February 2019 Collaborative Rule Making Meeting

Introductions and Basic Overview

- Overview of the Meeting
- WebEx Process
- Timeline for Submission of Comments
  - No later than February 14
- March Meetings
- April Trainings

Ground Rules

- Avoid repeat questions
- Everyone has a right to be heard
- Strive for solution focused comments
- Be specific
- Be respectful
- Not every comment will be responded to today but they will be responded to and posted to web

16.03.09.570. CHILDREN'S HABILITATION INTERVENTION SERVICES

- 570. CHILDREN'S HABILITATION INTERVENTION SERVICES. Children's Habilitation Intervention Services are medically necessary, evidence-based or evidence-informed therapeutic techniques based on applied behavioral 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.

16.03.09.571. CHILDREN'S HABILITATION INTERVENTION SERVICES: DEFINITIONS.

- 01. Annual. Every three hundred sixty-five (365) days except during a leap year which equals three hundred sixty-six (366) days.
- 02. Baseline. A participant's skill level prior to receiving intervention that is written in measurable terms that identify their functional and/or behavioral status.
- 03. Assessment and Clinical Treatment Plan. A comprehensive treatment plan that guides the formation of developmentally appropriate objectives and strategies related to identified goals.
- 04. Community. Natural, integrated environments outside the home, school, or DDA center-based settings.

16.03.09.571 DEFINITIONS.

- 05. Developmental Disabilities Agency (DDA). A DDA is an agency that is:
  - 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;
  - b. Certified by the Department to provide services to individuals with developmental disabilities; and
  - c. A business entity, open for business to the general public.

16.03.09.571 DEFINITIONS.

- 06. 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.
- 07. 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.

16.03.09.571 DEFINITIONS.

- 08. 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
- 09. 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.

16.03.09.571 DEFINITIONS.

- 10. Objective. A behavioral outcome statement developed to address a need identified for a individual. An objective is written in measurable terms and includes criteria for successful achievement of the objective.
- 11. 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.
- 12. Treatment Fidelity. For the purposes of these rules, treatment fidelity is the consistent and accurate implementation of children's habilitation services accordance with the modality, manual, protocol or model.

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16.03.09.572 CHILDREN'S HABILITATION INTERVENTION SERVICES: ELIGIBILITY REQUIREMENTS.

- 01. Medicaid Eligibility. Individuals must be eligible for Medicaid and the service for which the Children's Habilitation Intervention provider is seeking reimbursement.
- 02. Age of Participants. Individuals eligible to receive Children's Habilitation Intervention Services must be from birth through the month of their twenty-first (21) birthday.

16.03.09.572.03 CHILDREN'S HABILITATION INTERVENTION SERVICES: ELIGIBILITY REQUIREMENTS.

- 03. Eligibility Determination. Individuals eligible to receive Children's Habilitation Intervention Services must have an initial screening to identify functional needs or a combination of functional and behavioral needs that require intervention services.
  - a. A functional 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, or economic self-sufficiency;
    - i. A deficit is defined as one-point-five (1.5) or more standard deviations below the mean for all functional areas or above the mean for maladaptive behavior.

16.03.09.572.03 CHILDREN'S HABILITATION INTERVENTION SERVICES: ELIGIBILITY REQUIREMENTS.

- b. 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 provider or the Department or its designee and are administered in accordance with the protocol of the tool. The following criteria applies:
  - i. If a screening tool has been completed within the last 364 calendar days by the Department or its designee, an additional screening is not required.
  - ii. If the individual has a current eligibility assessment and has been determined eligible, a new screening tool is not required.
  - iii. If the individual has not accessed Children's Habilitation Intervention Services for more than 364 calendar days, then a new screening must be completed.

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16.03.09.573. CHILDREN'S HABILITATION INTERVENTION SERVICES: COVERAGE AND LIMITATIONS.

- 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. Habilitation intervention services may be delivered as community-based, home-based, or center-based in accordance with the requirements of this chapter.
- 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, to 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).
  - a. The Children's Habilitation Intervention Service provider may not seek reimbursement for services provided more than thirty (30) calendar days prior to the signed and dated recommendation.
  - b. The physician's recommendation must be current (within 364 calendar days) and obtained annually.

16.03.09.573.03 COVERAGE AND LIMITATIONS.

- 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 services.

