#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
1	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	573.05 & 573.06 With the recommended update that was recommended in October to having one assessment it is confusing to be discussing who can complete that as of today	Thank you for your comment
2	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	Comment: I do not believe that the PDDBI should be an approved tool. Other states are having an issue with this same tool.	Thank you for your comment, the list of approved tools are not tools that will be required.
3	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	RE: assessment tools - Not all validated, so need to remove the term "validated."	Thank you, the team will review the list again to ensure that all tools listed are validated.
4	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	There is an assessment that is evidence based called Skills Training. Should be included.	Thank you, the team will look at this assessment.
5	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	Re: Slide 7, we would like some items from Assessment to Clinical Treatment Plan to be added to Dept. Approved assessments for schools. Specifically, VB-Mapp. Is that Possible?	At this time the Department is saying no because the scoring outcome of the assessment would not give the assessor functional limitations or scores.
6	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	Question to answer as a team: How do you ensure that test givers and test interpreters are qualified?	Thank you for your comment. It is at the discretion of the agency to determine that their test givers and test interpreters are qualified.
7	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	Comments regarding list of assessments: different assessments require different levels of credentialing so how is that being addressed. Hard to comment on the assessments without knowing the requirements as well as the cost of delivering and scoring the different assessments.	Thank you for your comment
8	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	if we are going to an annual assessment, the cost will triple from every three-year assessment.	The screening assessment that will be used to determine eligibility will be done only once. The PA renewal that will occur every 120 days demonstrates an ongoing need.
9	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	Question: Will SBS become an annual assessment or will it remain tri-annual?	Intention is for it to remain tri-annual
10	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	if there are multiple assessments and providers will be completing them, will they be scrutinized by the Department? If so by whom and at what level will the assessment be scrutinized?	Thank you for your comment. The assessor will need to follow the requirements of the tools. When quality assurance happens and if it is determined the tool was not It is at the discretion of the agency to determine that their test givers and test interpreters are qualified.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
11	11/7/18	Regional Meeting - WebEx	16.03.09.573.05	Why are there such significant differences in Department approved assessments for Community and schools. It looks like only the Vineland and ABAS are on both lists. School-based list has 10 others, and community list has 10 others, but those are 20 not in common.	The list of assessments is for different services. The list for community is to guide the assessment and clinical treatment plan. The list for schools is to determine eligibility for services.
12	11/8/18	Regional Meeting - WebEx	16.03.09.573.05	Comment, Region 6: The same agency that is completing the assessment should not also be able to deliver the services. Who's to say the agency won't always say that a master's level individual needs to provide the service.	We appreciate your feedback; the risk has been identified and the PA process has been identified to mitigate such risks.
13	11/13/18	Email	16.03.09.573.05	recommend that the department does not use "forms" but rather component areas in rule that would be required for the Assessment and Clinical Treatment Plan. This is what has been in rule previously (e.g., for the service plan- ISP, IPP) and is currently in rule (e.g., PIPs). Having component requirements in rule would allow providers to use individual systems and formats, such as Word or an electronic system.	Thank you for your question. Right now, the intention is to use an outside contractor who completes the prior authorization process. Because of this, it will be important that every provider uses the same document when submitting requests for prior authorization. A major goal of the Enhancement Project is to increase the quality of services. The draft template was created by the Project Group including parents, providers, and a workgroup that included specialists in the field. The draft document contains the minimum content the workgroup felt is necessary to provide quality services to children in Idaho. It's important to note, the department does not prescribe or limit providers on which internal templates for documentation they use; however, when prior authorization requests are submitted for review a standardized template must be utilized. This is necessary for several reasons such as ensuring a streamlined review processes for the contractor which will result in timely reviews and authorizations and to ensure all rule components are being met.
14	11/13/18	Email	16.03.09.573.05	The companion document with examples and instructions will still be valuable, and perhaps more so, with components listed in rule. It would potentially give providers samples of assessments/plans as well as instructions for different component areas.	Thank you for your feedback.
15	11/7/18	Regional Meeting - WebEx	N/A	Comment: DDA's can't bill at the same time as a child is in school	We need to clarify what the question is referring to

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
16	11/7/18	Regional Meeting - WebEx	16.03.09.575.10	Question Slide 21: Do we have agencies that are serving children 0-3?	Yes, there are agencies that are serving 0-3
17	11/7/18	Regional Meeting - WebEx	16.03.09.575.10	Comment: It is not clear that 0-3 children can receive habilitative skill services.	Thank you for your comment, we will assure that rule clearly indicates that a provider for 0-3 can deliver habilitative skills, behavioral intervention and an assessment.
