❖ A Department approved competency checklist referenced in the Medicaid Provider Handbook; or
- ❖ A minimum of 40 hours of applied behavior analysis training delivered by an individual who is certified/credentialed to provide the training; or
- ❖ Other competencies identified and approved by the Department will be added to the Medicaid Provider Handbook

# Intervention Specialist Department Approved Competencies Competency Checklist

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- ❖ Instructions for Completing the Department Approved Competency Checklist for Intervention Specialists  
AND
- ❖ Department Approved Competency Checklist

**Now let's review the Competency Checklist and its instructions.**

# Questions?

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# Intervention Specialist: Birth to Three (0-3)

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- ❖ An individual who provides services to children birth to three (0-3) years of age must also demonstrate a minimum of two hundred forty (240) hours of professionally-supervised experience providing assessment/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 (0-5) years of age with developmental delays or disabilities. Experience must be through paid employment or university internship/practicum experience and may be documented within the supervised experience listed in Section 575.02.b.i of these rules, 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/Early Childhood Special Education (EC/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 masters' 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:

# Birth to 3 Specialist Continued

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- (1) Promotion of development and learning for children from birth to five (0-5) 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; and
- (2) 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 (0-5) years of age, including typical and atypical development to support young children and families; and
- (3) 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/teacher/professional communication, and collaborating with other professionals; and
- (4) 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; and
- (5) 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
- (6) 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, knowledge and understanding of young children with developmental disabilities.

# Questions?

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# Provider Qualifications: Intervention Professional

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- ❖ **Intervention Professional:** Can provide all types of Intervention, complete Assessments and Implementation Plans
  - ❖ Master's degree or higher in psychology, education, applied behavior analysis **OR**
  - ❖ Has a Master's degree or higher in a related discipline with 1,500 hours of coursework/training in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis (may be included as part of degree program); and
  - ❖ Has 1,200 hours experience designing & implementing comprehensive behavioral therapies for individuals with functional or behavioral needs
  - ❖ Employed at a DDA or enrolled as a Independent Medicaid Provider (which has additional requirements)
  - ❖ Birth to three (0-3) has additional requirements

# Intervention Professional: Birth to Three (0-3)

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- ❖ An Individual who provides services to children birth to three (0-3) years of age must meet the requirements defined in IDAPA 16.03.09.575.03.c.
- ❖ This is the rule reference for the 0-3 requirements listed in the Intervention Specialist

# Provider Qualifications: EBM Para and Specialist

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- ❖ **Evidenced Based Model Paraprofessional:** Can provide Habilitative Skills, emergency backup Crisis Intervention, or Behavioral Intervention
  - ❖ Has a high school diploma; and
  - ❖ Is certified/credentialed in an Evidenced Based Model (EBM) at a paraprofessional level; and
  - ❖ Must be supervised in accordance with the evidence-based model.
- ❖ **Evidence Based Model Intervention Specialist:** Can provide all types of Intervention, complete Assessments and Implementation Plans
  - ❖ Has a bachelor's degree in accordance with their certification/credentialing requirements; and
  - ❖ Is certified/credentialed in an EBM
  - ❖ Birth to three (0-3) has additional requirements (240 hours experience working with children 0-3)
  - ❖ Employed at a DDA or enrolled as a Independent Medicaid Provider (which has additional requirements)

# Provider Qualifications: EBM Professional

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- ❖ **Evidence Based Model Intervention Professional:** Can provide all types of Intervention, complete Assessments and Implementation Plans
  - ❖ Has a master's degree in accordance with their certification/credentialing requirements; and
  - ❖ Is certified/credentialed in an EBM
  - ❖ Birth to three (0-3) has additional requirements (240 hours experience working with children 0-3)
  - ❖ Employed at a DDA or enrolled as a Independent Medicaid Provider (which has additional requirements)

# Questions?

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# Independent Provider Minimum Requirements

