

**IDAPA 16
TITLE 03
CHAPTER 09**

16.03.09 – MEDICAID BASIC PLAN BENEFITS

[Sections Omitted]

399. COVERED SERVICES UNDER BASIC PLAN BENEFITS.

Individuals who are eligible for Medicaid Basic Plan Benefits are eligible for the following benefits, subject to the coverage limitations contained in these rules. Those individuals eligible for services under IDAPA 16.03.10, “Medicaid Enhanced Plan Benefits,” are also eligible for the services covered under this chapter of rules, unless specifically exempted. (5-8-09)

01. Hospital Services. The range of hospital services covered is described in Sections 400 through 449 of these rules. (5-8-09)

- a.** Inpatient Hospital Services are described in Sections 400 through 406. (3-30-07)
- b.** Outpatient Hospital Services are described in Sections 410 through 416. (3-30-07)
- c.** Reconstructive Surgery services are described in Sections 420 through 426. (3-30-07)
- d.** Surgical procedures for weight loss are described in Sections 430 through 436. (3-30-07)
- e.** Investigational procedures or treatments are described in Sections 440 through 446. (3-30-07)

02. Ambulatory Surgical Centers. Ambulatory Surgical Center services are described in Sections 450 through 499 of these rules. (5-8-09)

03. Physician Services and Abortion Procedures. Physician services and abortion procedures are described in Sections 500 through 519 of these rules. (5-8-09)

- a.** Physician services are described in Sections 500 through 506. (3-30-07)
- b.** Abortion procedures are described in Sections 510 through 516. (3-30-07)

04. Other Practitioner Services. Other practitioner services are described in Sections 520 through 559 of these rules. (5-8-09)

- a.** Non-physician practitioner services are described in Sections 520 through 526. (7-1-17)
- b.** Chiropractic services are described in Sections 530 through 536. (3-30-07)
- c.** Podiatrist services are described in Sections 540 through 545. (3-29-12)
- d.** Licensed midwife (LM) services are described in Sections 546 through 552. (3-29-12)
- e.** Optometrist services are described in Sections 553 through 556. (3-29-12)

05. Primary Care Case Management. Primary care case management services are described in Sections 560 through 579 of these rules. (5-8-09)

- a.** Healthy Connections services are described in Sections 560 through 566. (4-4-13)

06. Prevention Services. The range of prevention services covered is described in Sections 570 through 649 of these rules. (4-4-13)

- a. Children’s Habilitation Intervention Services are described in Sections 570 through 577. (7-01-19T)
- b. Child Wellness Services are described in Sections 580 through 586. (3-30-07)
- c. Adult Physical Services are described in Sections 590 through 596. (3-30-07)
- d. Screening mammography services are described in Sections 600 through 606. (3-30-07)
- e. Diagnostic Screening Clinic services are described in Sections 610 through 614. (4-4-13)
- f. Additional Assessment and Evaluation services are described in Section 615. (4-4-13)
- g. Health Questionnaire Assessment is described in Section 618. (4-4-13)
- h. Preventive Health Assistance benefits are described in Sections 620 through 626. (5-8-09)
- i. Nutritional services are described in Sections 630 through 636. (3-30-07)
- j. Diabetes Education and Training services are described in Sections 640 through 646. (3-30-07)

[Sections Omitted]

(4-4-13)

560. -- 569. (RESERVED)

**SUB AREA: PREVENTION SERVICES
(Sections 570 - 649)**

570. 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 intervention services are delivered directly to Medicaid eligible individuals with identified developmental limitations that impact the individual’s functional skills and behaviors across an array of developmental domains. Case Management is an available option to assist individuals accessing Children’s Habilitation Intervention Services by the Department as described in the Medicaid Handbook. (7-01-19T)

571. CHILDREN’S HABILITATION INTERVENTION SERVICES: DEFINITIONS. (7-01-19T)

01. Annual. Every three hundred sixty-five (365) days except during a leap year which equals three hundred sixty-six (366) days. (7-01-19T)

02. Assessment and Clinical Treatment Plan. A comprehensive assessment that guides the formation of the treatment plan that includes developmentally-appropriate objectives and strategies related to identified goals. (7-01-19T)

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. (7-01-19T)

04. Baseline. A participant’s skill level prior to receiving intervention that is written in measurable terms

that identify their functional and/or behavioral status. (7-01-19T)

05. Community. Natural, integrated environments outside the home, school, or DDA center-based settings. (7-01-19T)

06. Developmental Disabilities Agency (DDA). A DDA is an agency that is: (7-01-19T)

a. A type of developmental disabilities facility, as defined in Section 39-4604, Idaho Code, that is non-residential and provides services on an outpatient basis; (7-01-19T)

b. Certified by the Department to provide services to individuals with developmental disabilities; and (7-01-19T)

c. A business entity, open for business to the general public. (7-01-19T)

07. Duplication of Services. Services are considered duplicate when: (7-01-19T)

a. Goals are not separate and unique to each service provided; or (7-01-19T)

b. When more than one service is provided at the same time, unless otherwise authorized. (7-01-19T)

08. Evidence-Based Interventions. 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/credentialed individuals trained in the evidence-based model. (7-01-19T)

09. Evidence-Informed Interventions. Interventions that use elements or components of evidence-based techniques and are delivered by a qualified individual but are not certified/credentialed in an evidence-based model. (7-01-19T)

10. Human Services Field. A diverse field that is focused on improving the quality of life for individuals. Areas of academic study include, but are not limited to, sociology, special education, counseling, and psychology or other areas of academic study as referenced in the Medicaid Provider Handbook. (7-01-19T)

11. Intervention Services. Intervention services include outcome-based therapeutic services, and crisis assistance for eligible individuals. Intervention services include assessment and teaching and coordinating methods of training with family members or others caring for the eligible individual. (7-01-19T)

12. Objective. A behavioral outcome statement developed to address a need identified for an individual. An objective is written in measurable terms and includes criteria for successful achievement. (7-01-19T)

13. Practitioner of the Healing Arts, Licensed. Advanced practice registered nurse, nurse practitioner, or physician assistant. (7-01-19T)

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. (7-01-19T)

15. Telehealth. Telehealth is an electronic real-time synchronized audio-visual contact between a qualified professional and individual for the purpose of treatment. The professional and participant interact as if they were having a face-to-face service. Telehealth services must be delivered in accordance with the Idaho Medicaid Telehealth Policy at <https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf>. (7-01-19T)

16. Treatment Fidelity. The consistent and accurate implementation of children's habilitation services accordance with the modality, manual, protocol or model. (7-01-19T)

572. CHILDREN'S HABILITATION INTERVENTION SERVICES: ELIGIBILITY REQUIREMENTS.
(7-01-19T)

01. Medicaid Eligibility. Individuals must be eligible for Medicaid and the service for which the Children's Habilitation Intervention Services provider is seeking reimbursement. (7-01-19T)

02. Age of Participants. Children's Habilitation Intervention Services are available to participants from birth through the month of their twenty-first (21) birthday. (7-01-19T)

03. Eligibility Determination. Individuals eligible to receive Children's Habilitation Intervention Services must have a demonstrated functional need or a combination of functional and behavioral needs that require intervention services as identified initially by a screening. A functional or behavioral need is determined by the screening tool 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. Needs are determined through the current version of the Vineland Adaptive Behavior Scales or other Department-approved screening tools that are conducted by the family's chosen Children's Habilitation Intervention Services provider, the Department or its designee and are administered in accordance with the protocol of the tool. The following criteria applies: (7-01-19T)

a. If a screening tool has been completed within the last three hundred sixty-five (365) calendar days by the Department or its designee, an additional screening is not required. (7-01-19T)

b. If the individual has a current eligibility assessment and has been determined eligible, a new screening tool is not required. (7-01-19T)

c. If the individual has not accessed Children's Habilitation Intervention Services for more than three hundred sixty-five (365) calendar days, then a new screening must be completed. (7-01-19T)

573. CHILDREN'S HABILITATION INTERVENTION SERVICES: COVERAGE AND LIMITATIONS.
(7-01-19T)

01. Service Delivery. The Children's Habilitation Intervention Services allowed under the Medicaid state plan authority include evaluations, diagnostic and therapeutic treatment services provided on an outpatient basis. These services help improve individualized functional skills, develop replacement behaviors, and promote self-sufficiency of the individual, pursuant to Preventative Services as identified at 42 CFR §440.130(c). Children's Habilitation Intervention Services may be delivered as community-based, home-based, or center-based in accordance with the requirements of this chapter. Duplication of services is not reimbursable. (7-01-19T)

02. 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. (7-01-19T)

a. 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. (7-01-19T)

b. The physician's recommendation must be current (within three hundred sixty-five (365) calendar

days). If the individual 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. (7-01-19T)

03. Required Screening. All participants must receive a screening to identify their functional and/or behavioral needs in accordance with medical necessity (per definition contained in Section 880 of this chapter of rules) and the criteria established by the Department. The screening must be completed prior to implementation of any service and the following apply: (7-01-19T)

a. Is not required annually; and (7-01-19T)

b. Cannot be billed more than once unless an additional screening is required in accordance with guidelines as outlined in the Medicaid Provider Handbook. (7-01-19T)