18	11/7/18	Regional Meeting - WebEx	16.03.09.575.10	Question - how does the 0-3 professional get the experience (240 hours).	There are a variety of ways: by working in the school, internships, by completing your coursework in practicum, etc.
19	11/7/18	Regional Meeting - WebEx	16.03.09.575.10	? B-3 (EI and EB): what are the provider qualifications for the oversight/supervision for a staff providing intervention. Currently some providers cannot provide B-3 HI because they only have one staff who has their HI COC B-3) i.e. they do not have a CS that ALSO has their HI COC B-3	The supervisor for the birth-3 population needs to meet the qualifications for providing to birth-3.
20	11/8/18	Regional Meeting - WebEx	16.03.09.575.10	The 240 hours on slide 21 - part of the 1040 or in addition? - explained part of.	Yes, the 240 hours can be part of the 1040 hours.
21	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	Q: on the dept approved comp: add OR's	Thank you, we will make sure to add "or" to list of provider competency options.
22	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	Concern that the ways to be verified are not comparable. Suggest changing language on slide 15 to 40 hours of ABA training as approved by the BCBA for RBT	Thank you for your comment, this is being taken into consideration.
23	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	Comment: Slide 15 RBT training and RBT training & competency seem redundant. Not sure why they are both included. Also seemed inconsistent with national criteria seems like we are trying to meld paraprofessional with tech. Need to re address	Thank you, the team agrees and will remove the third option listed on the provider competency
24	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	? who will determine the person in the agency that completes the competency assessment (supervisor, pm, etc.) will it be up to the agency or will it be identified by department	Thank you for your question, essentially it will be up to the agency or school to determine who will complete the provider competency. we will be making updates to further clarify who can complete the competency assessment.
25	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	Question: How will the competency checklist apply in schools?	The same as it will in the community
26	11/8/18	Regional Meeting - WebEx	16.03.09.575.04	Intervention Specialist and Intervention Professional - how is the competency done? Interview? Observation?	Thank you for your question, it will be both interview & observation. The team will provide additional guidance in the provider manual.
27	11/8/18	Regional Meeting - WebEx	16.03.09.575.04	If the competency checklist is to be done by supervisor, how would that work for an independent practitioner.	If an individual chooses to be an independent provider, they will need to find someone that is qualified to conduct the competency checklist.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
28	11/8/18	Regional Meeting - WebEx	16.03.09.575.04	Comment, Region 6, Slide 9: If agencies really need training, train them, do not use a checklist because once it is introduced, it will never be let go.	Thank you for your comment, we do anticipate training agencies as well.
29			16.03.09.575.07	In the slides for the EBM intervention paraprofessional and interventions specialist it states that they need to have a certification/credential from an evidence-based model approved by the department. For the paraprofessional, I understand that the RBT certification would meet that requirement. For the specialist, would the RBT certification meet the requirement? In the BCBA model, the bachelor's level certification is the BCaBA. However, it is not feasible to have my staff work toward and obtain that certification to continue providing direct services. But I want to make sure I am passing on correct information	If an individual has both the RBT certification and a bachelor's degree, they would qualify as a specialist. An individual would also qualify as a specialist if they had their bachelor's and the RBT training without the certification. For the BACB model, you are correct the BCaBA is the bachelor's level.
30	11/7/18	Regional Meeting - WebEx	16.03.09.575.07	Comment Region 6: There needs to be a doctoral level added to the EBM.	Thank you for your comment, the rule language currently captures higher level education by saying: "a. An individual who holds a master's degree or higher from an accredited institution in accordance with their certification/credentialing requirements; and"
31	11/7/18	Regional Meeting - WebEx	16.03.09.575.07	Consistency with language on EB Intervention and EB Model	Thank you for your comment, we will investigate this.
32	11/7/18	Regional Meeting - WebEx	16.03.09.575.07	Comment - challenge ESDM being peer reviewed. Don't believe it has been replicated by someone outside of the ESDM.	Thank you for your comment.
33	11/7/18	Regional Meeting - WebEx	16.03.09.575.07	Would TEACCH certification qualify as an evidence-based model provider (in addition to BCBA, since you are saying "or other model")	Thank you for your question, the Department is looking into this as an evidence-based model.