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- ❖ Meet the qualification as:
  - ❖ An Intervention Specialist; or
  - ❖ An Intervention Professional; or
  - ❖ An EBM Intervention Specialist; or
  - ❖ An EBM Intervention Professional

# Independent Provider Minimum Requirements (continued)

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- ❖ Obtain a Medicaid Provider Agreement and maintain in good standing; and
- ❖ Be certified in CPR and First Aid prior to delivering services and maintain certification; and
- ❖ Successfully complete a Criminal History Background check; and
- ❖ Follow all IDAPA requirements for “Children’s Habilitation Intervention Services” (16.03.09.570-577), and
- ❖ Be supervised as outlined in IDAPA 16.03.09.574.04 if they hold a bachelor’s degree.
  - ❖ This must occur at a minimum of 5% of the hours spent providing intervention per month, or as required by the EBM.

Provider Title	Provided Service	Independent Medicaid Provider	Supervision Oversight, Direction & Feedback
<b>Crisis Intervention Technician</b>	❖ Crisis Intervention-emergency backup intervention	No	❖ Supervision: Weekly ❖ Must be completed by a Specialist or Professional
<b>Habilitative Skills Technician</b>	❖ Habilitative Skill ❖ Crisis Intervention-emergency backup intervention	No	❖ Supervision: Weekly ❖ Must be completed by a Specialist or Professional
<b>Intervention Specialist</b>	❖ Habilitative Skill ❖ Behavioral Intervention ❖ Crisis Intervention ❖ Interdisciplinary Training ❖ Assessment & Clinical Treatment Plan/Implementation Plans	Yes	❖ Supervision: Monthly ❖ Must be completed by a Specialist or Professional
<b>Intervention Professional</b>	❖ Habilitative Skill ❖ Behavioral Intervention ❖ Crisis Intervention ❖ Interdisciplinary Training ❖ Assessment & Clinical Treatment Plan/Implementation Plans	Yes	❖ No
<b>Evidence-Based Model Intervention Paraprofessional</b>	❖ Habilitative Skill ❖ Crisis Intervention-emergency backup intervention ❖ Behavioral Intervention	No	❖ Supervision: In accordance with the EBM
<b>Evidence-Based Model Intervention Specialist</b>	❖ Habilitative Skill ❖ Behavioral Intervention ❖ Crisis Intervention ❖ Interdisciplinary Training ❖ Assessment & Clinical Treatment Plan/Implementation Plans	Yes	❖ Supervision: In accordance with the EBM
<b>Evidence-Based Model Intervention Professional</b>	❖ Habilitative Skill ❖ Behavioral Intervention ❖ Crisis Intervention ❖ Interdisciplinary Training ❖ Assessment & Clinical Treatment Plan/Implementation Plans	Yes	❖ No

# Continuing Training Requirements

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- ❖ Must complete a minimum of 12 hours of training each calendar year.
  - ❖ Including 1 hour of ethics, and 6 hours of behavior methodology or evidence-based interventions (5 hours of discretionary).
- ❖ Training must be relevant to the services being delivered.
- ❖ Topics can be repeated but content must be different each year.
- ❖ The following trainings cannot be applied to the individuals continued training requirements:
  - ❖ CPR/First Aid, fire & safety or agency Policies & Procedures.
- ❖ Training hours cannot roll forward into the next year.
- ❖ If an individual does not complete the required training during the previous calendar year, they may not provide services in the current calendar year until the required hours of training have been completed.