16.03.09.573.04 COVERAGE AND LIMITATIONS.

- 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:
  - 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.
    - i. Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) individuals.
    - ii. As the number and needs of the individuals increase, the staff-to-individual ratio must be adjusted accordingly.
    - iii. Group services should only be delivered when the individual's objectives relate to benefiting from group interaction.

16.03.09.573.04.b COVERAGE AND LIMITATIONS.

- 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 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 interventions.
  - i. Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) individuals.
  - ii. As the number and severity of the individuals with behavioral issues increases, the staff-to-individual ratio must be adjusted accordingly.
  - iii. Group services should only be delivered when the individual's objectives relate to benefiting from group interaction.

16.03.09.573.04.c COVERAGE AND LIMITATIONS.

- 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 intended 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), school professional, medical professional, or behavioral health professional.

16.03.09.573.04.d COVERAGE AND LIMITATIONS.

- 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. 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 of the following:
  - i. Hospitalization;
  - ii. Risk of out of home placement;
  - iii. Incarceration; or
  - iv. Physical harm to self or others, including a family altercation or psychiatric relapse.

16.03.09.573.04.e COVERAGE AND LIMITATIONS.

- 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.
- i. The Clinical Assessment and Treatment Plan must contain the following minimum standards:
  - (1) Participant demographic information; and
  - (2) Clinical interview(s) must be completed with the parent/decision making authority and with direct caregiver(s) when clinically indicated; and
  - (3) Administration of a current, objective, validated comprehensive skills assessment or comprehensive developmental assessment approved by the Department; and

16.03.09.573.04.e continued COVERAGE AND LIMITATIONS.

- (4) Review of assessments, reports, and relevant history; and
- (5) Observation(s) in more than one environment; and
- (6) Reinforcement inventory or preference assessment; and
- (7) Transition plan; and
- (8) List of all Children's Habilitation Intervention Services to be provided and who will provide them; and
- (9) Settings where services will be delivered; and
- (10) Recommendations for frequency of service(s); and
- (11) Be signed by the individual completing the assessment and the parent/decision making authority.
  - ii. The Children's Habilitation Intervention provider must provide copy of the Assessment and Clinical Treatment Plan to the individual's parent/decision making authority.
  - iii. The Assessment and Clinical Treatment Plan must be monitored and adjusted to reflect the current needs of the individual upon submission of each prior authorization request.

16.03.09.573.04.f COVERAGE AND LIMITATIONS.

- f. Evidence-Based Model Supervision. Evidence-Based Model (EBM) Supervision is clinical direction and oversight delivered in accordance with the EBM.
  - i. This service includes face-to-face observation and direction to the EBM provider regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for an individual.
  - ii. This service is for the direct benefit of the individual and provides a real-time response to the intervention to maximize the benefit for the individual. 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 in accordance with the EBM supervision requirements.

Submit Comments Now

16.03.09.573.05 COVERAGE AND LIMITATIONS.

- 05. 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:
  - a. Participant's name; and
  - b. Measurable, behaviorally-stated objectives, a baseline statement; and target date for completion; and
  - c. Identification of the type of environment(s) and specific location(s) where objectives will be implemented; and
  - d. Precursor behaviors; and

16.03.09.573.05 continued COVERAGE AND LIMITATIONS.

- e. Description of the treatment modality to be utilized; and
- f. Discriminative stimulus or direction; and
- g. Targets, steps, task analysis or prompt level; and
- h. Correction procedure; and
- i. Data collection; and
- j. Reinforcement, including type and frequency; and
- k. A plan for generalization and a plan for family training; and
- l. A behavior response plan; and
- m. Any restrictive or aversive components being implemented and the documentation of review and approval by a licensed individual working within the scope of their practice; and
- n. Be signed by the qualified provider who completed the documents(s), as indicated by signature, credential, date; and be distributed to the parent/legal guardian.

16.03.09.573.06 COVERAGE AND LIMITATIONS.

- 06. 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. Each individual's record must include documentation as defined in IDAPA 16.03.09.573.06.a-f. 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:
  - a. Date and time of visit; and
  - 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
  - c. Data documentation that corresponds to the implementation plans; and
  - d. Length of visit, including time in and time out; and
  - e. Location of service delivery; and
  - f. Signature of the individual providing the service, date signed and credential.

Submit Comments Now

16.03.09.574
CHILDREN'S HABILITATION INTERVENTION SERVICES: PROCEDURAL REQUIREMENTS.

- 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 Habilitation Intervention Services.