34	11/7/18	Regional Meeting - WebEx	16.03.09.575.07	Comment: So, based on the EB description, providers must have the BCBA credentials. This seems like a significant access issue.	To bill as an evidence-based model provider a provider would need to fall under one of the identified Evidence-based models. Currently the two-identified evidence-based models are: Early Start Denver and/or the BACB. A provider that does not qualify as evidence-based model provider would still be able to deliver evidence-based practices.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
35	11/7/18	Regional Meeting - WebEx	16.03.09.570.06 & 570.07	Comment: still confused about Slide 12. Difference between evidence -based and evidence-informed. Not understanding difference.	Thank you for your comment, we will work on language to better clarity around the two.
36	11/7/18	Regional Meeting - WebEx		Comment - Evidence informed treatment is eclectic treatment and not good for the children of Idaho.	Thank you for your comment.
37	11/7/18	Regional Meeting - WebEx	N/A	It is interesting that of the 13 pages of comments from the last meeting in October that there is currently only 2 pages of changes submitted.	Thank you for your comment, not every comment or question resulted in a change, multiple comments were similar in nature and some were not asking for a change. Please be assured that the team was diligent in reviewing all comments and questions and made rule changes accordingly.
38	11/7/18	Regional Meeting - WebEx	571.06	571.06 06 and 07 do not really define a difference between the service expectation. Please review again for further clarity.	Thank you, for your comment, the difference really is in whether a provider is certified/credentialed in an evidence-based model. The team will work on adding language to better clarify the difference.
39	11/7/18	Regional Meeting - WebEx	573.04	573.04 recommend clarifying who "others" are	Thank you for your comment, this will be better clarified in the provider handbook.
40	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	what are the training requirements for a staff if they are not employed for 3 years?	The Department is recommending that there is not an end date to the grandfathering in of current providers if the provider has a current HI COC at the time of transition, there are no gaps in employment for three or more years, and the provider continues training requirements.
41	11/7/18	Regional Meeting - WebEx		? Danger we run into when we fake ABA in IDAPA, any changes that the Certification Board makes could put the Rules at risk of not being able to be implemented. Call it as it is, BCBA, RBT, ABA, etc...	Thank you for your comment.
42	11/7/18	Regional Meeting - WebEx		Comment: providers also recommend keeping the rule as is, w/o the credentialing info in rule	Thank you for your comment.
43	11/7/18	Regional Meeting - WebEx	16.03.09.576	Comment - BCBA cost a minimum of $55,000/year in Idaho. This would not cover the cost.	Thank you for your comment.
44	11/7/18	Regional Meeting - WebEx	16.03.09.576	Comment - these thwarts being able to provide evidence-based practices to children in Idaho	Thank you for your comment.
45	11/7/18	Regional Meeting - WebEx	16.03.09.576	Concern - EBM providers will stop taking Medicaid and only take private insurance	Thank you for your comment.
46	11/7/18	Regional Meeting - WebEx	16.03.09.576	Comment - no reason to differentiate treatment if not going to differentiate service.	Thank you for your comment.
47	11/7/18	Regional Meeting - WebEx	16.03.09.575	Comment: suggest including scholarship options in the funding request to help with increased training requirements.	Thank you for your comment.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
48	11/7/18	Regional Meeting - WebEx		recommendation: updating service title for HabSkills OR Habilitative Supports to decrease confusion	Thank you for your comment, the Department is considering changing the title of habilitative supports.
49	11/8/18	Regional Meeting - WebEx		Happy to see core knowledge of dual dx.	Thank you for your feedback.
50	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	Question - is the grandfathering-in forever or would they eventually have to come into compliance.	The Department is recommending that there is not an end date to the grandfathering in of current providers if the provider has a current HI COC at the time of transition, there are no gaps in employment for three or more years, and the provider continues training requirements.
51	11/7/18	Regional Meeting - WebEx	16.03.09.575.03	on HabSkill tech, options 1 and 2, it appears language makes a presumption abut individual in this level or capacity, is in their last semester. IF they are not in the last semester, will they no longer be able to be a habskill tech?	If the person has graduated with a bachelor's but does not have the hours of experience required to be an intervention specialist they could still provide services under habskill.
52	11/7/18	Regional Meeting - WebEx	16.03.09.575.03	Comment: Instead of having the hour requirements have an individual with a degree more supervised.	Thank you for you comment, this has been captured in rule.
53	11/7/18	Regional Meeting - WebEx	16.03.09.575.03	re: 16.03.09.575.03.03.c: individual can only work as an employee of a DDA- does this mean school based services cannot bill for a Habskill tech?	Thank you for your comment. The team is recommending to add additional language to clarify that the HabSkills tech would be able to deliver services in schools
54	11/7/18	Regional Meeting - WebEx	16.03.09.575.03	Skills Tech ?: how are we suppose to hire someone with a Bachelors Deg. and pay them at an HS rate?	This would only be expected while they are getting the required experience hours.