04. Services. All Children's Habilitation Intervention Services recommended on an individual's Assessment and Clinical Treatment Plan must be prior authorized by the Department or its contractor. The following Children's Habilitation Intervention Services are available for eligible individuals and are reimbursable services when provided in accordance with these rules: (7-01-19T)

a. Habilitative Skill. 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. This service may include teaching and coordinating methods of training with family members or others who regularly participate in caring for the eligible individual. Services include individual or group interventions. (7-01-19T)

i. Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) individuals. (7-01-19T)

ii. As the number and needs of the individuals increase, the staff-to-individual ratio must be adjusted accordingly. (7-01-19T)

iii. Group services should only be delivered when the individual's objectives relate to benefiting from group interaction. (7-01-19T)

b. Behavioral Intervention. This service utilizes direct intervention techniques used to produce positive meaningful changes in behavior that incorporate functional replacement behaviors and reinforcement-based strategies while also addressing any identified Habilitative Skill needs. These services are provided to individuals who exhibit interfering behaviors that impact the independence or abilities of the individual, such as impaired social skills and communication or destructive behaviors. Intervention services may include teaching and coordinating methods of training with family members or others who regularly participate in 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 Intervention. (7-01-19T)

i. Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) individuals. (7-01-19T)

ii. As the number and severity of the individuals with behavioral issues increases, the staff-to-individual ratio must be adjusted accordingly. (7-01-19T)

iii. Group services should only be delivered when the individual's objectives relate to benefiting from group interaction. (7-01-19T)

c. Interdisciplinary Training. This is a companion service to Behavioral Intervention and Habilitative Skill and is used to assist with implementing an individual's health and medication monitoring, positioning and physical transferring, use of assistive equipment, and intervention techniques in a manner that meets the individual's needs. This service is to be utilized for collaboration, with the individual present, during the provision of services between the Intervention Specialist or Professional and a Speech Language and Hearing Professional (SLP), Physical Therapist (PT), Occupational Therapist (OT), medical professional, or behavioral/mental health professional. (7-01-19T)

d. Crisis Intervention. This service may include providing training to staff directly involved with the individual; delivering emergency backup intervention directly with the eligible individual; and developing a crisis plan that directly addresses the behavior occurring and the necessary intervention strategies to minimize the behavior and future occurrences. This service may provide training and staff development related to the needs of a participant. (7-01-19T)

i. Crisis Intervention is available for individuals who have an unanticipated event, circumstance, or life situation that places an individual at risk of at least one (1) of the following: (7-01-19T)

- (1) Hospitalization; or (7-01-19T)
- (2) Out of home placement; or (7-01-19T)
- (3) Incarceration; or (7-01-19T)
- (4) Physical harm to self or others, including a family altercation or psychiatric relapse. (7-01-19T)

ii. Children's Crisis Intervention services: (7-01-19T)

- (1) Are provided in the home and community. (7-01-19T)
- (2) Are provided on a short-term basis typically not to exceed thirty (30) days. (7-01-19T)
- (3) Must use positive behavior interventions prior to and in conjunction with the implementation of any restrictive intervention. (7-01-19T)
- (4) Telehealth resources may be used to provide consultation in a crisis situation. (7-01-19T)

e. Assessment and Clinical Treatment Plan. Using the information obtained from the required screening tool, the qualified provider conducts an assessment to evaluate the individual's strengths, needs, and functional abilities across environments. This process guides the development of intervention strategies and recommendations for services related to the individual's identified needs. The Assessment and Clinical Treatment Plan must be completed on a Department approved form as referenced in the Medicaid Provider Handbook. (7-01-19T)

i. The Assessment and Clinical Treatment Plan must contain the following minimum standards: (7-01-19T)

- (1) Individual's demographic information; and (7-01-19T)
- (2) Clinical interview(s) must be completed with the parent/decision making authority; and (7-01-19T)

- (3) Direct caregiver(s) when applicable; and (7-01-19T)
- (4) Administration of a current, objective, and validated comprehensive skills assessment or comprehensive developmental assessment approved by the Department; and (7-01-19T)
- (5) Review of assessments, reports, and relevant history; and (7-01-19T)
- (6) Observations in more than one environment; and (7-01-19T)
- (7) A reinforcement inventory or preference assessment; and (7-01-19T)
- (8) A transition plan; and (7-01-19T)
- (9) A list of all Children's Habilitation Intervention Services being requested and the qualification of the individual who will provide them; and (7-01-19T)
- (10) Settings where services will be delivered; and (7-01-19T)
- (11) Recommendations for frequency of service(s); and (7-01-19T)
- (12) Be signed by the individual completing the assessment and the parent/decision making authority. (7-01-19T)
 - ii. The Children's Habilitation Intervention provider must document that a copy of the Assessment and Clinical Treatment Plan was offered to the individual's parent/decision making authority. (7-01-19T)
 - iii. The Assessment and Clinical Treatment Plan must be monitored and adjusted to reflect the current needs of the individual upon submission of each annual prior authorization request. (7-01-19T)

574. CHILDREN'S HABILITATION INTERVENTION SERVICES: PROCEDURAL REQUIREMENTS. All Children's Habilitation Intervention Services identified on an individual's Assessment and Clinical Treatment Plan must be prior authorized by the Department or its contractor and must be maintained in each individual's file. The Children's Habilitation Intervention provider is responsible for documenting and submitting the individual's Assessment and Clinical Treatment Plan to obtain prior authorization before delivering any Children's Habilitation Intervention Services. (7-01-19T)

01. Prior Authorization Request. The request must be submitted to the Department or its contractor who will review and approve or deny prior authorization requests and notify the provider and the parent/decision making authority of the decision. Prior authorization is intended to help ensure the provision of medically necessary services and will be approved according to the timeframes established by the Department and as described in the Medicaid Handbook. (7-01-19T)

- a. Initial prior authorization requests must include: (7-01-19T)
 - i. The Service Eligibility Determination Form; and (7-01-19T)
 - ii. A physician's recommendation; and (7-01-19T)
 - iii. The Assessment and Clinical Treatment Plan; and (7-01-19T)

iv. Implementation Plan(s). (7-01-19T)

b. Once the initial request for prior authorization is submitted, Children's Habilitation Intervention Services may be initiated if the Children's Habilitation Intervention Services have not been accessed by the individual over the past three hundred sixty-five (365) calendar days for: (7-01-19T)

i. A maximum of twenty-four (24) total hours; and (7-01-19T)

ii. A maximum of thirty (30) calendar days or until the prior authorization is approved. (7-01-19T)

c. 120-day and 240-day prior authorization requests must include: (7-01-19T)

i. A list of the individual's objectives; and (7-01-19T)

ii. Graphs showing change lines; and (7-01-19T)

iii. A brief analysis of data regarding progress or lack of progress to meeting each objective. (7-01-19T)

iv. List of all Children's Habilitation Intervention Services, amount and frequency being requested, and the qualification of the individual(s) who will provide them. (7-01-19T)

v. The 240-day submission for prior authorization must include the request for the annual Assessment and Clinical Treatment Plan. (7-01-19T)

vi. 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. (7-01-19T)

d. Annual prior authorization may be requested by submitting an updated Assessment and Clinical Treatment Plan; and (7-01-19T)

i. Implementation Plan(s); and (7-01-19T)

ii. Graphs that include change lines; and (7-01-19T)

iii. Written summary which includes: (7-01-19T)

1) Analysis of data regarding the individual's progress or lack of progress, and (7-01-19T)

2) Justification for any changes made to implementation of programming, and (7-01-19T)

3) Justification for new goals and objectives, and discontinuation of goals or objectives, if applicable; and (7-01-19T)

4) A summary of parent(s)/caregiver(s) response to teaching of coordinated methods. (7-01-19T)

e. The following services do not need to be prior authorized: (7-01-19T)

i. The initial Assessment and Clinical Treatment Plan. (7-01-19T)

ii. Crisis Intervention. Authorization for crisis intervention may be requested retroactively as a result of a crisis, when no other means of support is available to the participant. 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. (7-01-19T)

02. Implementation Plan(s). Using the information from the Assessment and Clinical Treatment Plan, the qualified provider will create implementation plans to provide details on how intervention will be implemented. All implementation plan objectives must be related to a need identified on the Assessment and Clinical Treatment Plan. The implementation plan(s) must include the following requirements: (7-01-19T)

- a. Participant's name; and (7-01-19T)
- b. Measurable, behaviorally-stated objectives, a baseline statement; target date for completion; and (7-01-19T)
- c. Identification of the type of environment(s) and community location(s) where objectives will be implemented; and (7-01-19T)
- d. Precursor behaviors for individuals receiving Behavioral Intervention; and (7-01-19T)
- e. Description of the treatment modality to be utilized; and (7-01-19T)
- f. Discriminative stimulus or direction; and (7-01-19T)
- g. Targets, steps, task analysis or prompt level; and (7-01-19T)
- h. Correction procedure; and (7-01-19T)
- i. Data collection; and (7-01-19T)
- j. Reinforcement, including type and frequency; and (7-01-19T)
- k. A plan for generalization and a plan for family training; and (7-01-19T)
- l. A behavior response plan for individuals receiving Behavioral Intervention; and (7-01-19T)
- m. 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 (7-01-19T)
- n. 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. (7-01-19T)

