

Children's DD Services

ENHANCEMENT: PROVIDERS

[PRESENTATION DOCUMENTS](#)

Overview of Today's Training

❖ Upcoming Dates/Trainings

❖ 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.
- There have been some updates and we will discuss those today during each section that we review.

❖ Review of Information, Processes and Q&A

- Provider Qualifications-Supervision-Continuing Training Requirements
- Services
- Recommendation
- Eligibility-Screening
- ACTP- Implementation Plans
- Prior Authorization Process

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 Hiline 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 Hilina 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:

- ❖ June 4th Post Falls
- ❖ June 18th Pocatello
- ❖ June 21st 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 and 12:00-1:30 pm
 - ❖ Clinical criteria for approval/denial: TBD
 - ❖ Denial process: TBD

Provider Qualifications

❖ Crisis Intervention Technician

- Rule: supervision updated to monthly

❖ Habilitative Skill Technician

- Rule: supervision updated to monthly

Question	Response
Does an individual with a bachelor's degree and experience, but not the competency, meet the requirements of a Hab. Skill Technician?	Yes. An individual can meet the requirements of a Hab. Skill Tech. to gain the required experience to become an Intervention Specialist. Experience includes experience and identified competency requirements. Please note that the Hab. Skill Technician position is limited to a single 18 successive month period.

Intervention Specialist

- Rule: language updated from “designing assessments” to “completing assessments”
- ❖ Review:
 - Human Services Degree Worksheet
 - Competency Checklist

Intervention Specialist Continued....

Question	Response
For staff who are currently providing services and will continue to complete assessments and Implementation Plans, does the agency have to go back and document their "Assessment Trainings" (10 and 5 hours)? Or is this only for new staff?	Rule identifies that in order for a Intervention Specialist to complete assessments and/or Implementation Plans they must have documentation of this training and supervised experience.
If someone has taken their first class towards ABA coursework and it is 45 hours, will that one course meet competency for Intervention Specialist?	No. The ABA training must be comprehensive in content in order for the individual to meet competency to provide the direct intervention service. This information will be further clarified in the Medicaid Provider Handbook.

Intervention Professional

- Rule: language updated from “designing assessments” to “completing assessments”. Added that experience can be documented with the degree program.

Question	Response
Does providing HI meet the rule requirement for experience in implementing comprehensive behavioral therapies for an individual to meet the minimum requirements for an Intervention Professional?	Yes.

Evidence Based Model Provider Qualifications

- ❖ EBM Paraprofessional
- ❖ EBM Intervention Specialist
- ❖ EBM Intervention Professional

Provider Qualifications Ongoing Requirements



Independent Providers

- Rule: Removed the 5% requirement and aligned with other provider qualifications (monthly)

Provider Qualifications Ongoing Requirements

❖ Supervision

- Rule: Removed rule references in this definition for EMB providers, as the supervision requirements for each of those provider qualifications is in the provider qualification section.

Question	Response
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 a clinical supervisor with a bachelor's who is currently supervising a master's level professional continue to supervise them in the new model?	For Children's Habilitation Intervention Rules, Intervention Professionals (Master's level) do not require supervision.

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.
If an Intervention Specialist delivers just Hab. Skill does supervision need to be weekly because of the service or monthly because of the qualification?	The rule requirement for a Hab. Skill Technician was updated to require monthly supervision.
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.
For an Independent Provider, if the 5% of supervision is not met in any given month, what is the recourse for not meeting that requirement?	The rule for Independent providers was updated. The supervision requirements for Independents is determined by their provider qualification. (i.e. monthly for Independent Intervention Specialists). If an Independent Provider does not meet the supervision rule requirements, a Corrective Action Plan will be requested and the Independent Provider would not be able to seek Medicaid reimbursement for that month.
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.

Provider Qualifications Ongoing Requirements

❖ Continuing Training

Question	Response
If someone takes the RBT training (40 hours in ABA) to become an Intervention Specialist, can that training count as their 12 hours of continuing training?	No. The training in this situation would be meeting the minimum requirements for the individual to provide Intervention services. The continued training requirement is to be applied for individuals once they begin providing Intervention services.

Services

❖ Habilitative Skill

❖ Behavioral Intervention

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.

Services

❖ Interdisciplinary Training

❖ 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.

Eligibility

- Rule: updated to include language that if a child does not meet the identified standard deviations but requires intervention to correct or ameliorate their condition in accordance with Section 880 of the rules, they can still meet eligibility requirements.

❖ What does this look like?

Question	Response
How does a DDA know if the child has CHIP when they come directly to DDA, as the DDA is not able to see this information in Molina?	Providers can access and see if a child has active Medicaid within the Molina system. If you are unable to find this information please contact Molina/DXC.
How does a DDA know if the child has active Medicaid when they come directly to DDA, they are not able to see this information in Molina?	Providers can access and see if a child has active Medicaid within the Molina system. If you are unable to find this information please contact Molina/DXC.

Recommendation for Services

- Rule: updated to ensure it captured “physician” and “other practitioner of the healing arts”
- Form: same updates

Screening

- Rule: two sections were combined to capture all screening requirements in one section. No content removed.
- *Update on qualification level to purchase the Vineland

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

Assessment & Clinical Treatment Plan (ACTP)

- Rule: combined sections for consistency. Changed “Frequency” to “Hours” being requested.
- Updates to Template

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.

Implementation Plans & PA

❖ Implementation Plans

- Template Review

❖ Prior Authorization Process

- Rule: combined the 120/240-day and annual prior authorization rules, removed duplicate language. No content changed.

Initial Children

- Process Update: 24 hours or intervention for 30 days

Program Documentation

- Rule: Removed sentence that references, provider must follow IDAPA 16.05.07, as the Medicaid Provider Agreement identifies that this rule must be followed.

Services for Those Individuals 18-21

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

*Children's Case Management can be accessed until the Adult Service Plan is authorized

Transition

❖ Any questions on Transition?

Support Services & Case Management

- ❖ Any questions on 16.03.10 updates?
- ❖ Any questions on Case Management option?
- ❖ Children receiving intervention only?