55	11/7/18	Regional Meeting - WebEx	16.03.09.575.03	Question: Slide 13- Provisional skill tech - provisional status is limited to 18 months but happens if someone is in their last semester but doesn't graduate and has to repeat a semester. If the tech doesn't graduate is the employer on the line for what they have provided so far? Does the 18 months start over when they restart their last semester? Can we remove the "last semester" language and replace it with a number of credit hours? Who is responsible for verifying they are in their last semester?	Thank you for your questions and feedback. The team is recommending the language change to include number of credits remaining instead of "semester".
56	11/7/18	Regional Meeting - WebEx	16.03.09.575.03	?: why can we not have a para or tech level staff at that rate?	Thank you for your comment.
57	11/7/18	Regional Meeting - WebEx	16.03.09.575.03	pg 13, habskill tech. C. this type of provider can only provide habskill intervention. what is habskill intervention?	Thank you we are recommending the removal of "intervention" to clarify this rule.
58	11/7/18	Regional Meeting - WebEx	16.03.09.575.03	Is habskill interventionist able to provide services around behaviors?	Habilitative Skill Technician is only able to deliver HabSkill.
59	11/7/18	Regional Meeting - WebEx	16.03.09.575.03	why is there not habilitative skill for kids 0-3?	There are additional requirements required for individuals to deliver services for birth-3.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
60	11/8/18	Regional Meeting - WebEx	16.03.09.575.03	Concern with HabSkill Tech - Entry level is bachelor's degree. Not readily available in rural areas, would like to see experience be acceptable.	At this time the department is not looking at adding experience in lieu of education.
61	11/7/18	Regional Meeting - WebEx	multiple	Comment: identifying information "in the Medicaid handbook" seems like to method to circumvent policy not being reviewed and approved by the Legislature.	Thank you for your comment, the current direction from Medicaid administration is to put much of the policy detail into the Medicaid handbook
62	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	Int. Spec: option 2 iii: "as defined in the Handbook": recommend adding the list of competencies to actual rule and further info detailed in handbook	Thank you for your comment, the draft rule has been updated to include updated language to further define.
63	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Comment: this checklist is not a decider but a guider.	Yes, that is correct.
64	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	hours recommendation checklist: recommend going back to the Provider workgroup to review	Thank you, it will be.
65	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	How are the points used on the form?	We will be adding additional language to the document to better explain this.
66	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	hours checklist: recommend adding some sections with regards to extenuating circumstances,	Thank you we will look into adding additional language
67	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	comment: those who are 11 could possibly fall thru the cracks	Thank you, we will look into this.
68	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	it is our understanding that school-based services do not need to use the "services hours recommendation checklist" School-based services will continue to use their eligibility reports and IEP's to determine the number of hours provided for the student, please confirm.	Correct. It is currently the recommendation that neither schools nor community would be required to use the checklist.
69	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	why are the youngest children getting more points for their age?	The recommendation is based on current research.
70	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	C: Age shouldn't/doesn't determine the need. Some children who are puberty age may need more intervention hours	Thank you, we will review this.
71	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Slide 9 - Comment: Could also consider factoring in the agency staff ratio children serving. Concern that because of under staffing the recommendation for hours needed is not accurate	The need determined and prior-authorized is for the child and staffing should not be a factor in determining the need.
72	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	?: When is danger or harm to others, minimal?	Thank you, we will take this into consideration when the tool is updated.
73	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Solution: could we add to the Hours Recommendation checklist better definitions? more definable/measurable.	Thank you, the team will work on adding better clarification.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
74	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Hours checklist: coming up with a hard number for hours recommendations based off of this document would require additional training	This tool is recommended only as a guide.
75	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Comment: My biggest concern is that a child loses 5 points the moment they turn 7. I would recommend that the first level is 0-8. Children are in 1st grade at 7/8 years old and it is a hard transition at that time.	Thank you for your comment, the team will look into this.
76	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Doing this as long as we have, it is hard to quantify hours and time needs. Each child is so different from each other.	Thank you for your comment, this checklist is recommended as a tool not as a requirement.
77	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Comment: on checklist - hard to quantify for each child. Not sure how helpful this would be.	Thank you for your comment, this checklist is recommended as a tool not as a requirement.
78	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Re: Slide 8: Interfering behaviors: how do you know the behaviors? what assessment are they based on?	The interfering behavior should be identified by completing the Assessment and Clinical Treatment plan.