16.03.09.574.01
PROCEDURAL REQUIREMENTS.

- 01. Prior Authorization Request. The request must be submitted to the Department or its contractor who will review and approve or deny prior authorizations requests and notify the provider and the parent 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.
  - a. Initial prior authorization requests must include:
    - i. Service Eligibility Determination Form; and
    - ii. Associated documents for the Service Eligibility Determination Form; and
    - iii. Physicians recommendation; and
    - iv. Assessment and Clinical Treatment Plan; and
    - v. Implementation Plan(s).

16.03.09.574.01.b PROCEDURAL REQUIREMENTS.

- b. Once the initial request for prior authorization is submitted, Children's Habilitation Intervention Services may be initiated:
  - i. For a maximum of twenty-four (24) total hours, and
  - ii. For up to 30 calendar days or until the prior authorization is approved; and
  - Iii. If Children's Habilitation Intervention Services have not been accessed by the individual over the past 365 calendar days.

16.03.09.574.01.c PROCEDURAL REQUIREMENTS.

- c.120 and 240-day prior authorization requests must include:
  - i. A list of the individual's objectives; and
  - ii. Monthly progress reporting that includes graphs showing change lines; and
  - iii. A brief analysis of data regarding progress or lack of progress to meeting each objective.
  - iv. If new implementation plans have been created after the initial prior authorization occurred, they must be submitted with the 120 and 240-day prior authorization request.

16.03.09.574.01.d PROCEDURAL REQUIREMENTS.

- d. Annual prior authorization may be requested by submitting the following:
  - i. An updated Assessment and Clinical Treatment Plan which includes a written summary to include analysis of data regarding the child's progress or lack of progress and justification for any changes made to implementation of programming; justification for new goals and objectives and discontinuation of goals, if applicable; and
  - ii. Implementation Plan(s), and
  - iii. Graphs that include change lines, and
  - iv. Summary of parent(s)/caregiver(s) response to teaching of coordinated methods.

Submit Comments Now

16.03.09.575 CHILDREN'S HABILITATION INTERVENTION SERVICES: PROVIDER QUALIFICATIONS

- 575. CHILDREN'S HABILITATION INTERVENTION SERVICES: PROVIDER QUALIFICATIONS AND DUTIES. Children's Habilitation Intervention Services can be delivered by individuals who meet any of the qualifying criteria below and are employed by a licensed DDA or is an individual who meets the requirements in these rules and is enrolled as an Independent Children's Habilitation Intervention provider. These Medicaid enrolled providers can deliver therapeutic intervention services and the corresponding assessments to individual with developmental disabilities or identified qualifying functional and/or behavioral needs. Providers who deliver Children's Habilitation Intervention Services to children 0-3 years of age must meet the additional requirements listed in these rules.

16.03.09.575.01 PROVIDER QUALIFICATIONS

- 01.Habilitative Skill Technician. 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. Provisional status is limited to a single eighteen (18) successive month period. This type of provider can only deliver Habilitative Skill. The qualifications for this type of provider can be met by one of the following options:
  - a. An individual who 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
  - b. An individual who holds a bachelor's degree from an accredited institution in a human services field.
  - c. This individual must:
    - i. Be an employee of a DDA or School; and
    - ii. Be under the supervision of an Intervention Specialist or Intervention Professional who is observing and reviewing the direct services performed by the Habilitative Skill Technician. This 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.

16.03.09.575.02 PROVIDER QUALIFICATIONS

- 02. Intervention Specialist. This type of provider can deliver all types of Children's Habilitation Intervention services and complete assessments. Individuals who will complete assessments must have documented training and experience in completing assessments and designing and implementing comprehensive therapies for individuals with functional or behavioral needs. The qualifications for this type of provider can be met by one of the following:
  - a. An individual who holds a current Habilitative Intervention certificate of completion 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 3 successive years of employment as an Intervention Specialist, or
  - 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 25 semester credits or equivalent in a human services field; and
    - i. Can demonstrate 1,040 (one thousand forty) hours of supervised experience working with children who demonstrate functional or behavioral needs; and
    - ii. Meets the competency requirements by completing one of the following:
      - (1) A Department approved competency checklist referenced in the Medicaid Provider Handbook; or
      - (2) A Registered Behavior Technician Training; or
      - (3) Other Department approved competencies as defined in the Medicaid Provider Handbook.