03. Requirements for Program Documentation. Providers must maintain records for each individual served. A copy of this documentation must be maintained by the provider in accordance with IDAPA 16.05.07.101.01. Failure to maintain such documentation may result in the recoupment of funds paid for undocumented services. For each individual, the following program documentation is required for each visit made or service provided to the individual, including at a minimum the following information: (7-01-19T)

- a. Date and time of visit; and (7-01-19T)
- b. 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; and (7-01-19T)

- c. Data documentation that corresponds to the implementation plans; and (7-01-19T)
- d. Length of visit, including time in and time out; and (7-01-19T)
- e. Location of service delivery; and (7-01-19T)
- f. Signature of the individual providing the service, date signed, and credential. (7-01-19T)

04. Supervision. Supervision 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. The 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 is required for the following provider qualifications as defined in IDAPA 16.03.09.575.01, 16.03.09.575.02, 16.03.09.575.03, 16.03.09.575.05 and 16.03.09.575.06. 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. (7-01-19T)

575. CHILDREN'S HABILITATION INTERVENTION SERVICES: PROVIDER QUALIFICATIONS AND DUTIES. Children's Habilitation Intervention Services can be delivered by individuals who meet the qualifying criteria below and are employed by a certified DDA or is an individual who meets the requirements in these rules and is enrolled as an Independent Children's Habilitation Intervention Services provider. These Medicaid enrolled providers can deliver services to individuals with developmental disabilities or identified qualifying functional and/or behavioral needs. Providers who deliver Children's Habilitation Intervention Services to children birth to three (0-3) years of age must meet the additional requirements listed in these rules. (7-01-19T)

01. Crisis Intervention Technician. A Crisis Intervention Technician can only deliver emergency backup Crisis Intervention directly with the eligible individual and must meet the qualifications of a Community Based Supports staff as defined in IDAPA 16.03.10.526.02. This Technician must be under the supervision of a Specialist or Professional who is observing and reviewing the direct Crisis Intervention services performed. This must occur on a weekly basis, or more often as necessary, to ensure the Technician demonstrates the necessary skills to correctly provide the Crisis Intervention service. (7-01-19T)

02. Habilitative Skill Technician. This type of provider can deliver Habilitative Skill and emergency backup Crisis Intervention. This is a provisional position intended to allow an individual to gain the necessary degree and/or experience needed to qualify as an Intervention Specialist. They must be an employee of a DDA or School and be under the supervision of a Specialist or Professional who is observing and reviewing the direct services performed by the Habilitative Skill Technician. Supervision must occur on a weekly basis, or more often as necessary, to ensure the Habilitative Skill Technician demonstrates the necessary skills to correctly provide the Habilitative Skill service. Provisional status is limited to a single eighteen (18) successive month period. The qualifications for this type of provider can be met by one of the following: (7-01-19T)

- a. An individual who is currently enrolled and is within 15 semester credits or equivalent to complete their bachelor's degree from an accredited institution in a human services field; or (7-01-19T)
- b. An individual who holds a bachelor's degree in a human services field from an accredited institution. (7-01-19T)

03. Intervention Specialist. This type of provider can deliver all types of Children’s Habilitation Intervention Services, complete assessments and implementation plans, and must be under the supervision of a Specialist or Professional who is observing and reviewing the direct Children’s Habilitation Intervention Services performed. Supervision must occur on a monthly basis, or more often as necessary, to ensure the Intervention Specialist demonstrates the necessary skills to correctly provide the service. An Intervention Specialist who will complete 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. The qualifications for this type of provider can be met by one of the following: (7-01-19T)

a. An individual who holds a current Habilitative Intervention Certificate of Completion (HICOC) in Idaho prior to July 1, 2019 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 (7-01-19T)

b. An individual who holds a bachelor’s degree from an accredited institution in a human services field or a has a bachelor’s degree and a minimum of twenty-four (24) semester credits or equivalent in a human services field; and (7-01-19T)

i. Can demonstrate one thousand forty (1,040) hours of supervised experience working with individuals birth to twenty-one (0-21) years of age who demonstrate functional or behavioral needs; and (7-01-19T)

ii. Meets the competency requirements by completing one of the following: (7-01-19T)

(1) A Department approved competency checklist referenced in the Medicaid Provider Handbook; or (7-01-19T)

(2) A minimum of 40-hours of applied behavior analysis training delivered by an individual who is certified/credentialed to provide the training; or (7-01-19T)

(3) Other Department approved competencies as defined in the Medicaid Provider Handbook. (7-01-19T)

c. 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: (7-01-19T)

i. An Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education; or (7-01-19T)

ii. A Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate; or (7-01-19T)

iii. 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: (7-01-19T)

(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 (7-01-19T)

(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 (7-01-19T)

(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 (7-01-19T)

(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 (7-01-19T)

(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 (7-01-19T)

(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. (7-01-19T)

04. 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: (7-01-19T)

a. Doctoral or master's degree 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, 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 (7-01-19T)

b. Has one thousand two hundred (1,200) hours of relevant experience in designing and implementing comprehensive behavioral therapies for individuals with functional or behavioral needs. (7-01-19T)

c. 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. (7-01-19T)

05. Evidence-Based Model (EBM) Intervention Paraprofessional. This type of provider can deliver Habilitative Skill, emergency backup Crisis Intervention, and Behavioral Intervention and must be supervised in accordance with the evidence-based model. The qualifications for this type of provider are: (7-01-19T)

a. An individual who holds a high school diploma or general equivalency diploma; and (7-01-19T)

b. Holds a para-level certification/credential in an evidence-based model approved by the Department. (7-01-19T)

06. Evidence-Based Model (EBM) 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: (7-01-19T)

- a. An individual who holds a bachelor's degree from an accredited institution in accordance with their certification/credentialing requirements; and (7-01-19T)
- b. Who is certified/credentialed in an evidence-based model approved by the Department. (7-01-19T)
- c. An individual who provides services to children birth to three (0-3) years of age must also have 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 three (0-3) years of age with developmental delays or disabilities. Experience must be through paid employment or university activities. (7-01-19T)

07. Evidence-Based Model (EBM) 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: (7-01-19T)

- a. An individual who holds a master's degree or higher from an accredited institution in accordance with their certification/credentialing requirements; and (7-01-19T)
- b. Who is certified/credentialed in an evidence-based model approved by the Department. (7-01-19T)
- c. An individual who provides services to children birth to three (0-3) years of age must meet the requirements defined in IDAPA 16.03.09.575.06.c. (7-01-19T)

08. Independent Children's Habilitation Intervention Services Provider. This type of provider can deliver all types of Children's Habilitation Intervention Services, complete assessments and implementation plans in accordance with their provider qualification. Documentation of supervision must be maintained in accordance with the Department's record retention requirements. To be an Independent Provider, the individual must: (7-01-19T)

- a. Be an Intervention Specialist as defined in IDAPA 16.03.09.575.03; or (7-01-19T)
- b. Be an Intervention Professional as defined in IDAPA 16.03.09.575.04; or (7-01-19T)
- c. Be an Evidence-Based Model (EBM) Intervention Specialist as defined in IDAPA 16.03.09.575.06; or (7-01-19T)
- d. Be an Evidence-Based Model (EBM) Intervention Professional as defined in IDAPA 16.03.09.575.07; and (7-01-19T)
- e. Obtain an Independent Medicaid Provider Agreement through the Department and maintain in good standing; and (7-01-19T)

f. Be certified in CPR and first aid prior to delivering services and maintain current certification thereafter; and (7-01-19T)

g. Complete a criminal history and background check, including clearance in accordance with IDAPA 16.05.06 “Criminal History and Background Checks”; and (7-01-19T)

h. Follow all requirements as defined in IDAPA 16.03.09.570-577 “Children’s Habilitation Intervention Services” as applicable; and (7-01-19T)

i. Be supervised as outlined in IDAPA 16.03.09.574.04 if they hold a bachelor’s degree. Supervision must occur at a minimum of 5% of the hours spent providing intervention services per month or as required by the evidence-based model; and (7-01-19T)

j. Must not receive supervision from an individual that they are directly supervising. (7-01-19T)

09. Continuing Training Requirements. Each individual providing Children’s Habilitation Intervention Services must complete a minimum of twelve (12) hours of training each calendar year, including one (1) hour of ethics and six (6) hours of behavior methodology or evidence-based intervention. The following criteria applies: (7-01-19T)

a. Training must be relevant to the services being delivered. (7-01-19T)

b. Individuals who have not completed the required training during the previous calendar year, may not provide services in the current calendar year until the required number of training hours have been completed. (7-01-19T)

c. Training hours may not be earned in the current calendar year to be applied to a future calendar year. (7-01-19T)

d. Training topics can be repeated but the content of the continuing training must be different each calendar year. (7-01-19T)

e. Any training or coursework in CPR/First Aid, fire and safety or agency policies and procedures cannot be applied to the individuals continuing training requirements as outlined in 16.03.09.575.08. (7-01-19T)