# Questions?

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# 1915i Services

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SUPPORT SERVICES

# Eligibility Requirements 1915i Support Services

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- ❖ Medicaid Eligible
- ❖ 0-18 years of age
- ❖ Developmental Disability Diagnosis
  - ❖ Autism
  - ❖ Intellectual Disability (FSIQ of 75 or lower)
  - ❖ Cerebral Palsy
  - ❖ Seizure Disorder
  - ❖ Closely related condition

# Eligibility Requirements 1915i Support Services

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- ❖ Substantial functional limitations (a score of 1.5 standard deviations below the mean) in three or more major life activities
  - ❖ Self care
  - ❖ Receptive and Expressive Language
  - ❖ Learning
  - ❖ Mobility (fine or gross motor skills)
  - ❖ Self direction
  - ❖ Capacity for independent living
  - ❖ Economic self-sufficiency

# Eligibility Determination

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- ❖ Application with supporting documentation is submitted to the Children's DD Program centralized intake
- ❖ Eligibility is completed through the Independent Assessment Provider (currently Liberty Healthcare)
- ❖ Vineland is the tool administered to determine functional limitations
- ❖ Eligibility is completed annually

# 1915i Support Services: Traditional

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- ❖ Eligibility for supports services will continue to be determined as it is today.
- ❖ The Independent Assessment Provider will continue to complete eligibility assessments every 365 days to determine the annual budget.
- ❖ Supports services will continue to be written on a Plan of Service completed by a Department Case Manager.
- ❖ Plan start and end dates will remain the same.
- ❖ Support services may be accessed until 18 years of age.

# Questions?

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# 1915i Support Services: Traditional

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- ❖ Respite
- ❖ Community-Based Supports
- ❖ Family Education

# Community-Based Supports

(formerly Habilitative Supports)

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- ❖ Assists individuals to access community activities
- ❖ Facilitate independence in community activities
- ❖ Explore interests and practice learned skills in natural settings
- ❖ Be provided in a group setting 2-3 children

## **Changes:**

- ❖ The provider qualification for the individual supervising a staff delivering CBS to a child birth to 3 must be an Intervention Specialist or higher. There is no longer an additional birth to 3 requirement for the supervisor.

# Respite

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- ❖ Short-term relief for unpaid caregiver.
- ❖ Can be provided by a Developmental Disability Agency (DDA) or Independent Provider.

## Changes:

- ❖ Can be delivered at the same time an unpaid caregiver is receiving Family Education (only time two Medicaid services may be provided at once).
- ❖ Independent Respite Providers can provide group respite for sibling groups. The following conditions apply for group respite:
  - ❖ The Independent Respite Provider must be related to the participants in the group, and;
  - ❖ The service must be provided in the home of the participants or the home of the Independent Respite Provider.

# Family Education

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- ❖ Family Education offers education to families on generalized strategies for behavioral modification and intervention techniques specific to the individual's diagnoses.

## Changes:

- ❖ A child may receive Respite at the same time a parent or family member is receiving Family Education. Professional service that offers education to family members to help them better meet the needs of the individual.
- ❖ Family members or other primary caregivers may also receive this service.

# Questions?

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# 1915i Support Services Provider Qualifications

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## **Providers of Community-Based Supports must:**

- ❖ Be at least 18 years of age, be a high school graduate or have a GED, have six months experience working with children with developmental disabilities, and have completed coursework approved by the Department.

## **Providers of respite must:**

- ❖ Be at least 16 years of age when employed by a DDA.
- ❖ Be at least 18 years of age and be a high school graduate, or have a GED, to act as an Independent Respite Provider.
- ❖ Complete a criminal history background check, and be CPR and First Aid certified.

## **Family Education**

- ❖ Can be provided by an agency certified as a DDA or an Independent Habilitation Intervention Providers. These providers of Family Education must meet the qualifications of an Intervention Specialist (EI or EBM) or Intervention Professional (EI or EBM).