79	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Slide 8: Column 3: define skill deficits	The definition of a skill deficit is: "a deficit is defined as two or more standard deviations." This can be found in more detail at IDAPA 16.0309.1803.572.03
80	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	hour recommendation checklist: typo on severe level 3 social: to meet...	Thank you we will correct this.
81	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Slide 8 column 5: Define multiple as three or more. Typo on row three. Define chronic behavior problem.	Thank you we will correct this.
82	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Checklist only goes to 19, but State Plan services can be provided until age 21	Thank you, we will be making changes to capture to age 21.
83	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	Suggest that look at other states tools for determining hours rather than reinventing the wheel.	Thank you, we will look at other states. If there are specific states that have a tool, please let us know.
84	11/7/18	Regional Meeting - WebEx	16.03.09.573.05.c	hours recommendation checklist: there may be some limitations on hours recommendations for children who do not exhibit maladaptive behaviors.	Thank you for your comment, this checklist is recommended as a tool not as a requirement.
85		Regional Meeting - WebEx	16.03.09.573.05.c	Concerns that the checklist does not accurately reflect need and is not liked.	Thank you for your comment, this checklist is recommended as a tool not as a requirement.
86		Regional Meeting - WebEx	16.03.09.573.05.c	Comment, Region 6, Slide 9: When using the Hours Recommendation Checklist, even if it is not in rule, the thought is that if used, it will be a way for an individual who is PAing, they would use it to deny services over the recommended number of hours on the checklist.	Thank you for your comment, this checklist is recommended as a tool not as a requirement.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
87	11/13/18	Email	16.03.09.573.05.c	I was thinking about the guide for hours and the low level self-injury and aggression that people had a problem with. I do believe there should be a category for rating this with 1 or 3, I am thinking about past behaviors and clients there are low level self-injury and aggressive behaviors- hitting yourself twice with an open hand vs hitting yourself multiple times with a closed fist or putting your mouth on someone's arm vs taking a bite of flesh. I don't know if during these meetings there should be discussion like this or if it is better to let people complain and move on. What are your thoughts?	Thank you for your comment.
88	11/15/18	Email	16.03.09.573.05.c	I like the hour recommendation sheet and its use as a guideline. However, several areas of concern were brought up and I recommend that the Provider Advisory Group address concerns and bring suggestions back to the rule meeting. I am not sure about the rule reference as 05.c addresses assessment tools.	Thank you for your recommendation.
89	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	?Can department define Human service field degrees?	It is recommended that we describe human services field in more detail in the Provider Handbook.
90	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	here is a sampling if college majors that I have found listed as social services fields: which, or all, would the Department recognize as Human Services fields: social work, sociology, psychology, child development, hospitality, gerontology, public administration, public policy, criminal justice, nursing, health admin, information tech, public health, human resource mgmt., community, organization and advocacy.	Thank you for your comment.
91	11/7/18	Regional Meeting - WebEx	16.03.09.575.02	if i am an independent consultant, but not a BCBA, I can't provide a service through EBM, but can consult and tell them what to do.	As an independent evidence-informed provider type you would be able to provide the services described within evidence-informed services
92	11/7/18	Regional Meeting - WebEx	16.03.09.575.02	Comment - recommend adding a background check for independent providers.	This is currently imbedded as a requirement
93	11/7/18	Regional Meeting - WebEx	16.03.09.575.02	Question - where is the bachelors level independent?	Thank you for pointing this out, we will be editing rule language to better clarify who can be an independent provider.
94	11/7/18	Regional Meeting - WebEx	16.03.09.575.02	? Independent Providers: for families accessing FDS how would they meet the supervision requirements (5%)?	Families would have to procure their own supervision.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
95	11/7/18	Regional Meeting - WebEx	16.03.09.575.02	BACB: info on Independent Contractors	We are aware of the guidance from the BACB that an RBT's cannot be independent contractor. The team will need to do additional information gathering in how this impacts their ability to be an independent provider for Medicaid. Thank you for your comment, the Department will continue to do research on this topic.
96	11/7/18	Regional Meeting - WebEx	16.03.09.575.02.f	Independent quals: referencing supervision "as defined in these rules" Supervision is defined in the L&C rules. What rule are we referring to? Could add in rule citation	Thank you for your comment, the team is making language changes to better clarify this.
97	11/7/18	Regional Meeting - WebEx	16.03.09.575.12	Comment: Seems like a disconnect to move independent therapeutic consultant to an intervention professional but can't deliver consultation. Seems like a disconnect	Thank you, why the title of consultation is not used as a service the components of the service will be captured within habilitation intervention as a whole. The team will look into this and try to clarify this language.