576. CHILDREN’S HABILITATION INTERVENTION SERVICES: PROVIDER REIMBURSEMENT.
(7-01-19T)

01. Reimbursement. The statewide reimbursement rate for Children’s Habilitation Intervention Services was derived by using Bureau of Labor Statistics mean wage for the direct care staff providing the service, adjusted for employment-related expenditures, program-related costs, and general and administrative costs based on a cost survey. Reimbursement rates are set at a percentage of the state wide target reimbursement rate. The Department will take into consideration the factors of efficiency, economy, quality of care, and access to care when determining rates. (7-01-19T)

02. Cost Survey. The Department will conduct a cost survey every five (5) years from a statistically appropriate number of provider association representatives in order to obtain cost data for employment-related expenditures, program-related costs, and general and administrative costs. (7-01-19T)

03. Claim Forms. Provider claims for payment must be submitted on claim forms provided or approved by the Department. General billing instructions will be provided by the Department. (7-01-19T)

04. Rates. The reimbursement rates calculated for Children’s Habilitation Intervention Services include

both services and mileage. No separate charges for mileage will be paid by the Department for provider transportation to and from the participant's home or other service delivery location. (7-01-19T)

577. CHILDREN'S HABILITATION INTERVENTION SERVICES: QUALITY ASSURANCE

The Department will establish performance criteria to meet federal assurances that measure the outcomes and effectiveness of the Children's Habilitation Intervention Services. Quality assurance activities will include the observation of service delivery with participants, face to face visits to review program protocol, and review of participant records maintained by the provider. All Children's Habilitation Intervention Services providers must grant the Department immediate access to all information required to review compliance with these rules. (7-01-19T)

01. Quality Assurance. Quality Assurance consists of reviews to assure compliance with the Department's rules and regulations for Children's Habilitation Intervention Services. The Department will visit providers to monitor outcomes, assure treatment fidelity, and assure health and safety. The Department will also gather information to assess family and individual's satisfaction with services. These findings may lead to quality improvement activities to enhance provider processes and outcomes for the individual. If problems are identified that impact health and safety or are not resolved through quality improvement activities, implementation of a corrective action process will occur. (7-01-19T)

02. Quality Improvement. Quality improvement consists of the Department working with the provider to resolve identified issues and enhance services provided. Quality improvement activities may include: (7-01-19T)

- a. Consultation; and/or (7-01-19T)
- b. Technical assistance and recommendations, and/or (7-01-19T)
- c. A Corrective Action. (7-01-19T)

03. Corrective Action. Corrective action is a formal process used by the Department to address significant, ongoing, or unresolved deficient practice identified during the review process. Corrective action, as outlined in the Department's Corrective Action Plan Process, includes but is not limited to: (7-01-19T)

- a. Issuance of a corrective action plan; and/or (7-01-19T)
- b. Referral to Medicaid Program Integrity Unit; and/or (7-01-19T)
- c. Action against a provider agreement. (7-01-19T)

[Sections Omitted]

846.--849. (RESERVED)

850. SCHOOL-BASED SERVICE: DEFINITIONS.

01. Activities of Daily Living (ADL) for Personal Care Services. The performance of basic self-care activities in meeting an individual's needs for sustaining him in a daily living environment, including, but not limited to, bathing, washing, dressing, toileting, grooming, eating, communication, continence, mobility, and associated tasks. (7-1-16)

02. 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 intervention services are delivered directly to Medicaid eligible students with identified developmental limitations that impact the student's functional skills and behaviors across an array of developmental domains. Children's habilitation intervention services include habilitative skill, behavioral intervention, behavioral consultation, crisis intervention, and interdisciplinary training services. (7-01-19T)

03. Educational Services. Services that are provided in buildings, rooms, or areas designated or used as a school or an educational setting, which are provided during the specific hours and time periods in which the educational instruction takes place in the school day and period of time for these students, which are included in the individual educational plan (IEP) for the student. (7-1-16)

04. Evidence-Based Interventions. 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/credentialed individuals trained in the evidence-based model. (7-01-19T)

05. Evidence-Informed Interventions. Interventions that use elements or components of evidence-based techniques and are delivered by a qualified individual but are not certified/credentialed in an evidence-based model. (7-01-19T)

06. Human Services Field. A diverse field that is focused on improving the quality of life for individuals. Areas of academic study include, but are not limited to, sociology, special education, counseling, and psychology, or other areas of academic study as referenced in the Medicaid Provider Handbook. (7-01-19T)

07. School-Based Services. School-based services are health-related and rehabilitative services provided by Idaho public school districts and charter schools under the Individuals with Disabilities Education Act (IDEA). (7-1-13)

08. The Psychiatric Rehabilitation Association (PRA). An association that works to improve and promote the practice and outcomes of psychiatric rehabilitation and recovery. The PRA also maintains a certification program to promote the use of qualified staff to work for individuals with mental illness. <http://www.uspra.org>. (7-1-16)

09. PRA Credential. Certificate or certification in psychiatric rehabilitation based upon the primary population with whom the individual works in accordance with the requirements set by the PRA. (7-1-19)

10. Practitioner of the Healing Arts. A physician's assistant, nurse practitioner, or clinical nurse specialist who is licensed and approved by the state of Idaho to make such recommendations or referrals for Medicaid services. (7-1-13)

11. Serious Mental Illness (SMI). In accordance with 42 CFR 483.102(b)(1), a person with SMI: (3-20-14)

a Currently or at any time during the year, must have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified in the DSM-V; and (3-20-14)

b Must have a functional impairment that substantially interferes with or limits one (1) or more major life activities. Functional impairment is defined as difficulties that substantially interfere with or limit role functioning

with an individual's basic daily living skills, instrumental living skills, and functioning in social, family, vocational or educational contexts. Instrumental living skills include maintaining a household, managing money, getting around the community, and taking prescribed medication. An adult who met the functional impairment criteria during the past year without the benefit of treatment or other support services is considered to have a serious mental illness.

(3-20-14)

12. Serious and Persistent Mental Illness (SPMI). A participant must meet the criteria for SMI, have at least one (1) additional functional impairment, and have a diagnosis under DSM-V with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder. The only Not Otherwise Specified (NOS) diagnosis included is Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a conclusive diagnosis. (3-20-14)

13. Telehealth. Telehealth is an electronic real-time synchronized audio-visual contact between a qualified professional and participant for the purpose of treatment. The professional and participant interact as if they were having a face-to-face service. Telehealth services must be delivered in accordance with the Idaho Medicaid Telehealth Policy at <https://healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/TelehealthPolicy.pdf>. (7-01-19T)

851. SCHOOL-BASED SERVICE: PARTICIPANT ELIGIBILITY.

To be eligible for medical assistance reimbursement for covered services, school districts and charter schools must ensure the student is: (7-1-13)

01. Medicaid Eligible. Eligible for Medicaid and the service for which the school district or charter school is seeking reimbursement; (7-1-13)

02. School Enrollment. Enrolled in an Idaho school district or charter school; (7-1-13)

03. Age. Twenty-one (21) years of age or younger and the semester in which his twenty-first birthday falls is not finished; (3-30-07)

04. Educational Disability. Identified as having an educational disability under the Department of Education standards in IDAPA 08.02.03, "Rules Governing Thoroughness." (7-1-13)

05. Parental Consent. Providers must obtain a one-time parental consent to access public benefits or insurance from a parent or legal guardian for school-based Medicaid reimbursement. (7-1-16)

852. SCHOOL-BASED SERVICE: SERVICE-SPECIFIC PARTICIPANT ELIGIBILITY.

Skills Building/Community Based Rehabilitation Services (CBRS), Behavioral Intervention, Behavioral Consultation, and Personal Care Services (PCS) have additional eligibility requirements. (7-1-19)

01. Skills Building/Community Based Rehabilitation Services (CBRS). To be eligible for Skills Building/CBRS, the student must meet one (1) of the following: (7-1-19)

a. A student who is a child under eighteen (18) years of age must meet the Serious Emotional Disturbance (SED) eligibility criteria for children in accordance with the Children's Mental Health Services Act, Section 16-2403, Idaho Code. A child who meets the criteria for SED must experience a substantial impairment in functioning. The child's level and type of functional impairment must be documented in the school record. A Department-approved assessment must be used to obtain the child's initial functional impairment score. Subsequent scores must be obtained at least annually in order to determine the child's change in functioning that occurs as a result of mental health treatment. (7-1-16)

b. A student who is eighteen (18) years old or older must meet the criteria of Serious and Persistent Mental Illness (SPMI). This requires that a student participant meet the criteria for SMI, as described in 42 CFR 483.102(b)(1), have at least one (1) additional functional impairment, and have a diagnosis under DSM-V, or later edition, with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder. The only Not Otherwise Specified (NOS) diagnosis included is Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a conclusive diagnosis. In addition, the psychiatric disorder must be of sufficient severity

to affect the participant's functional skills negatively, causing a substantial disturbance in role performance or coping skills in at least two (2) of the areas listed below on either a continuous or intermittent basis, at least once per year. The skill areas that are targeted must be consistent with the participant's ability to engage and benefit from treatment. The detail of the participant's level and type of functional impairment must be documented in the medical record in the following areas: (7-1-16)

