

Children's Habilitation Intervention Services

ENHANCEMENT: INDEPENDENT PROVIDERS

[PRESENTATION DOCUMENTS](#)

Overview of Today's Training

- ❖ Introductions & Exit Strategy
- ❖ Rule Updates
 - The 16.03.09 and 16.03.10 rules have made their way through the initial review by Medicaid Administration.
 - We will not be reviewing the updates line by line, nor areas in which minor updates were made including deletions of duplicate language.
 - This training will reflect the rule updates.
- ❖ Overview of Enhancement Project
- ❖ Provider Qualifications & Independent Provider Enrollment
- ❖ Children's Habilitation Intervention Services & Process
- ❖ Transition Plan
- ❖ Reimbursement Rates

Ground Rules

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

Dates to Remember

❖ **June 5th, 2019:** State Plan Amendment (SPA) Public Hearing

IN WESTERN IDAHO:	IN EASTERN IDAHO:	IN NORTHERN IDAHO:
<p>Wednesday, June 5, 2019 at 1:00 p.m. (Mountain Local Time)</p> <p><i>In Person:</i> Medicaid Central Office 3232 Elder Street Conference Room D East Boise, Idaho 83705</p>	<p>Wednesday, June 5, 2019 at 1:00 p.m. (Mountain Local Time)</p> <p><i>Video Conference:</i> DHW Office 1070 Hilin Road Second Floor, Ste 230 Pocatello, Idaho 83201</p>	<p>Wednesday, June 5, 2019 at 12:00 p.m. (Pacific Local Time)</p> <p><i>Video Conference:</i> DHW Office 1120 Ironwood Drive, Ste 102 Lower Level Large Conf. Room Coeur d'Alene, Idaho 83814</p>

❖ **July 1st, 2019**

- Temporary Rules are implemented

❖ **July 3rd, 2019**

- Idaho Administrative Bulletin for Temporary Rules will be posted
- This will include the Temporary Rules

Dates to Remember

❖ **July 17th, 2019** Public Hearing will occur for the Temporary Rules

IN WESTERN IDAHO:	IN EASTERN IDAHO:	IN NORTHERN IDAHO:
<p>Wednesday, July 17, 2019 at 9:30-11:30 am. (Mountain Local Time)</p> <p><i>In Person:</i> Medicaid Central Office 3232 Elder Street Conference Room D East Boise, Idaho 83705</p>	<p>Wednesday, July 17, 2019 at 9:30-11:30 am (Mountain Local Time)</p> <p><i>Video Conference:</i> DHW Office 1070 Hiline Road Second Floor, Ste 230 Pocatello, Idaho 83201</p>	<p>Wednesday, July 17, 2019 at 8:30-10:30 am (Pacific Local Time)</p> <p><i>Video Conference:</i> DHW Office 1120 Ironwood Drive, Ste 102 Lower Level Large Conf. Room Coeur d'Alene, Idaho 83814</p>

❖ **January 1st, 2020** (proposed date)

- Idaho Administrative Bulletin for Pending Rule will be posted

Additional Trainings

The Children's DD Team will be providing the following upcoming trainings in June for Independent Providers:

- ❖ June 5th CDA
- ❖ June 17th Pocatello
- ❖ June 20th Boise

Upcoming Training Topics

- ❖ Service Hours Recommendation Checklist: anticipate August or September
- ❖ Crisis Request Form and Retro Crisis Request Form: anticipate July
- ❖ ACTP Annual Updates: anticipate August or September
- ❖ Ongoing PA Requests (optional template): anticipate August or September
- ❖ Telehealth: as soon as we have additional information we will distribute

- ❖ Prior Authorization
 - ❖ Portal: June 6th , (WebEx), Time: 10:00 am-11:30 or 12:00-1:30 pm
 - ❖ Clinical criteria for approval/denial: TBD
 - ❖ Denial process: TBD

What is the Enhancement Project?

- ❖ Federal regulation mandated all states to move Intervention Services for children with Autism to the Medicaid State Plan.
- ❖ The Department chose to expand this directive to all children receiving developmental disability services.
- ❖ The Department saw this as an opportunity to improve both intervention and support services for children.

Temporary Proposed Rules

- ❖ A rule section that can go into place before it is reviewed by the Legislature. Temporary rules will go into effect July 1, 2019.
- ❖ These rules will remain in effect until the proposed rules are brought before the Legislature in 2020.
- ❖ Opportunity to make comment and recommend updates prior to presentation to Legislature in 2020.