98	11/7/18	Regional Meeting - WebEx	16.03.09.575.05	re: 16.03.09.575.05 are a-e inclusive to 05 or independent of each other?	They are inclusive
99	11/8/18	Regional Meeting - WebEx	16.03.09.575.02	Is the Independent Provider quals only for Evidence Based? - No, both EB or EI	It is for both evidence-based and evidence-informed.
100	11/8/18	Regional Meeting - WebEx	16.03.09.575.02	Question, Region 6, slides 41-43: Can my current FDS provider, providing HI currently continue to do so as an Independent provider?	If they meet the qualifications of the intervention specialist.
101	11/7/18	Regional Meeting - WebEx	16.03.09.855.04	does interdisciplinary need to be a 30 minute service, or can it be a 15 minute service. most sessions staff go to are 45 minutes... can this be billed at 2 units, because they are over half of the hour session	Thank you for your comment, we will discuss this with our billing staff to get clarification.
102	11/7/18	Regional Meeting - WebEx	16.03.09.575.05	Question: Who signs off on Intervention Professionals having competency?	If a provider chooses to use the competency checklist the recommendation is that an individual of the same level or higher will be responsible.
103	11/7/18	Regional Meeting - WebEx	16.03.09.575.05	Slide 19. Should not need more stringent than what a BCBA comes to the table with does not make sense for someone with a master's level. Should be reduced to hours matching BACB	Thank you for your recommendation.
104	11/7/18	Regional Meeting - WebEx	16.03.09.575.05	Slide 19 - suggest accepting master's and not looking at the additional requirements.	Thank you for your recommendation.
105	11/15/18	Email	16.03.09.575.05.c	Can document coursework and/or experience in designing and/or implementing comprehensive therapies for children with functional or behavioral needs – coursework is vague. It is unclear how much coursework and what areas would be appropriate. Comprehensive therapies are also vague.	Thank you, the team is working to make this language clearer.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
106	11/15/18	Email	16.03.09.575.05	Same comments about competencies being in rule with specifics in provider handbook; also, add developmental disabilities to experience component as indicated above.	Thank you for your recommendation.
107	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	concern re: language in Option 1 on slide 14 - do we need to clarify to say grandfathering or remove word "current	Thank you, we will make changes to clarify this.
108	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	Question - 1040 hours - is there a timeframe in which to complete those?	There is not a timeframe.
109	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	Region 6 Comment: I think the number of hours is irrelevant.	Thank you for your comment
110	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	For intervention specialist states can do assessment but does not specific only those that they are credentialed for.	thank you, we will look at the language to better clarify
111	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	Comment - can you consider lowering the 1040 hours	Currently, we are moving forward with 1040 hours.
112	11/7/18	Regional Meeting - WebEx	16.03.09.575.04	Comment: the word "current" in rule with regards to HI COC, the HI COC certs have expiration dates, so what would be current if they expire?	We will add language to verify that a HI COC that is current as of June 30, 2019.
113	11/15/18	Email	16.03.09.575.04	Intervention Specialist: ii. Can demonstrate 1040 (one thousand forty) hours of supervised experience working with children with developmental disabilities, functional or behavioral needs (recommend adding developmental disabilities to all similar experience requirements)	Thank you, for your recommendation. These services are for children that have a functional or behavioral needs but not specific to developmental disabilities.
114	11/7/18	Regional Meeting - WebEx		?: when will L&C update rules to align?	We will work with licensing and certification to understand their timeline.
115	11/7/18	Regional Meeting - WebEx	16.03.09.855.01	Slide 34 - v. - Change Professional to Specialist - subsection is correct, but the word is incorrect.	Thank you, we will fix error.
116	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	ethics every year.	Thank you for your comment
117	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Comment Region 6, slide 45: Out of the 12 hours I would like to have a clear number of hours in rule of how many MUST be ethics.	Thank you for your recommendation, the team will be editing rule language to include specific number of hours for ethics.
118	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Comment: recommend a dhw form that agencies can use if they chose to document continuing training	Thank you for this recommendation, the team will consider the development of this form.
119	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Comment Region 6, slide 45: I think there needs to be 20 hours of yearly training	Thank you for your recommendation, at this time the Department is moving forward with 12 hours.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
120	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Comment: Don't think we should limit the ability to reuse training topics (e.g. MANDT, de-escalation, etc.). Think that ethics makes sense to add. - *There are certain trainings that need to be repeated.*	Thank you for your feedback, at this time the Department is recommending that training topics can have repeated but the content that is trained on should be different.