- i. Vocational/educational; (3-20-14)
- ii. Financial; (3-20-14)
- iii. Social relationships/support; (3-20-14)
- iv. Family; (3-20-14)
- v. Basic living skills; (3-20-14)
- vi. Housing; (3-20-14)
- vii. Community/legal; or (3-20-14)
- viii. Health/medical. (3-20-14)

02. Children's Habilitation Intervention Services.-Student's eligible to receive habilitative skill, behavioral intervention, behavioral consultation, crisis intervention, and interdisciplinary training services must have a standardized Department-approved assessment to identify functional and/or behavioral needs that interfere with the student's ability to access an education and require intervention services. (7-01-19T)

a. A functional need is determined when the student exhibits a deficit in an overall adaptive composite or deficits in three (3) or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. A deficit is defined as one point five (1.5) or more standard deviations below the mean for all functional areas. (7-01-19T)

b. A behavioral need is determined when the student exhibits maladaptive behaviors that include frequent disruptive behaviors, aggression, self-injury, criminal or dangerous behavior evidenced by a score of at least one point five (1.5) standard deviations from the mean in at least two (2) behavior domains and by a rater familiar with the student, or at least two (2) standard deviations from the mean in one (1) composite score that consists of at least three (3) behavior domains by a rater familiar with the student. (7-01-19T)

03. Personal Care Services. To be eligible for personal care services (PCS), the student must have a completed children's PCS assessment and allocation tool approved by the Department. To determine eligibility for PCS, the assessment results must find the student requires PCS due to a medical condition that impairs the physical or functional abilities of the student. (7-1-16)

853. SCHOOL-BASED SERVICE: COVERAGE AND LIMITATIONS.

The Department will pay school districts and charter schools for covered rehabilitative and health-related services. Services include medical or remedial services provided by school districts or other cooperative service agencies, as defined in Section 33-317, Idaho Code. (7-1-13)

01. Excluded Services. The following services are excluded from Medicaid payments to school-based programs: (3-30-07)

a. Vocational Services. (3-30-07)

b. Educational Services. Educational services (other than health related services) or education-based costs normally incurred to operate a school and provide an education. Evaluations completed for educational services only cannot be billed. (3-30-07)

c. Recreational Services. (3-30-07)

d. ~~Payment for school-related services will not be provided to students who are inpatients in nursing~~

homes or hospitals. (7-1-16)

02. Evaluation and Diagnostic Services. Evaluations to determine eligibility or the need for health-related services may be reimbursed even if the student is not found eligible for health-related services. Evaluations completed for educational services only cannot be billed. Evaluations completed must: (3-30-07)

a. Be recommended or referred by a physician or other practitioner of the healing arts. A school district or charter school may not seek reimbursement for services provided more than thirty (30) days prior to the signed and dated recommendation or referral; (3-28-18)

b. Be conducted by qualified professionals for the respective discipline as defined in Section 855 of these rules; (3-20-14)

c. Be directed toward a diagnosis; (7-1-16)

d. Include recommended interventions to address each need; and (7-1-16)

e. Include name, title, and signature of the person conducting the evaluation. (7-1-16)

03. Reimbursable Services. School districts and charter schools can bill for the following health-related services provided to eligible students when the services are provided under the recommendation of a physician or other practitioner of the healing arts for the Medicaid services for which the school district or charter school is seeking reimbursement. A school district or charter school may not seek reimbursement for services provided more than thirty (30) days prior to the signed and dated recommendation or referral. The recommendations or referrals are valid up to three hundred sixty-five (365) days. (3-28-18)

a. Behavioral Intervention. Behavioral Intervention is a direct intervention used to promote positive meaningful changes in behavior that incorporate functional replacement behaviors and reinforcement-based strategies, while also addressing any identified habilitative skill needs and the student's ability to participate in educational services, as defined in Section 850 of these rules, through a consistent, assertive, and continuous intervention process to address behavior goals identified on the IEP. Behavioral intervention includes conducting a functional behavior assessment and developing a behavior implementation plan with the purpose of preventing or treating behavioral conditions. This service is provided to students who exhibit maladaptive behaviors. Services include individual or group behavioral interventions. (7-01-19T)

i. Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) students. (7-01-19T)

ii. As the number and severity of the students with behavioral issues increases, the staff-to-student ratio must be adjusted accordingly. (7-1-16)

iii. Group services should only be delivered when the student's goals relate to benefiting from group interaction. (7-01-19T)

b. Behavioral Consultation. Behavioral consultation assists other service professionals by consulting with the IEP team during the assessment process, performing advanced assessment, coordinating the implementation of the behavior implementation plan and providing ongoing training to the behavioral interventionist and other team members. (7-1-13)

i. Behavioral consultation cannot be provided as a direct intervention service. (7-1-13)

ii. Behavioral consultation must be limited to thirty-six (36) hours per student per year. (7-1-13)

c. Crisis Intervention. Crisis intervention services may include providing training to staff directly involved with the student; delivering emergency backup intervention directly with the eligible student; and developing a crisis plan that directly addresses the behavior occurring and the necessary intervention strategies to minimize the behavior and future occurrences. This service is provided on a short-term basis typically not to exceed thirty (30) days and defined as an unanticipated event, circumstance, or life situation that places a student at risk of at least one of the following: (7-01-19T)

- i. Hospitalization; or (7-01-19T)
- ii. Out of home placement; or (7-01-19T)
- iii. Incarceration; or (7-01-19T)
- iv. Physical harm to self or others, including a family altercation or psychiatric relapse. (7-01-19T)

d. Habilitative Skill. Habilitative Skill is a direct intervention service that includes techniques used to develop, improve and maintain, to the maximum extent possible, the developmentally appropriate functional abilities and daily living skills needed by a student. This service may include teaching and coordinating methods of training with family members or others who regularly participate in caring for the eligible student. Services include individual or group interventions. (7-01-19T)

- i. Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) students. (7-01-19T)
- ii. As the number and needs of the students increase, the staff-to-student ratio must be adjusted accordingly. (7-01-19T)
- iii. Group services should only be delivered when the student's goals relate to benefiting from group interaction. (7-01-19T)

e. Interdisciplinary Training. Interdisciplinary training is a companion service to behavioral intervention and habilitative skill and is used to assist with implementing a student's health and medication monitoring, positioning and physical transferring, use of assistive equipment, and intervention techniques in a manner that meets the student's needs. This service is to be utilized for collaboration, with the student present, during the provision of services between the intervention specialist or professional and a Speech Language and Hearing Professional (SLP), Physical Therapist (PT), Occupational Therapist (OT), medical professional, or behavioral/mental health professional. (7-01-19T)

f. Medical Equipment and Supplies. Medical equipment and supplies that are covered by Medicaid must be medically necessary, ordered by a physician, and prior authorized. Authorized items must be for use at the school where the service is provided. Equipment that is too large or unsanitary to transport from home to school and back may be covered, if prior authorized. The equipment and supplies must be for the student's exclusive use and must be transferred with the student if the student changes schools. All equipment purchased by Medicaid belongs to the student. (7-1-16)

g. Nursing Services. Skilled nursing services must be provided by a licensed nurse, within the scope of his or her practice. Emergency, first aid, or non-routine medications not identified on the plan as a health-related service are not reimbursed. (7-1-16)

h. Occupational Therapy and Evaluation. Occupational therapy and evaluation services for vocational assessment, training or vocational rehabilitation are not reimbursed. (3-30-07)

i. Personal Care Services. School based personal care services include medically oriented tasks having to do with the student's physical or functional requirements. Personal care services do not require a goal on the plan of service. The provider must deliver at least one (1) of the following services: (7-1-16)