IDAPA

(Idaho Administrative Code)

- ❖ Can be found at: <https://adminrules.idaho.gov/>
 - Health & Welfare, Department of
- There are multiple rule sections that must be followed by providers
 - Today we will be specifically reviewing the content and processes for 16.03.09, Medicaid Basic Plan Benefits. Sections 570-577
- ❖ The Project website is: Enhancement.dhw.Idaho.gov
- ❖ The program website is: childrensdds services.dhw.idaho.gov
 - On July 1st all documents/forms, etc. will be posted on the program website.

Independent Intervention Provider Qualifications

Independent Providers

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

Who Can Provide State Plan Intervention Services?

- ❖ **Evidence Informed Providers:**

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

- ❖ **Evidence Based Providers:**

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

Intervention Specialist

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

Intervention Specialist

- ❖ Meets the Department approved competency by completing one of the following:
 - ❖ Department approved competency checklist; or
 - ❖ Has completed a minimum of 40-hours of Applied Behavior Analysis training delivered by an individual who is certified/credentialed to provide the training; or
 - ❖ Other Department approved competency as defined in the Medicaid Provider Handbook

Intervention Specialist Additional

- ❖ If completing assessments: must have a minimum of ten (10) hours of documented training and five (5) hours of supervised experience in completing comprehensive assessments and implementation plans for individuals with functional or behavioral needs
- ❖ Birth to three (0-3) has additional requirements

Human Services Degree

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

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

Provider Qualifications: Intervention Specialist Experience

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

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

Intervention Specialist Department Approved Competencies

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

Department Approved Competencies Competency Checklist

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

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

Questions?

Intervention Specialist: Birth to Three (0-3)

- ❖ An individual who provides services to children birth to three (0-3) years of age must also demonstrate a minimum of two hundred forty (240) hours of professionally-supervised experience providing assessment/evaluation, curriculum development, and service provision in the areas of communication, cognition, motor, adaptive (self-help), and social-emotional development with infants and toddlers birth to five (0-5) years of age with developmental delays or disabilities. Experience must be through paid employment or university internship/practicum experience and may be documented within the supervised experience listed in Section 575.02.b.i of these rules, and
 - ❖ Have one (1) of the following:
 - ❖ An Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education; or
 - ❖ A Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate; or
 - ❖ A bachelor's or master's degree in special education, elementary education, speech-language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, counseling or nursing. This individual must have a minimum of twenty-four (24) semester credits from an accredited college or university, which can be within their bachelor's or masters' degree coursework or can be in addition to the degree coursework. Courses taken must appear on college or university transcripts and must cover all of the following standards in their content:

Birth to 3 Specialist Continued

- (1) Promotion of development and learning for children from birth to five (0-5) years of age. Course descriptions must provide an overview of typical and atypical infant and young child development and learning, and must include physical, social emotional, communication, adaptive (self-help) and cognitive development of infants and toddlers; and
- (2) Assessment and observation methods that are developmentally appropriate assessment of young children with developmental delays or disabilities. Course descriptions must include the assessment and evaluation process in using both formal and informal assessment strategies. Strategies and tools for screening, assessing and evaluating the development of infants and children birth through five (0-5) years of age, including typical and atypical development to support young children and families; and
- (3) Building family and community relationships to support early interventions. Course descriptions must include working with families who have children with developmental disabilities; strengthening and developing family, professional and interagency partnerships; researching and linking families with community resources; parent/teacher/professional communication, and collaborating with other professionals; and
- (4) Development of appropriate curriculum for young children. Course descriptions must include instructional strategies for working with infants, toddlers and young children through third grade with developmental delays and disabilities; linking assessment to curriculum and designing instructional programming in natural settings and formal settings for young children with special needs; involving families in the process; and
- (5) Implementation of instructional and developmentally effective approaches for early learning, including strategies for children and their families. Course descriptions must include a focus on implementing strategies to meet outcomes for children with developmental delays and disabilities, and monitoring children's responses and overall progress; and
- (6) Demonstration of knowledge of policies and procedures in special education and early intervention and demonstration of knowledge of exceptionalities in children's development. Course descriptions include foundations of special education, knowledge and understanding of young children with developmental disabilities.

Questions?

Provider Qualifications: Intervention Professional

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

Intervention Professional: Birth to Three (0-3)

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

Provider Qualifications: EBM Intervention Specialist

- ❖ **Evidence Based Model Intervention Specialist:** Can provide all types of Intervention, complete Assessments and Implementation Plans
 - ❖ Has a bachelor's degree in accordance with their certification/credentialing requirements; and
 - ❖ Is certified/credentialed in an EBM
 - ❖ Birth to three (0-3) has additional requirements (240 hours experience working with children 0-5)

Provider Qualifications: EBM Intervention Professional

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

Questions?