16.03.09.575.02.c PROVIDER QUALIFICATIONS

- c. An individual who provides services to children 0-3 (birth to three) 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 three) 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
  - i. Have one (1) of the following:
    - (1) An Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education; or
    - (2) A Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate; or

16.03.09.575.02.c.i continued PROVIDER QUALIFICATIONS

- (3) 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, or nursing plus a minimum of twenty-four (24) semester credits in Early Childhood/Early Childhood Special Education (EC/ ECSE) from an accredited college or university. Courses taken must appear on college or university transcripts and must cover the following standards in their content:
  - (a.) Promotion of development and learning for children from birth to three (3) years. 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;
  - (b.) Assessment and observation methods for developmentally appropriate assessment of young children. Course descriptions must include the assessment and evaluation process in EC/ECSE using both formal and informal assessment strategies, with ECSE being the main emphasis of the course. Strategies and tools for screening, assessing and evaluating the development of infants and children birth through eight years of age, including typical and atypical development to support young children and families;
  - (c.) 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;

16.03.09.575.02.c.i continued PROVIDER QUALIFICATIONS

- (d.) Development of appropriate curriculum for young children, including IFSP and IEP development. Course descriptions must include instructional strategies for working with infants, toddlers and young children through third grade with developmental delays and disabilities, with ECSE being the main emphasis of the course; linking assessment to curriculum and designing instructional programing in natural settings and formal settings for young children with special needs; involving families in the process; IFSP and IEP development;
- (e.) Implementation of instructional and developmentally effective approaches for early learning, including strategies for children who are medically fragile and their families. Course descriptions must include a focus on implementing strategies to meet IFSP outcomes for children with developmental delays and disabilities, and monitoring children's responses and overall progress, with ECSE being the main emphasis of the course; and
- (f.) 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 ECSE and special education, knowledge and understanding of young children with developmental disabilities, and ECSE policy and procedures.

16.03.09.575.03 PROVIDER QUALIFICATIONS

- 03. Intervention Professional. This type of provider can deliver all types of Children's Habilitation Intervention Services and complete assessments. Individuals who will complete assessments must have documented training and experience in completing assessments and designing and implementing comprehensive therapies for children with functional or behavioral needs. The qualifications for this type of provider can be met by one of the following:
  - a. An individual who holds a master's degree or higher from an accredited institution in a human services field; and
  - b. Can demonstrate 1,200 (one thousand, two hundred) hours of supervised experience working with children with functional or behavioral needs; and
  - c. Can demonstrate 1,500 (one thousand five hundred) 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; or
  - d. Was qualified as a Therapeutic Consultant in Idaho prior to July 1, 2019 as long as there is not a gap of more than 3 continuous years of employment as an Intervention Professional.
  - e. An Individual who provides services to children 0-3 (birth to three) years of age must meet the requirements defined in IDAPA 16.03.09.575.02.c

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16.03.09.575.04 PROVIDER QUALIFICATIONS

- 04. Evidence-Based Model (EBM) Intervention Paraprofessional. This type of provider can deliver Habilitative Skills or Behavioral Intervention and must be supervised in accordance with the evidence-based model. The qualifications for this type of provider are:
  - a. An individual who holds a high school diploma; and
  - b. Holds a para-level certification/credential in an evidence-based model approved by the Department

16.03.09.575.05 PROVIDER QUALIFICATIONS

- 05. Evidence-Based Model (EBM) Intervention Specialist. This type of provider can deliver all types of Children's Habilitation Intervention Services and complete assessments. This individual must be supervised in accordance with the evidenced-based model and can also supervise the evidence-based paraprofessional working within the same evidence-based model. The qualifications for this type of provider are:
  - a. An individual who holds a bachelor's degree from an accredited institution in accordance with their certification/credentialing requirements; and
  - b. Who is certified/credentialed in an evidence-based model approved by the Department.
  - c. An individual who provides services to children 0-3 (birth to three) years of age must also have a minimum of 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 years of age) with developmental delays or disabilities. Experience must be through paid employment or university activities.