- i. Basic personal care and grooming to include bathing, care of the hair, assistance with clothing, and basic skin care; (7-1-13)
- ii. Assistance with bladder or bowel requirements that may include helping the student to and from the bathroom or assisting the student with bathroom routines; (7-1-16)
- iii. Assistance with food, nutrition, and diet activities including preparation of meals if incidental to medical need; (7-1-13)
- iv. Assisting the student with physician-ordered medications that are ordinarily self-administered, in

accordance with IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Subsection 490.05; (7-1-13)

v. Non-nasogastric gastrostomy tube feedings, if the task is not complex and can be safely performed in the given student care situation, and the requirements are met in accordance with IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Subsection 303.01. (7-1-13)

g. Physical Therapy and Evaluation. (3-30-07)

h. Psychological Evaluation. (3-30-07)

i. Psychotherapy. (3-30-07)

j. Skills Building/Community Based Rehabilitation Services (CBRS). Skills Building/CBRS are interventions to reduce the student's disability by assisting in gaining and utilizing skills necessary to participate in school. They are designed to build competency and confidence while increasing mental health and/or decreasing behavioral symptoms. Skills Building/CBRS provides training in behavior control, social skills, communication skills, appropriate interpersonal behavior, symptom management, activities of daily living, and coping skills. These services are intended to prevent placement of the student into a more restrictive educational situation. (7-1-19)

k. Speech/Audiological Therapy and Evaluation. (3-30-07)

l. Social History and Evaluation. (3-30-07)

m. Transportation Services. School districts and charter schools can receive reimbursement for mileage for transporting a student to and from home and school when: (7-1-16)

i. The student requires special transportation assistance, a wheelchair lift, an attendant, or both, when medically necessary for the health and safety of the student; (3-28-18)

ii. The transportation occurs in a vehicle specifically adapted to meet the needs of a student with a disability; (3-30-07)

iii. The student requires and receives another Medicaid reimbursable service billed by the school-based services provider, other than transportation, on the day that transportation is being provided; (3-30-07)

iv. Both the Medicaid-covered service and the need for the special transportation are included on the student's plan; and (3-30-07)

v. The mileage, as well as the services performed by the attendant, are documented. See Section 855 of these rules for documentation requirements. (3-20-14)

n. Interpretive Services. Interpretive services needed by a student who is deaf or does not adequately speak or understand English and requires an interpreter to communicate with the professional or paraprofessional providing the student with a health-related service may be billed with the following limitations: (7-1-13)

i. Payment for interpretive services is limited to the specific time that the student is receiving the health-related service; documentation for interpretive service must include the Medicaid reimbursable health-related service being provided while the interpretive service is provided. (7-1-16)

ii. Both the Medicaid-covered service and the need for interpretive services must be included on the student's plan; and (3-30-07)

iii. Interpretive services are not covered if the professional or paraprofessional providing services is able to communicate in the student's primary language. (3-30-07)

854. SCHOOL-BASED SERVICE: PROCEDURAL REQUIREMENTS.

The following documentation must be maintained by the provider and retained for a period of five (5) years:

(7-1-16)

01. Individualized Education Program (IEP) and Other Service Plans. School districts and charter schools may bill for Medicaid services covered by a current Individualized Education Program (IEP), transitional Individualized Family Service Plan (IFSP), or Services Plan (SP) defined in the [Idaho Special Education Manual](#) on the State Department of Education website for parentally placed private school students with disabilities when designated funds are available for special education and related services. The plan must be developed within the previous three hundred sixty-five (365) days which indicates the need for one (1) or more medically-necessary health-related service, and lists all the Medicaid reimbursable services for which the school district or charter school is requesting reimbursement. The IEP and transitional IFSP must include: (7-1-16)

- a.** Type, frequency, and duration of the service(s) provided; (7-1-13)
- b.** Title of the provider(s), including the direct care staff delivering services under the supervision of the professional; (7-1-13)
- c.** Measurable goals, when goals are required for the service; and (7-1-13)
- d.** Specific place of service, if provided in a location other than school. (7-1-16)

02. Evaluations and Assessments. Evaluations and assessments must support services billed to Medicaid, and must accurately reflect the student's current status. Evaluations and assessments must be completed at least every (3) years. (7-1-13)

03. Service Detail Reports. A service detail report that includes: (7-1-13)

- a.** Name of student; (7-1-13)
- b.** Name, title, and signature of the person providing the service; (7-1-16)
- c.** Date, time, and duration of service; (7-1-13)
- d.** Place of service, if provided in a location other than school; (7-1-13)
- e.** Category of service and brief description of the specific areas addressed; and (7-1-13)
- f.** Student's response to the service when required for the service. (7-1-13)

04. One Hundred Twenty Day Review. A documented review of progress toward each service plan goal completed at least every one hundred twenty (120) days from the date of the annual plan. (7-1-13)

05. Documentation of Qualifications of Providers. (7-1-13)

06. Copies of Required Referrals and Recommendations. Copies of required referrals and recommendations. (7-1-13)

a. School-based services must be recommended or referred by a physician or other practitioner of the healing arts for all Medicaid services for which the school district or charter school is receiving reimbursement. (7-1-13)

b. A recommendation or referral must be obtained within thirty (30) days of the provision of services for which the school district or charter school is seeking reimbursement. Therapy requirements for the physician's order are identified in Section 733 of these rules. (3-28-18)

c. A recommendation or referral must be obtained for the service at least every three hundred sixty-five (365) days. (7-1-16)

07. Parental Notification. School districts and charter schools must document that parents were

notified of the health-related services and equipment for which they will bill Medicaid. Notification must comply with the requirements in Subsection 854.08 of this rule. (3-20-14)

08. Requirements for Cooperation with and Notification of Parents and Agencies. Each school district or charter school billing for Medicaid services must act in cooperation with students' parent or guardian, and with community and state agencies and professionals who provide like Medicaid services to the student. (7-1-16)

a. Notification of Parents. For all students who are receiving Medicaid reimbursed services, school districts and charter schools must document that parents are notified of the Medicaid services and equipment for which they will bill Medicaid. Notification must describe the service(s), service provider(s), and state the type, location, frequency, and duration of the service(s). The school district must document that they provided the student's parent or guardian with a current copy of the child's plan and any pertinent addenda; and (7-1-16)

b. Primary Care Physician (PCP). School districts and charter schools must request the name of the student's primary care physician and request a written consent to release and obtain information between the PCP and the school from the parent or guardian. (7-1-16)

c. Other Community and State Agencies. Upon receiving a request for a copy of the evaluations or the current plan, the school district or charter school must furnish the requesting agency or professional with a copy of the plan or appropriate evaluation after obtaining consent for release of information from the student's parent or guardian. (7-1-13)

855. SCHOOL-BASED SERVICE: PROVIDER QUALIFICATIONS AND DUTIES.

Medicaid will only reimburse for services provided by qualified staff. The following are the minimum qualifications for providers of covered services: (7-1-13)

01. Behavioral Intervention. Behavioral intervention must be provided by or under the supervision of an intervention specialist/professional. Individuals providing behavioral intervention must be one of the following: (7-01-19)

a. Intervention Paraprofessional. Intervention paraprofessionals may provide direct services. Intervention paraprofessionals must be under the supervision of an intervention specialist/professional. The specialist/professional must observe and review the direct services performed by the paraprofessional on a monthly basis, or more often as necessary, to ensure the paraprofessional demonstrates the necessary skills to correctly provide the direct service. An intervention paraprofessional must: (7-01-19T)

- i. Be at least eighteen (18) years of age; and (7-01-19T)
- ii. Demonstrate the knowledge, have the skills needed to support the program to which they are assigned; and (7-01-19T)
- iii. Meet the paraprofessional requirements as defined in IDAPA 08.02.02, "Rules Governing Uniformity." (7-01-19T)

b. Intervention Specialist. Intervention specialists may provide direct services, complete assessments, and develop implementation plans. Intervention specialists who will complete assessments must have documented training and experience in completing assessments and designing and implementing comprehensive therapies for students with functional and/or behavioral needs. The qualifications for this provider type can be met by one of the following: (7-01-19T)

- i. An individual who holds an Idaho Standard Instructional Certificate who meets qualifications for an endorsement specific to special education as defined in IDAPA 08.02.02, "Rules Governing Uniformity," Sections 021-024; or (7-01-19T)
- ii. An individual who holds their Habilitative Intervention Certificate of Completion (HI COC) in Idaho prior to July 1, 2019 and does not have a gap of more than 3 years of employment as an Intervention Specialist, or (7-01-19T)
- iii. An individual who holds a bachelor's degree from an accredited institution in a human services field or a has a bachelor's degree and a minimum of twenty-four (24) semester credits in a human services field, can demonstrate one thousand forty (1,040) hours of supervised experience working with children who demonstrate functional or behavioral needs, and meets the competency requirements by

completing one of the following: (7-01-19T)

- (1) A Department approved competency checklist referenced in the Medicaid Provider Handbook; or (7-01-19T)
- (2) A minimum of 40-hours of applied behavior analysis training delivered by an individual who is certified/credentialed to provide the training; or (7-01-19T)
- (3) Other Department approved competencies as defined in the Medicaid Provider Handbook. (7-01-19T)