121	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	opposed to breaking it down to more than the current 2 categories. Tracking nightmare.	Thank you for your comment, the recommendation is currently three categories: ethics, behavior methodology or evidence-based interventions, and discretionary.
122	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Question: Is the "yearly" training mean calendar year?	Thank you, we are editing language to better clarify this. Yearly will be equal to calendar year.
123	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Comment - might want to decrease the number of hours of new content, but move other things like CPR, confidentiality, etc. to a general requirement, but not counting towards continuing ed.	Thank you for your comment.
124	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Look at what is L&C rule and see what overlaps and then how can we update up training "categories" to ensure that the don't duplicate	Thank you for your recommendation, the team has been working closely with L&C to ensure that there are not overlaps.
125	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	should there be a separate rule or component that looks at part time seasonal people? *Suggestions of per month training.*	Currently the Department is recommending continuing with the 12 hours of yearly training requirement.
126	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Recommendation: including a category on family training.	Thank you, we also feel that family training is an important training category but at this time will not have it as a separate category.
127	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Comment Region 6, slide 45: Need to specify that in-house training can't be used for all the training hours.	Thank you, at this time the Department does not want to dictate who the training is delivered by.
128	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Comment: calendar poses a complication for SBS	Thank you for your feedback, the team will be reaching out to stakeholders to better understand how the language should read.
129	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Slide 45: What about counting the required supervision as continuing education credit.	If the supervision being delivered is including training of something that falls into one of the categories.
130	11/7/18	Regional Meeting - WebEx	16.03.09.575.01	Question Slide 45: Who will check the continuing training requirements?	This responsibility will the responsibility of the employer and will be monitored through quality assurance done by the Department.
131	11/15/18	Email	16.03.09.575.01	Training. Recommend chapter 21 is consistent with this rule. Recommend no more training categories be added. Chapter 21 has eight categories for training (depending on how they are counted); recommend if new categories (e.g., ethics, reinforcement, family training, etc.) are added that the number of categories does not increase from current rule. Also, please make it clear that training is for the calendar year.	Thank you for your feedback.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
132	11/7/18	Regional Meeting - WebEx	16.03.09.575.07	Comment - for intervention para, when it says have to be credentialed by that body, more stringent than any level of intervention specialist.	Correct, by allowing the EBM para there are more requirements they must meet.
133	11/7/18	Regional Meeting - WebEx		Suggestion - put into rule what should be in personnel files	Personnel file are documented under the L&C.
134	11/7/18	Regional Meeting - WebEx	16.03.09.575	Comment - very difficult for those in rural areas where there are difficulties finding people to meet the qualifications.	Thank you for your comment.
135	11/7/18	Regional Meeting - WebEx	16.03.09.575	Comment: lowering the number of hours of experience just lowers the quality of the service. do not recommend doing this	Thank you, the current qualifications are aligned with school rules.
136	11/7/18	Regional Meeting - WebEx	16.03.09.575	Concern - with the Department not monitoring creds, the agency is at risk of having to pay back.	Thank you, the Department intends to provide training to reduce this risk.
137	11/7/18	Regional Meeting - WebEx	16.03.09.576	Question Rates: This is not considering the tiered rates for evidence-based correct? Isn't there a plan to ask for additional funding to tier EBM rates?	Yes, you are correct.
138	11/7/18	Regional Meeting - WebEx	16.03.09.576	Question: will the procedure code 99368 include the ability to bill for participation in the IEP development?	Federally under IDEA you cannot bill for the participation in IEP development.
139	11/13/18	Email	16.03.09.576	My last three questions all tie into rate :) First why would an agency choose to do evidence based intervention with the added supervision as well as educational requirements if the pay rate is the same? How are we to compete with other states and employers in Idaho without a rate increase especially the state. For example, we had a BCBA that we provided supervision for over a year, she received her BCBA and within two months was hired by the state as a BCBA for a wage that we cannot compete with, although it is the state that decides our rate? And third we are currently having a very hard time finding staff and this is true with other agencies as well as the school. We have a waiting list and little kids ages 3 are having to wait six months to start services as well as not getting there full hours. With the increase in some of the client hours that will happen how are we supposed to staff the clients that we have? With no increase in rate and no flexibility with experience hours we will not be able to serve near as many kids.	It is the Department's intention to request funding for increased EBM rates. There is a rate workgroup who is working on a recommendation for the evidence-based model rates.