16.03.09.575.06 PROVIDER QUALIFICATIONS

- 06. Evidence-Based Model (EBM) Intervention Professional. This type of provider can deliver all types of Children's Habilitation Intervention Services and complete assessments. This individual can supervise EBM providers who require supervision working within the same evidence-based model. The qualifications for this type of provider are:
  - a. An individual who holds a master's degree or higher from an accredited institution in accordance with their certification/credentialing requirements; and
  - b. Who is certified/credentialed in an evidence-based model approved by the Department.
  - c. An individual who provides services to children 0-3 (birth to three) years of age must meet the requirements defined in IDAPA 16.03.09.575.05.c

16.03.09.575.07 PROVIDER QUALIFICATIONS

- 07. Independent Habilitation Intervention. This type of provider can deliver intervention and assessments in accordance with their provider qualification. Individuals who hold a bachelor's degree must be supervised by a qualified professional. 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. Documentation of supervision must be maintained in accordance with the Department's record retention requirements. In order to be an independent provider, the individual must:
  - a. Meet qualifications as;
    - i. An Intervention Specialist as defined in IDAPA 16.03.09.575.02; or
    - ii. An Intervention Professional as defined in IDAPA 16.03.09.575.03; or
    - iii. An Evidence-Based Model (EBM) Intervention Specialist as defined in IDAPA 16.03.09.575.05; or
    - iv. An Evidence-Based Model (EBM) Intervention Professional as defined in IDAPA 16.03.09.575.06; and
  - b. Obtain an independent Medicaid provider agreement through the Department and maintain in good standing.
  - c. Be certified in CPR and first aid prior to delivering services and maintain current certification thereafter.
  - d. Must follow all requirements as defined in IDAPA 16.03.09.570-577 "Children's Habilitation Intervention Services" as applicable.

16.03.09.575.08 PROVIDER QUALIFICATIONS

- 08. 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:
  - a. Training must be relevant to the services being delivered.
  - 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.
  - c. Training hours may not be earned in the current calendar year to be applied to a future calendar year.
  - d. Training topics can be repeated but the content of the continuing training must be different each calendar year
  - e. Any training(s) defined in IDAPA 16.03.21 "Developmental Disabilities Agency (DDA)" yearly training requirements, cannot be applied to the individuals continuing training requirements as outlined in 16.03.09.575.08.
  - f. Any individual who has not completed the previous calendar year's training requirements may not provide services in the current calendar year until the required number of training hours have been completed.

16.03.09.575.07 PROVIDER QUALIFICATIONS

- 07. Independent Habilitation Intervention. This type of provider can deliver intervention and assessments in accordance with their provider qualification. Individuals who hold a bachelor's degree must be supervised by a qualified professional. 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. Documentation of supervision must be maintained in accordance with the Department's record retention requirements. In order to be an independent provider, the individual must:
  - a. Meet qualifications as;
    - i. An Intervention Specialist as defined in IDAPA 16.03.09.575.02; or
    - ii. An Intervention Professional as defined in IDAPA 16.03.09.575.03; or
    - iii. An Evidence-Based Model (EBM) Intervention Specialist as defined in IDAPA 16.03.09.575.05; or
    - iv. An Evidence-Based Model (EBM) Intervention Professional as defined in IDAPA 16.03.09.575.06; and
  - b. Obtain an independent Medicaid provider agreement through the Department and maintain in good standing.
  - c. Be certified in CPR and first aid prior to delivering services and maintain current certification thereafter.
  - d. Must follow all requirements as defined in IDAPA 16.03.09.570-577 "Children's Habilitation Intervention Services" as applicable.

Submit Comments Now

16.03.09.576 CHILDREN'S HABILITATION INTERVENTION SERVICES: PROVIDER REIMBURSEMENT.

- 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 statewide target reimbursement rate. The Department will take into consideration the factors of efficiency, economy, quality of care, and access to care when determining rates.
- 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.
- 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.
- 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.

16.03.09.577 QUALITY ASSURANCE.

- 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 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 habilitation intervention providers will grant the Department immediate access to all information required to review compliance with these rules.

16.03.09.577 QUALITY ASSURANCE.

- 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 child satisfaction with services. These findings may lead to quality improvement activities to enhance provider processes and outcomes for the child. If problems are identified that impact health and safety or are not resolved through quality improvement activities, implementation of a corrective action process may occur.
- 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:
  - a. Consultation, and/or
  - b. Technical assistance and recommendations, and/or
  - c. A Corrective Action Plan.

16.03.09.577.03 QUALITY ASSURANCE.

- 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:
  - a. Issuance of a corrective action plan,
  - b. Referral to Medicaid Program Integrity Unit, or
  - c. Action against a provider agreement.