- c.** Intervention Professional. Intervention professionals may provide direct services, complete assessments, and develop implementation plans. Intervention professionals who will complete assessments must have documented training and experience in completing assessments and designing and implementing comprehensive therapies for students with functional and/or behavioral needs. The qualifications for this provider type can be met by one of the following: (7-01-19T)
- i. An individual who qualified as a Behavioral Consultant or Therapeutic Consultant in Idaho prior to July 1, 2019 and does not have a gap of more than 3 years of employment as an Intervention Professional; or (7-01-19T)
 - ii. An individual who holds a master's degree or higher from an accredited institution in a human services field, can demonstrate one thousand two hundred (1,200) hours of supervised experience working with children with functional and/or behavioral needs, and can demonstrate one thousand five hundred (1,500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis which may be documented within the individual's master's degree program or other coursework and/or training. (7-01-19T)
- d.** Evidence-Based Model (EBM) Intervention Paraprofessional. EBM intervention paraprofessionals may provide direct services. EBM intervention paraprofessionals must be supervised in accordance with the evidence-based model in which they are certified/credentialed. The EBM intervention specialist/professional must observe and review the direct services performed by the paraprofessional to ensure the paraprofessional demonstrates the necessary skills to correctly provide the direct service. An EBM intervention paraprofessional must: (7-01-19T)
- i. Hold a high school diploma; and (7-01-19T)
 - ii. Hold a para-level certification/credential in an evidence-based model approved by the Department. (7-01-19T)
- e.** Evidence-Based Model (EBM) Intervention Specialist. EBM intervention specialists may provide direct services, complete assessments, and develop implementation plans. EBM intervention specialists must be supervised in accordance with the evidence-based model in which they are certified/credentialed. The EBM intervention professional must observe and review the direct services performed by the specialist to ensure the specialist demonstrates the necessary skills to correctly provide the direct service. The specialist may supervise the EBM intervention paraprofessional working within the same evidence-based model. An EBM intervention specialist must: (7-01-19T)
- i. Hold a bachelor's degree from an accredited institution in accordance with their certification/credentialing requirements; and (7-01-19T)
 - ii. Hold a certification/credential in an evidence-based model approved by the Department. (7-01-19T)
- f.** Evidence-Based Model (EBM) Intervention Professional. EBM intervention professionals may provide direct services, complete assessments, and develop implementation plans. EBM intervention professionals may supervise EBM intervention paraprofessionals/specialists working within the same evidence-based model in which they are certified/credentialed. An EBM intervention professional must: (7-01-19T)
- i. Hold a master's degree or higher from an accredited institution in accordance with their certification/credentialing requirements; and (7-01-19T)
 - ii. Hold a certification/credential in an evidence-based model approved by the Department. (7-01-19T)

02. Behavioral Consultation. Behavioral consultation must be provided by a professional who has a Doctoral or Master's degree in psychology, education, applied behavioral analysis, or has a related discipline with one thousand five hundred (1500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis (may be included as part of degree program); and who meets one (1) of the following: (7-1-13)

- a. An individual who holds an Idaho Standard Instructional Certificate who meets qualifications for an endorsement specific to special education as defined in IDAPA 08.02.02, "Rules Governing Uniformity," Sections 021-024; or (7-01-19T)
- b. An individual with a Pupil Personnel Certificate who meets the qualifications defined under IDAPA 08.02.02, "Rules Governing Uniformity," excluding a licensed registered nurse or audiologist; or (7-01-19T)
- c. An occupational therapist who is qualified and registered to practice in Idaho; or (7-01-19T)
- d. An Intervention Professional, as defined in Section 855.01 of these rules; or (7-01-19T)
- e. An Evidence-Based Model (EBM) Intervention Professional, as defined in Section 855.01 of these rules. (7-01-19T)

03. Crisis Intervention. Crisis intervention must be provided by or under the supervision of a professional. Individuals providing crisis intervention must be one of the following: (7-01-19T)

- a. An Intervention Paraprofessional, as defined in Section 855.01 of these rules; or (7-01-19T)
- b. A Habilitative Skill Technician as defined in Section 855.04 of these rules; or (7-01-19T)
- c. An Intervention Specialist, as defined in Section 855.01 of these rules; or (7-01-19T)
- d. An Intervention Professional, as defined in Section 855.01 of these rules; or (7-01-19T)
- e. An Evidence-Based Model (EBM) Intervention Paraprofessional, as defined in Section 855.01 of these rules; or (7-01-19T)
- f. An Evidence-Based Model (EBM) Intervention Specialist, as defined in Section 855.01 of these rules; or (7-01-19T)
- g. An Evidence-Based Model (EBM) Intervention Professional, as defined in Section 855.01 of these rules; or (7-01-19T)
- h. A Licensed physician, licensed practitioner of the healing arts; or (7-01-19T)
- i. An advanced practice registered nurse; or (7-01-19T)
- j. A licensed psychologist; or (7-01-19T)
- k. A licensed clinical professional counselor or professional counselor; or (7-01-19T)
- l. A licensed marriage and family therapist; or (7-01-19T)
- m. A licensed masters social worker, licensed clinical social worker, or licensed social worker; or (7-01-19T)
- n. A psychologist extender registered with the Bureau of Occupational Licenses; or (7-01-19T)
- o. A licensed registered nurse (RN); or (7-01-19T)
- p. A licensed occupational therapist; or (7-01-19T)

- q. An endorsed or certified school psychologist. (7-01-19T)

04. Habilitative Skill. Habilitative skill must be provided by or under the supervision of an intervention specialist/professional. Individuals providing habilitative skill must be one (1) of the following: (7-01-19T)

- a. **Habilitative Skill Technician.** Habilitative skill technician is a provisional position intended to allow an individual to gain the necessary degree and/or experience needed to qualify as an intervention specialist. Provisional status is limited to eighteen (18) months. Habilitative skill technicians must be under the supervision of an intervention specialist/professional. The specialist/professional must observe and review the direct services performed by the paraprofessional on a monthly basis, or more often as necessary, to ensure the technician demonstrates the necessary skills to correctly provide the direct service. An intervention paraprofessional under the direction of a qualified intervention specialist/professional, must: (7-01-19T)
 - i. Be within 15 semester credits or equivalent to complete their bachelor's degree from an accredited institution in a human services field; or (7-01-19T)
 - ii. Hold a bachelor's degree from an accredited institution, in a human services field. (7-01-19T)
- b. An Intervention Paraprofessional, as defined in Section 855.01 of these rules; or (7-01-19T)
- c. An Intervention Specialist, as defined in Section 855.01 of these rules; or (7-01-19T)
- d. An Intervention Professional, as defined in Section 855.01 of these rules; or (7-01-19T)
- e. An Evidence-Based Model (EBM) Intervention Paraprofessional, as defined in Section 855.01 of these rules; or (7-01-19T)
- f. An Evidence-Based Model (EBM) Intervention Specialist, as defined in Section 855.01 of these rules; or (7-01-19T)
- g. An Evidence-Based Model (EBM) Intervention Professional, as defined in Section 855.01 of these rules. (7-01-19T)

05. Medical Equipment and Supplies. See Subsection 853.03 of these rules. (3-20-14)

06. Nursing Services. Nursing services must be provided by a licensed registered nurse (RN) or by a licensed practical nurse (LPN) licensed to practice in Idaho. (7-1-13)

07. Occupational Therapy and Evaluation. For therapy-specific rules, refer to Sections 730 through 739 of these rules. (7-1-16)

08. Personal Care Services. Personal care services must be provided by or under the direction of a registered nurse licensed by the State of Idaho. (7-1-13)

a. Providers of PCS must have at least one (1) of the following qualifications: (7-1-13)

i. Licensed Registered Nurse (RN). A person currently licensed by the Idaho State Board of Nursing as a licensed registered nurse; (7-1-13)

ii. Licensed Practical Nurse (LPN). A person currently licensed by the Idaho State Board of Nursing as a licensed practical nurse; (7-1-16)

iii. Certified Nursing Assistant (CNA). A person currently certified by the State of Idaho; or (7-1-16)

iv. Personal Assistant. A person who meets the standards of Section 39-5603, Idaho Code, and receives training to ensure the quality of services. The assistant must be at least age eighteen (18) years of age. (SD1809)

b. The licensed registered nurse (RN) must review or complete, or both, the PCS assessment and develop or review, or both, the written plan of care annually. Oversight provided by the RN must include all of the following: (7-1-16)

i. Development of the written PCS plan of care; (7-1-13)

ii. Review of the treatment given by the personal assistant through a review of the student's PCS service detail reports as maintained by the provider; and (7-1-16)

iii. Reevaluation of the plan of care as necessary, but at least annually. (7-1-13)

c. The RN must conduct supervisory visits on a quarterly basis, or more frequently as determined by the IEP team and defined as part of the PCS plan of care. (7-1-16)

09. Physical Therapy and Evaluation. For therapy-specific rules, refer to Sections 730 through 739 of these rules. (7-1-16)

08. Psychological Evaluation. A psychological evaluation must be provided by a: (7-1-13)

a. Licensed psychiatrist; (7-1-13)

b. Licensed physician; (7-1-13)

c. Licensed psychologist; (7-1-13)

d. Psychologist extender registered with the Bureau of Occupational Licenses; or (7-1-13)

e. Endorsed or certified school psychologist. (7-1-16)

09. Psychotherapy. Provision of psychotherapy services must have, at a minimum, one (1) or more of the following credentials: (7-1-13)

a. Psychiatrist, M.D.; (7-1-13)

b. Physician, M.D.; (7-1-13)

c. Licensed psychologist; (7-1-13)

d. Licensed clinical social worker; (7-1-13)

e. Licensed clinical professional counselor; (7-1-13)

f. Licensed marriage and family therapist; (7-1-13)

g. Certified psychiatric nurse (R.N.), as described in Subsection 707.13 of these rules; (7-1-13)

h. Licensed professional counselor whose provision of psychotherapy is supervised in compliance with IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists"; (7-1-13)

i. Licensed masters social worker whose provision of psychotherapy is supervised as described in IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners"; (7-1-13)

j. Licensed associate marriage and family therapist whose provision of psychotherapy is supervised as described in IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists"; (7-1-13)