# Questions?

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# Process for 1915i Services

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# 1915i Supports Services Process

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Plan of Service  
Developed and  
Authorized

CBS Provider Status  
Review  
6 month & annually

IAP  
Redetermination  
Annually

# Plan of Service Process

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- ❖ The Family Centered Plan has been revised to emphasize child and family choices and needs.
- ❖ Changes to the Plan of Service
  - ❖ Core Plan, which includes case management goals
    - ❖ Appendices
      - ❖ Supports Services
        - ❖ Health and Safety Checklist
      - ❖ Mental Health Services
      - ❖ Transition to Adult Services

# Case Management

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# Case Management Options

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- ❖ Intervention Only - No Case Management
- ❖ Intervention Only - Case Management
- ❖ Intervention - TRAD Supports- Case Management
- ❖ Intervention- FDS Supports- Support Broker
- ❖ Intervention- Case Management- FDS Supports- Support Broker

# Enhancements to Case Management

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- ❖ Provide education to families at multiple points in the process during the child's plan year to connect them to available services
- ❖ Promote and develop natural supports and resources and make referrals to other paid and unpaid community services as needed
- ❖ Identifies activities and actions to help family reach their goals
- ❖ Monthly monitoring and collaboration with service providers

# Questions?

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# Transition Plan

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# DDA Transition Plan

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- ❖ The current rules regarding 6 month and annual status reviews for HI services will end on June 30, 2019. You will not be required to formally submit any status reviews for HI that are due after this date.
- ❖ The agency is required to ensure treatment fidelity which includes ongoing monitoring of the services provided. The Department will conduct increased quality assurance for children who have not yet transitioned by completing an ACT-P.
- ❖ Monitoring and status reviews for supports services will remain the same. Any status reviews due after July 1 for supports services should be submitted to the plan monitor.

# Transition Plan

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No intervention can be authorized on a plan of service after July 1, 2019. The following will occur:

- ❖ Every child who has intervention on their existing plan will have a Prior Authorization issued for Intervention hours to begin effective July 1, 2019. Children will continue to receive the same number of Intervention hours as was written on the plan prior to June 30, 2019.
- ❖ A Notice of Authorization will be mailed to the parent and provider.
- ❖ Families must complete the Assessment and Clinical Treatment plan prior to the end of their Prior Authorization date to continue receiving intervention.
- ❖ If additional hours are needed prior to the end of the authorization date, the family can work with their provider to complete an Assessment and Clinical Treatment Plan.

# Transition Plan

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All families will fully transition based on their current plan end date.

- ❖ Plans with start dates between now and June 30, 2019
- ❖ Plans expiring in July 2019
- ❖ Plans expiring after August 1, 2019

# Transition Plan

## Start Dates Between Now and June 30

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- ❖ These plans are currently being written to end intervention on June 30, 2019.
- ❖ Prior authorization for intervention for the number of hours on the current plan of service will begin July 1, 2019 and run through the supports plan end date.
- ❖ Supports will continue as written on the plan.
- ❖ Family will complete Assessment and Clinical Treatment Plan prior to supports plan end date to continue intervention services.

# Transition Plan Plans Expiring July 2019

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- ❖ These plans are written with no intervention on the plan. Only supports services will be included on these plans.
- ❖ Prior authorization for intervention for the number of hours on the previous plan of service will begin July 1, 2019 and run through June 30, 2020.
- ❖ Assessment and Clinical Treatment Plan will need to be completed and hours prior authorized before June 30, 2020, to continue intervention services.

# Transition Plan

## Plans Expiring after August 1, 2019

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- ❖ These plans have already been written and may have intervention hours written on their plan through the budget.
- ❖ Prior authorization for intervention for the number of hours on the plan of service will begin July 1, 2019 and run through the supports plan end date.
- ❖ Family will complete Assessment and Clinical Treatment Plan prior to supports plan end date to continue intervention services.
- ❖ If there are additional funds remaining in the budget once intervention is removed, families may work with their Case Manager to write an addendum.

# Questions?

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# Quality Improvement

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- ❖ Children's Services Outcome Review (CSORs)
- ❖ HCBS site assessments (with Licensing and Certification surveys)
- ❖ Program Documentation review
- ❖ Review of continuing provider training requirements
- ❖ Fidelity reviews for Intervention services

# Reimbursement Rates

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- ❖ Fee schedules available.

# Questions?

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