Submit Comments Now

Proposed Transition Plan

- Individuals will transition into enhanced services based on the date of the current plan in the following two categories:
  - Plans written between March 1, 2019 and June 30, 2019
  - Plans written prior to March 1, 2019

Proposed Transition Plan

Traditional plans

Start dates between March 1 and June 30, 2019

- Intervention
  - Case Managers will write new plans with intervention services ending on June 30.
  - A Prior authorization will be issued for intervention hours to begin effective July 1, 2019. Children will continue to receive the same number of intervention hours as was written on the plan prior to June 30.
  - A Notice of Authorization will be mailed to the parent and provider.
  - If additional hours are requested, the family can work with their DDA to complete an Assessment and Clinical Treatment Plan to determine the need for additional hours
- Support services
  - Support Services will remain as written on the Plan of Service with the same start and end date.

Proposed Transition Plan

FDS plans

Start Dates between March 1 and June 30, 2019

- Intervention
  - Support Brokers will write Support and Spending Plans (SSP) with all intervention services in categories LS and ES ending on June 30, 2019.
  - Intervention services will not be included on the SSP after July 1. Intervention services will be prior authorized separately for the same number of hours that were listed on the SSP prior to June 30, 2019.
  - Children will receive intervention services through the State Plan using their chosen DDA or Independent provider.
  - A Notice of Authorization will be mailed to the parent and provider.
  - If additional hours are requested, the family can work with their DDA or Independent provider to complete an Assessment and Clinical Treatment Plan to determine the need for additional hours.
- Support services
  - Support Services will remain on the SSP as written with the same start and end date.

Example
Traditional OR FDS
Plan start dates between March 1, 2019 to June 30, 2019

- Child has 14,900 budget
  - Plan start date of March 30, 2019
  - Plan end date of March 29, 2020.
  - Plan includes 4 hours weekly of intervention
    - For FDS plans, these are any services identified as under LS or ES categories
  - Plan includes 2 hours weekly of supports.

Example
Traditional Plan
Start dates between March 1, 2019 to June 30, 2019
Intervention

- Case manager writes intervention on plan for 4 hours per week from March 30, 2019 to June 30, 2019.
- Ongoing intervention hours of 4 hours per week will be prior authorized to start on July 1.
  - If additional hours are needed, the family can work with their DDA to complete an Assessment and Clinical Treatment Plan to determine the need for additional hours.

Example
FDS Plan
Start Dates between March 1, 2019 to June 30, 2019
Intervention

- Support broker writes ES and LS on SSP for 4 hours per week to end June 30, 2019. Ongoing Intervention hours of 4 hours per week will be prior authorized to start on July 1.
  - If additional hours are needed, the family can work with their DDA or Independent Provider to complete an Assessment and Clinical Treatment Plan to determine the need for additional hours.

Example
Traditional OR FDS
Plan start dates between March 1, 2019 to June 30, 2019
Supports Services

- CM or SB will write support Services for 2 hours weekly for entirety of plan from March 30, 2019 to March 29, 2020.
- CM or SB will work with families to identify additional supports needs as the remaining budget allows.

Proposed Transition Plan
Act Early (children with a 29,300 budget)
Start dates between March 1 to June 30, 2019

- Case Managers will write plans using the Act Early budget issued by the IAP prorated monthly up to June 30, 2019 (29,300/6,200)

- Supports will be written from plan start date to plan end date using full secondary budget (29,300/6,200)

Proposed Transition Plan
Act Early (children with a 29,300 budget)
Plan start dates March 1 to June 30, 2019 (cont)
Intervention

- Intervention services will be written on the plan of service to end on June 30.
- A Prior authorization will be issued for intervention hours to begin effective July 1, 2019. Children will continue to receive the same number of intervention hours as was written on the plan prior to June 30.
- A Notice of Authorization will be mailed to the parent and provider.
- If additional hours are requested, the family can work with their DDA to complete an Assessment and Clinical Treatment Plan to determine the need for additional hours.

Submit Comments Now

Proposed Transition Plan
Traditional plans written prior to March 1, 2019
Intervention

- A technical process will remove all intervention services from the Plan of Service effective June 30.
  - Parents/guardians will not need to do anything. This will happen behind the scenes.
- Intervention hours, as written on the current Plan of Service, will be prior authorized to continue after June 30 to the end date of the current plan.
  - A Notice of Authorization will be mailed to the parent and provider.