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k. Psychologist extender, registered with the Bureau of Occupational Licenses, whose provision of diagnostic services is supervised in compliance with IDAPA 24.12.01, “Rules of the Idaho State Board of Psychologist Examiners.” (7-1-13)

10. Skills Building/Community Based Rehabilitation Services (CBRS). Skills Building/CBRS must be provided by one (1) of the following. Skills Building/Community Based Rehabilitation Services (CBRS) provider who is not required to have a PRA credential must be one (1) of the following: (7-1-19)

- a.** Licensed physician, licensed practitioner of the healing arts; (7-1-16)
- b.** Advanced practice registered nurse; (7-1-16)
- c.** Licensed psychologist; (7-1-13)
- d.** Licensed clinical professional counselor or professional counselor; (7-1-13)
- e.** Licensed marriage and family therapist; (7-1-16)
- f.** Licensed masters social worker, licensed clinical social worker, or licensed social worker; (7-1-13)
- g.** Psychologist extender registered with the Bureau of Occupational Licenses; (7-1-13)
- h.** Licensed registered nurse (RN); (7-1-13)
- i.** Licensed occupational therapist; (7-1-13)
- j.** Endorsed or certified school psychologist; (7-1-16)
- k.** Skills Building/Community Based Rehabilitation Services specialist. A Skills Building/CBRS specialist must: (7-1-19)
 - i.** Be an individual who has a Bachelor’s degree and holds a current PRA credential; or (7-1-19)
 - ii.** Be an individual who has a Bachelor’s degree or higher, but does not hold a current PRA credential and was hired on or after November 1, 2010, to work as a Skills Building/CBRS specialist to deliver Medicaid-reimbursable mental health services. This individual may continue to provide Medicaid-reimbursable Skills Building/CBRS without a current PRA credential for a period not to exceed thirty (30) months. This thirty-month (30) period does not restart with new employment as a Skills Building/CBRS specialist when transferring to a new school district, charter school, or agency. The individual must show documentation that they are working towards obtaining the required PRA credential. In order to continue providing Skills Building/CBRS as a Skills Building/CBRS specialist beyond a total period of thirty (30) months, the individual must have obtained the required current PRA credential; (7-1-19)
 - iii.** Be under the supervision of a licensed behavioral health professional, a physician, nurse, or an endorsed/certified school psychologist. The supervising practitioner is required to have regular one-to-one (1:1) supervision of the specialist to review treatment provided to student participants on an ongoing basis. The frequency of the one-to-one (1:1) supervision must occur at least on a monthly basis. Supervision can be conducted using telehealth when it is equally effective as direct on-site supervision; and (7-1-19)
 - iv.** Have a credential required for CBRS specialists. (7-1-19)
 - (1) Skills Building/CBRS specialists who intend to work primarily with adults, age eighteen (18) or older, must obtain a current PRA credential to work with adults. (7-1-19)
 - (2) Skills Building/CBRS specialists who intend to work primarily with adults, but also with participants under the age of eighteen (18), must obtain a current PRA credential to work with adults, and must have

additional training addressing children's developmental milestones, or have evidence of classroom hours in equivalent courses. The individual's supervisor must determine the scope and amount of training the individual needs in order to work competently with children assigned to the individual's caseload. (7-1-19)

(3) Skills Building/CBRS specialists who intend to work primarily with children under the age of eighteen (18) must obtain a current PRA credential to work with children. (7-1-19)

(4) Skills Building/CBRS specialists who intend to primarily work with children, but also work with participants eighteen (18) years of age or older, must obtain a current PRA credential to work with children, and must have additional training or have evidence of classroom hours addressing adult issues in psychiatric rehabilitation. The individual's supervisor must determine the scope and amount of training the worker needs in order to competently work with adults assigned to the individual's caseload. (7-1-19)

11. Speech/Audiological Therapy and Evaluation. For therapy-specific rules, refer to Sections 730 through 739 of these rules. (7-1-16)

12. Social History and Evaluation. Social history and evaluation must be provided by a licensed registered nurse (RN), psychologist, M.D, school psychologist, certified school social worker, or by a person who is licensed and qualified to provide social work in the state of Idaho. (7-1-13)

13. Transportation. Transportation must be provided by an individual who has a current Idaho driver's license and is covered under vehicle liability insurance that covers passengers for business use. (7-1-13)

14. Therapy Paraprofessionals. The schools may use paraprofessionals to provide occupational therapy, physical therapy, and speech therapy if they are under the supervision of the appropriate professional. The services provided by paraprofessionals must be delegated and supervised by a professional therapist as defined by the appropriate licensure and certification rules. The portions of the treatment plan that can be delegated to the paraprofessional must be identified in the IEP or transitional IFSP. (7-1-16)

a. Occupational Therapy (OT). Refer to IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants," for qualifications, supervision, and service requirements. (7-1-16)

b. Physical Therapy (PT). Refer to IDAPA 24.13.01, "Rules Governing the Physical Therapy Licensure Board," for qualifications, supervision and service requirements. (7-1-16)

c. Speech-Language Pathology (SLP). Refer to IDAPA 24.23.01, "Rule of the Speech and Hearing Services Licensure Board," and the American Speech-Language-Hearing Association (ASHA) guidelines for qualifications, supervision and service requirements for speech-language pathology. The guidelines have been incorporated by reference in Section 004 of these rules. (7-1-16)

i. Supervision must be provided by an SLP professional as defined in Section 734 of this chapter of rules. (7-1-16)

ii. The professional must observe and review the direct services performed by the paraprofessional on a monthly basis, or more often as necessary, to ensure the paraprofessional demonstrates the necessary skills to correctly provide the SLP service. (7-1-16)

856. SCHOOL-BASED SERVICE: PROVIDER REIMBURSEMENT.

Payment for health-related services provided by school districts and charter schools must be in accordance with rates established by the Department. (7-1-13)

01. Payment in Full. Providers of services must accept as payment in full the school district or charter school payment for such services and must not bill Medicaid or Medicaid participants for any portion of any charges. (7-1-13)

02. Third Party. For requirements regarding third party billing, see Section 215 of these rules. (3-30-07)

03. Recoupment of Federal Share. Failure to provide services for which reimbursement has been received or to comply with these rules will be cause for recoupment of the Federal share of payments for services, sanctions, or both. (3-30-07)

04. Matching Funds. Federal funds cannot be used as the State's portion of match for Medicaid service reimbursement. School districts and charter schools must, for their own internal record keeping, calculate and document the non-federal funds (maintenance of effort assurance) that have been designated as their certified match. This documentation needs to include the source of all funds that have been submitted to the State and the original source of those dollars. The appropriate matching funds will be handled in the following manner: (3-30-07)

a. Schools will estimate the amount needed to meet match requirements based on their anticipated monthly billings. (3-30-07)

b. School districts and charter schools will send the Department the matching funds, either by check or automated clearing house (ACH) electronic funds transfers. (3-30-07)

c. The Department will hold matching funds in an interest bearing trust account. The average daily balance during a month must exceed one hundred dollars (\$100) in order to receive interest for that month. (3-30-07)

d. The payments to the districts will include both the federal and non-federal share (matching funds). (3-30-07)

e. Matching fund payments must be received and posted in advance of the weekly Medicaid payment cycle. (3-30-07)

f. If sufficient matching funds are not received in advance, all Medicaid payments to the school district will be suspended and the school district will be notified of the shortage. Once sufficient matching funds are received, suspended payments will be processed and reimbursement will be made during the next payment cycle. (3-30-07)

g. The Department will provide the school districts a monthly statement which will show the matching amounts received, interest earned, total claims paid, the matching funds used for the paid claims, and the balance of their funds in the trust account. (3-30-07)

h. The school districts will estimate the amount of their next billing and the amount of matching funds needed to pay the Department. (3-30-07)

i. The estimated match requirement may be adjusted up or down based on the remaining balance held in the trust account. (3-30-07)

857. SCHOOL-BASED SERVICE: QUALITY ASSURANCE AND IMPROVEMENT.

The provider will grant the Department immediate access to all information required to review compliance with these rules. (7-1-16)

01. Quality Assurance. Quality Assurance consists of reviews to assure compliance with the Department's rules and regulations. If problems are identified during the review, the provider must implement a corrective action plan within forty-five (45) days after the results are received. The Department will work with the school to answer questions and provide clear direction regarding the corrective action plan. (7-1-16)

02. Quality Improvement. The Department may gather and utilize information from providers to evaluate student satisfaction, outcomes monitoring, quality assurance, quality improvement activities, and health and safety. These findings may lead to quality improvement activities to improve provider processes and outcomes for the students. (7-1-16)

858. -- 859. (RESERVED)

[Sections Omitted]