Independent Provider Minimum Requirements

- ❖ Obtain a Medicaid Provider Agreement and maintain in good standing; and
- ❖ Be certified in CPR and First Aid prior to delivering services and maintain certification; and
- ❖ Successfully complete a Criminal History Background check; and
- ❖ Follow all IDAPA requirements for “Children’s Habilitation Intervention Services” (16.03.09.570-577), and
- ❖ Be supervised as outlined in IDAPA 16.03.09.575.03 (Intervention Specialist) or 16.03.09.575.06 (EBM Intervention Specialist)
- ❖ Must not receive supervision from an individual that they are supervising.

Additional Minimum Requirements

- ❖ Independent provider must follow all rule requirements in 16.03.09.570-577 for services provided. This includes the requirements for completing assessments, implementation plans, determining if the child is eligible for the service, etc..)
- ❖ Follow all applicable rule requirements as listed in the Medicaid Provider Agreement
 - ❖ Documentation must be maintained by the provider in accordance with IDAPA 16.05.07.101.01.
- ❖ Have general liability insurance in order to apply for your Medicaid Provider Agreement
- ❖ Responsible for billing through Molina/DXC

***Please note, that the 16.03.10.038 Rules must be followed by Independent Providers** (this includes having the ability to interface with Medicaid Systems-(for billing, i.e. computer/internet) and access Department approved forms.

How to Apply/Instructions

❖ Independent Provider Process

- ❖ All enrollment applications will be reviewed FACS to ensure qualifications to provide the services are met.
- ❖ The Medicaid Provider Agreement requirements are reviewed by Medicaid, to ensure the minimum requirements are met prior to issuing a Provider Agreement.
- ❖ Continuing training requirements will be reviewed by FACS as part of the Quality Assurance process. (*this will be discussed more in detail in next slides)

We have the independent provider enrollment process instructions & Credentialing Worksheets available today as a handout. If you are interested in this process or worksheet, please see a FACS staff and we can provide a copy for you.

Provider Title	Provided Service	Independent Medicaid Provider	Supervision Oversight, Direction & Feedback
Intervention Specialist	<ul style="list-style-type: none"> ❖ Habilitative Skill ❖ Behavioral Intervention ❖ Crisis Intervention ❖ Interdisciplinary Training ❖ Assessment & Clinical Treatment Plan/Implementation Plans 	Yes	<ul style="list-style-type: none"> ❖ Supervision: Monthly ❖ Must be completed by a Specialist or Professional
Intervention Professional	<ul style="list-style-type: none"> ❖ Habilitative Skill ❖ Behavioral Intervention ❖ Crisis Intervention ❖ Interdisciplinary Training ❖ Assessment & Clinical Treatment Plan/Implementation Plans 	Yes	<ul style="list-style-type: none"> ❖ No
Evidence-Based Model Intervention Specialist	<ul style="list-style-type: none"> ❖ Habilitative Skill ❖ Behavioral Intervention ❖ Crisis Intervention ❖ Interdisciplinary Training ❖ Assessment & Clinical Treatment Plan/Implementation Plans 	Yes	<ul style="list-style-type: none"> ❖ Supervision: In accordance with the EBM
Evidence-Based Model Intervention Professional	<ul style="list-style-type: none"> ❖ Habilitative Skill ❖ Behavioral Intervention ❖ Crisis Intervention ❖ Interdisciplinary Training ❖ Assessment & Clinical Treatment Plan/Implementation Plans 	Yes	<ul style="list-style-type: none"> ❖ No

Continuing Training Requirements

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

Supervision

Supervision is required for the following independent provider qualifications:

- ❖ Intervention Specialist (monthly supervision)
- ❖ EMB Intervention Specialist (in accordance with the EB Model)
 - For Intervention Specialists who provide services to children birth to three (0-3) years of age, the Intervention Specialist or Intervention Professional who provides supervision must also meet the birth to three (0-3) requirements.

- ❖ Masters level staff do not need to be supervised
 - ❖ Intervention Professional
 - ❖ EMB Professional

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.
- ❖ 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 Continued...