Proposed Transition Plan
Traditional plans written prior to March 1, 2019 Intervention cont.

- If additional hours are requested, the family can work with their DDA or independent provider to complete an Assessment and Clinical Treatment Plan to determine the need for additional hours.
- Prior to the end of the plan of service the provider will complete ACTP to determine ongoing need for services. The services will be prior authorized on a 120 day cycle.

Proposed Transition Plan
Traditional plans written prior to March 1, 2019
Supports

- Support Services will continue on the current Plan of Service as written to the end date of the plan.
- Once intervention has been removed from the plan, there may be additional support service hours available in the budget. Families can choose to reallocate some of the remaining budget through the addendum process if there is a need.
- Case Managers will work with families to write addendums for additional hours as requested.

Proposed Transition Plan
FDS plans written prior to March 1, 2019
Intervention

- Current Support and Spending Plans will be reviewed by FACS to identify any intervention services written on the Plan.
- A technical process will remove any intervention services from the Support and Spending Plan.
  - Parents/guardians will not need to do anything. This will happen behind the scenes.

Proposed Transition Plan
FDS plans written prior to March 1, 2019
Intervention

- Intervention hours, as written on the Support and Spending Plan, will be prior authorized to continue under the State Plan after June 30 to the end date of the current plan with the family's chosen provider.
  - A Notice of Authorization will be mailed to the parent and provider.
- If additional hours are requested, the family can work with their DDA or Independent provider to complete an Assessment and Clinical Treatment Plan to determine the need for additional hours.

Proposed Transition Plan
FDS plans written prior to March 1, 2019
Supports

- Support services will continue on the current Support and Spending Plan as written to the end date of the plan.
- Families can choose to reallocate some of the remaining budget through the plan change process if there is a need.
- Support Brokers will work with the family to identify any additional supports, CSW hours, or equipment as the remaining budget allows.

Example:
Traditional OR FDS
Plan Written Prior to March 1, 2019

- Child has 14,900 budget
  - Plan start date of October 15, 2018
  - Plan end date of October 14, 2019.
  - 4 hours weekly of intervention
    - For FDS plans, identified as services under LS or ES categories
  - 2 hours weekly of supports.

Example
Traditional OR FDS
Plan Written Prior to March 1, 2019
Intervention

Plan dates: 10/15/18-10/14/19

- Child will continue receiving 4 hours of intervention services as written on the plan until June 30, 2019.
- 4 hours per week of intervention will be prior authorized to start on July 1 through October 14, 2019.
  - If additional hours are needed between July 1 and October 14, the family can work with their DDA to complete an Assessment and Clinical Treatment Plan to determine the need for additional hours.

Example
Traditional OR FDS
Plan Written Prior to March 1, 2019
Intervention

Plan dates: 10/15/18-10/14/19

- Prior to October 14, 2019, the habilitation intervention provider will complete an Assessment and Clinical Treatment Plan to determine ongoing needs.
- The provider will submit a request for prior authorization initially and ongoing every 120 days.

Example
Traditional or FDS
Plan Written Prior to March 1, 2019
Supports

Plan dates: 10/15/18-10/14/19

- Supports services will continue as written on the Plan of Service or Support and Spending Plan until October 14, 2019.
- Once intervention has been removed from the plan, there may be additional support service hours available in the budget. Families can choose to reallocate some of the remaining budget through the addendum process if there is a need.
- Eligibility processes will continue as they do today. If found eligible, the new support budget will be used for the new plan with a start date of October 15, 2019.

Proposed Transition Plan
Act Early (29,300)
Plans written prior to March 1, 2019
Intervention

- An internal technical process will remove any intervention services from the Plan of Service on June 30.
  - Parents/guardians will not need to do anything. This will happen behind the scenes.
- Intervention hours, as written on the current Plan of Service, will be prior authorized to continue after June 30 to the end date of the current plan.
  - A Notice of Authorization will be mailed to the parent and provider.
- If additional hours are requested after July 1, 2019, the family can work with their DDA or provider to complete an Assessment and Clinical Treatment Plan to determine the need for additional hours.

Proposed Transition Plan
Act Early
Plans written prior to March 1, 2019
Supports

- Support Services will continue on the current Plan of Service as written on the plan until the plan end date.