140	11/7/18	Regional Meeting - WebEx	16.03.09.855	? for SBS what services are companion to each other and what are stand-alone services?	Interdisciplinary training will be a companion of behavioral intervention and habilitative skill.
141	11/7/18	Regional Meeting - WebEx	16.03.09.855	? Would a DDA have to be invited?	It is up to the school district's discretion.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
142	11/7/18	Regional Meeting - WebEx	16.03.09.855	Question on rates/codes for SBS: If a SBS paraprofessional is providing HabSkill, do they bill the HabSkill code or the paraprofessional code?	There is one billing code for habskill. Anyone delivering Habskill would bill that one code.
143	11/7/18	Regional Meeting - WebEx	16.03.09.855	School concerns around crisis intervention. As written, a teacher may not be able to provide this crisis intervention, however, as written, a paraprofessional would be able to. This needs to be explained further or considered	Thank you for your recommendation, the team will provide additional guidance to this.
144	11/7/18	Regional Meeting - WebEx	16.03.09.855	Comment to SBS and crisis above: If a teacher hasn't met the 1040 hours experience, they may not be able to bill as an IS but would bill as a paraprofessional? is that correct?	Yes, that is correct.
145	11/7/18	Regional Meeting - WebEx	16.03.09.855	can a school psychologist offer an evidenced based service?	If they are credentialed in an evidence-based model.
146	11/7/18	Regional Meeting - WebEx	16.03.09.855	? on who is billing for IT when schools and DDA's are both providing services?	One individual would bill as the professional, such as a physical therapist or speech therapist, the other individual, such as the intervention specialist, would bill for interdisciplinary training.
147	11/7/18	Regional Meeting - WebEx	16.03.09.855	can a DDA go into a school to provide IT?	It will be up to the discretion of the school district.
148	11/7/18	Regional Meeting - WebEx	16.03.09.855	Question - Slide 39- Who would be utilizing IT in the schools? How would it look? Who would be billing?	The team will be providing additional guidance around interdisciplinary training.
149	11/7/18	Regional Meeting - WebEx	16.03.09.855	will schools be considered for the same rate?	That is the intent
150	11/7/18	Regional Meeting - WebEx		Comment: would like to see uniformity in the providers across environments.	That is our intention except for para-professional
151	11/7/18	Regional Meeting - WebEx	16.03.09.572.03	Comment - Believe there is a more complete name for the Vineland. Do like that we used "the current version.' Is "The Vineland Adaptive Behavior Scales."	Thank you, we will change rule to include full name.
152	11/7/18	Regional Meeting - WebEx	16.03.09.572.03	From REG 3 - Vineland has a current version, but how do we handle the transition from one version to the next. Eligibility for school is 3 years.	Additional guidance will be provided in the handbook to clarify this.
153	11/7/18	Regional Meeting - WebEx	16.03.09.572.03	Question to answer as a team and respond: Who will be using the Department Approved Screening Tool? The Agency or the IAP?	We are working with Department Administration to get a solid answer.
154	11/7/18	Regional Meeting - WebEx	16.03.09.572.03	Comment: Additional concerns about timelines for changing between versions of tools	Thank you for your comment, the team will need to look at this.
155	11/7/18	Regional Meeting - WebEx	16.03.09.575	Recommendation: clarify supervision, if they are credentialed thru their model to provide it (EBM Pro and Spec)	Thank you, our intention is to clarify this.

#	Date	Method (Regional Meetings, Phone, Email, etc.)	Rule Reference	Feedback/Question	Project Team Response
156	11/7/18	Regional Meeting - WebEx	16.03.09.575	? Are we going to talk about who is qualified to do DDA supervision?	We will be
157	11/7/18	Regional Meeting - WebEx	16.03.09.575	? under EB there is supervision in the 03.09 rules that identify requirements, for EI those supervision requirements live in L&C Rules, will it stay that way?	Yes, that is our intention
158	11/7/18	Regional Meeting - WebEx		Comment - getting this in place by July 1 is a lot to put on providers that are under staffed and under paid.	Thank you for your comment.
159	11/13/18	Email	16.03.09.573.05	I still feel that the implementation plans should be separate from the assessment. Or, perhaps the initial and/or annual is one document but there is a systematic process for reviews/ updates of the implementation plans. I think it could get very confusing as one document, similar to the current MSDA which is one document that is updated annually – it is often difficult to determine what information is current and if not current, when it was last current.	Thank you for your comment the Department will provide provider training on the ACT-P and the implementation plan as well as additional guidance in the provider handbook.