Question	Response
Can supervision be done remotely?	The method of how supervision is provided is not identified in Rule. Guidelines for supervision will be outlined in the Medicaid Handbook. The supervisor and supervisee must ensure that HIPAA compliance is maintained regardless of the supervision delivery method.
Who can provide supervision?	For an Evidence Informed Intervention Specialist, the individual supervising them must have an equal or higher qualification. For an EBM Intervention Specialist, the individual supervising them must meet the requirements in accordance with their Model. This is outlined in each individual provider qualification in rule.
Rule states that supervision is "face to face observation" does this mean that the child has to be present for at least part of the supervision?	Yes. In order for face to face supervision to occur, the child must be present.
Because the rule states "Supervision includes BOTH face to face observation AND feedback..." this would require for both of those components to occur back to back in order for supervision to count?	No, observation and feedback can occur separately, at anytime, as long as both occur within the same calendar month.

Supervision Continued...

Question	Response
Would there be any situations in which it would be allowable for a child to not be present for supervision?	Yes, when the supervisor is providing feedback to the staff. When face to face observation occurs the child must be present.
For Independent Providers, does the parent have a say in who the supervisor is?	The Independent provider would be the individual who chooses their supervisor.
Does the Independent Provider have to have a release of information for their supervisor?	Independent Providers have to follow their Medicaid Provider Agreement which includes ensuring HIPAA requirements.
Are supervisors ONLY responsible for providing supervision to the Independent Intervention Specialist? Or are they responsible for all of the work that the Intervention Specialist does? Is this documented anywhere?	For EBM providers, the supervisor must ensure they meet their credential/certification requirements with regards to the provision of direct services provided and supervision. For EI, the Intervention Specialist must ensure that their supervisor meets the minimum rule requirements to provide supervision, that supervision is occurring on a monthly basis as required and maintain all supporting documentation of supervision.
If an Intervention Specialist only provides direct service once a month, do they have to be supervised?	Yes. Rule identifies that individuals who meet the qualification of an Intervention Specialist or an EBM Intervention Specialist must be supervised regardless of what service they are providing.
Can anyone who meets the requirements of an Intervention Specialist or Intervention Professional provide supervision without being an Independent Provider or employed at a DDA?	Yes. If an individual meets the rule requirements for an IS or IP they can provide supervision.
During supervision, in order to meet the rule requirement, does the supervisor have to do everything listed? (i.e. give direction on techniques AND data AND functions of behavior?) Rule is written with commas (,) techniques, data, functions of bx)	The supervisor must include giving feedback on one or more of the following areas that are identified in rule.

Questions?/Emergency Exit

Intervention Definitions

Review of definitions handout

Questions?

Eligibility Requirements

State Plan Habilitation Intervention Services

- ❖ Medicaid Eligible
- ❖ Birth-through the month of their 21st birthday
- ❖ Functional needs or a combination of functional and behavioral needs that require intervention services; or
- ❖ Requires intervention to correct or ameliorate their condition in accordance with Section of 880 of IDAPA 16.03.09.

Eligibility Determination: Screening

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

Question	Response
Which type of Vineland must be completed as the screening?	The comprehensive Interview Form must be used with the Parent/Caregiver.

Eligibility Determination: Screening

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

Eligibility Determination

State Plan Habilitation Intervention Services

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

Eligibility Determination

Functional and Behavioral Needs

- ❖ A deficit is defined as 1.5 or more standard deviations below the mean for all functional areas or above the mean for maladaptive behavior.

Recommendation for Habilitation Intervention Services

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

Review: Recommendation Form

Ongoing Eligibility

State Plan Habilitation Intervention Services

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

Children's Habilitation Intervention Services

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.
- ❖ Intervention services include teaching and coordinating methods of training with family members and/or related or non-related primary caregivers who care for the eligible individual.
- ❖ Services include individual or group interventions.

Behavioral Intervention

- ❖ This service utilizes direct intervention techniques used to produce positive meaningful changes in behavior that incorporate replacement behaviors and reinforcement-based strategies.
- ❖ Intervention services include teaching and coordinating methods of training with family members and/or related or non-related primary caregivers who care 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.

Question	Response
Can the family training/coordination components of Behavioral Intervention and Habilitative Skill be done without the child present?	Due to how the definition of BI and Hab. Skill are written, it would not allow for a component of this service to be delivered without the child present.

Interdisciplinary Training

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

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

Crisis Intervention

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

Crisis Intervention

Question	Response
Can training be done without child present for crisis intervention?	Yes. The way that the State Plan definition is written, this would be allowable.
When developing a crisis plan, will and additional assessment tool or FBA be allowed?	Yes. Crisis can be utilized to develop a crisis plan that addresses the behavior occurring and the necessary intervention strategies to minimize the behavior. If additional tools or an analysis needed to assist in developing this crisis plan, than it can be approved.
Can you do an assessment in conjunction with crisis intervention? (update ACTP or do separate assessment?)	Yes. Crisis can be utilized to create a crisis plan. This information can be added to the ACTP.
For crisis intervention, things like data analysis, prepping for the session, creating material, can these be billed as crisis hours?	Preparing for an intervention sessions and analyzing data are not activities that are listed as being reimbursable services as the service of crisis is defined.

Questions?

Assessment & Clinical Treatment Plan (ACTP)

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

Assessment & Clinical Treatment Plan (ACTP)

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

What are the Components of the ACTP?

Let's review the ACTP

ACT-P

ACTP TOOLS

PA AMENDMENT FORM & INSTRUCTIONS

ACTP

Question	Response
Can you have multiple provider qualifications doing parts of the ACTP? i.e., EBM pro does VB Map, Intervention Specialist does interview, etc. How would the billing structure for this work?	Yes. Each provider qualification can complete different parts of the ACTP and bill accordingly to their provider qualification. When the provider submits the ACTP for Prior Authorization they will need to identify each provider qualification and number of units to be authorized based on each provider qualification.
Can a parent who is also a provider complete the screening, ACTP and implementation plans for their own child?	No.

Questions?

Implementation Plans

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

What are the Components of an Implementation Plan?

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

Components continued

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

Review the Implementation Plan Template

Questions?

Transition

- ❖ Transition prior authorizations
- ❖ Assessment and Clinical Treatment Plan deadline
- ❖ Family Directed Services specifics

Questions?

Prior Authorization

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

Initial Prior Authorization

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

- ❖ The Service Eligibility Determination Form
- ❖ Recommendation from a physician or other practitioner of the healing arts
- ❖ The Assessment and Clinical Treatment Plan
- ❖ Implementation Plan(s)

Review: Services Eligibility Determination Form

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

- ❖ Once the initial prior authorization request has been submitted, these individuals can access intervention services:
 - ❖ For a maximum of twenty-four (24) hours
 - ❖ For up to 30 calendar days or until the prior authorization is approved
- ❖ **Reminder**: this is only available to individuals who have not accessed intervention services during the last year.
- ❖ If the provider provides the 24 hours for those 30 days, or until PA is issued, and the child does not receive the initial PA, then they will not be able to be reimbursed for those services.

Questions?

120 day and 240 day Prior Authorization

- ❖ 120-day and 240 day Prior Authorization requests must include submitting all of the following:
 - ❖ A list of the individual's objectives
 - ❖ Graphs showing change lines
 - ❖ A brief analysis of data regarding progress or lack of progress to meeting each objective
 - ❖ A list of all Children's Habilitation Intervention Services, hours being requested, and the qualification of the individual(s) who will provide them
 - ❖ New implementation plans, if any, that have been created since the last prior authorization

Questions?

Annual Prior Authorization

Annual Authorizations must include submitting all of the following:

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

Questions?

Prior Authorization for Crisis Intervention

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

Questions?

Documentation Requirements

- ❖ Providers are required to have program documentation for each visit made or service provided to the individual.

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

Questions?

Quality Improvement

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

Reimbursement Rates

- ❖ Fee schedules available.

1915i Support Services: Traditional

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

1915i Support Services: Family Directed

- ❖ Community Support Worker
- ❖ Adaptive Equipment
- ❖ Support Broker
- ❖ Fiscal Employer Agent (FEA)

Duplication of Services

IDAPA 16.03.09.571.07.

Duplication of Services. Services are considered duplicate when:

- a. Goals are not separate and unique to each service provided; or
- b. When more than one service is provided at the same time, unless otherwise authorized.

Services for Those Individuals 18-21

Adult Service	Can access HI	Additional information
Developmental Therapy	NO	
Daily Supported Living (<u>High-intense</u>)	NO	
Behavioral Consultation	NO	
Adult Day health	YES	
CFH	YES	Can only be provided outside of the CFH
Respite Care Daily (S9125)	YES	
Respite Care (T1005)	YES	
Skilled Nursing Services	YES	
Supported Employment	YES	
Individual Supported Living- hourly	YES	Must assure no duplication
Group Supported Living- hourly		
Environmental <u>Acc</u> Adaptations	YES	
Home Delivered Meals	YES	
Transition Services (<u>2000</u> max)	YES	
Interpretive Services oral/sign	YES	
Chore Services	YES	
PERS system	YES	

Enhancements to Case Management

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

Case Management Options

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

Questions?
