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To: Medicaid Providers of Children's Habilitative Intervention Services (CHIS), Children's Developmental Disability (DD) Services, and School-Based Services

From: Matt Wimmer, Administrator

Subject: Service Delivery Flexibilities and Best Practices in Response to COVID-19

The Idaho Department of Health and Welfare (Department) continues to monitor and prepare for impacts resulting from the 2019 Novel Coronavirus (COVID-19). To support participant access to services and reduce administrative barriers for providers, Medicaid is temporarily implementing the following additional changes for providers of CHIS, Children's DD Services, and School-Based Services, effective immediately and continuing until emergency declarations are lifted:

Temporary IDAPA Rule Suspensions for Providers of CHIS and Children's DD Services

Changes to IDAPA were made to support participant access to services. A full list of those changes can be found in the [April 1, 2020 Administrative Bulletin](#).

The following is an overview of temporary modifications to requirements during the COVID-19 emergency:

- New screening for a participant who has not accessed CHIS for more than three hundred sixty-five (365) calendar days is not required.
- The skills or developmental assessment in the Assessment and Clinical Treatment Plan (ACTP) may still be valid if not completed within the last three hundred and sixty-five (365) days.
- Observation not required for the ACTP.
- Supervision not required monthly for DDA's or Independent providers of Children's DD Services or CHIS.
- Face-to-face supervision not required weekly for Children's DD Community-Based Support providers.
- History and physical completed by a practitioner of the healing arts may still be valid if not completed by the annual due date.
- Six (6) month and annual provider status reviews may still be valid if not completed within the six (6) month or annual date for Children's DD Services.

Temporary Group Ratios for CHIS, Children's DD Services, and School-Based Services

Changes to IDAPA were made to allow for more participants in a group setting. A full list of those changes can be found in the [April 1, 2020 Administrative Bulletin](#). Each Participant's records must include documentation of the adjusted staffing ratio and confirm the adjustment was made due to COVID-19.

The following is an overview of temporary modifications made to requirements during the COVID-19 emergency:

- Habilitative Skill Building group services may be provided by one (1) qualified staff for up to six (6) participants.
- Behavioral Intervention group services may be provided by one (1) qualified staff for up to six (6) participants.
- Respite group (community-based only) services may be provided by one (1) qualified staff for up to six (6) participants.
- Respite group (independent providers only) services have no limit to the number of participant siblings.
- Community-Based Supports group services may be provided by one (1) qualified staff for up to six (6) participants.
- Family Education provided in a group setting has no limit to the number of participants' families.

Temporary IDAPA Rule Suspensions for Family-Directed Community Supports

Changes to IDAPA were made to support participant access to services. A full list of those changes can be found in the [April 1, 2020 Administrative Bulletin](#).

The following is an overview of temporary modifications made to requirements during the COVID-19 emergency:

- Support Brokers may begin rendering services prior to completing the training requirements as outlined in IDAPA 16.03.13.135.02, provided they complete the training requirements within thirty (30) days of first rendering services, advise the participant or legal guardian that the individual has not yet completed the applicable trainings, and comply with all other requirements specified by the Department in a [COVID-19 Information Release](#).
- Support Brokers can extend the Support and Spending Plan when assisting participants with completion of the annual re-determination process.

Temporary IDAPA Rule Suspensions for School Based Services

Changes to IDAPA were made to support participant access to services. A full list of those changes can be found in the [April 1, 2020 Administrative Bulletin](#).

Ongoing CHIS Prior Authorization (PA) Requests

While access to documentation is not available for ongoing PA requests, the following circumstances and guidelines apply:

- PA's will not be extended for children whose 4-month/8-month (previously 120/240 day) and annual reviews are coming due. However, due to COVID-19 making it difficult for providers to have access to documentation needed to complete their ongoing requests, we have created a streamlined process. This simplified process decreases the amount of documentation needed for the ongoing PA request during the COVID-19 emergency. For the 4-month/8-month ongoing PA requests, we have provided a required template to utilize if you do not have access to or only have partial access to documentation. Please see the "[COVID-19 Ongoing Prior Authorization Request Template](#)" required for the simplified ongoing PA requests.
 - The simplified required form for [ongoing PA requests](#) is not intended for use by those who have access to all required documentation.
- Transitional PA's may be **extended until June 30, 2020** for children whose provider is unable to complete all required documentation for an ACTP due to COVID-19. To request an extension, send an email to Angie Williams at Angie.Williams@dhw.idaho.gov with the following information:
 - Medicaid ID Number
 - Transitional PA Number
 - Reason for the extension request in the email subject line

PA Amendments for CHIS

While school districts remain in a soft-closure, children's parent(s)/guardian(s) may elect to access community-based services from a community provider who would seek reimbursement for those services. If a community-based provider needs to increase hours of service for a child due to a school soft-closure they can complete a [PA Amendment Form](#) (available on the [Children's DD and CHIS Provider website](#)).

- Please email PA Amendment requests or any questions regarding completion of the form to MedicaidQIO@dhw.idaho.gov.
 - Utilize the [NEW - Prior Authorization Amendment Form](#) when submitting requests to Medicaid QIO and include the following:
 - The child's Medicaid Identification Number;
 - The child's current authorization number;
 - The date ranges the request is intended for;
 - The total number of hours/units the child needs for the weeks school is out (NOT the additional hours/units they need); and
 - Write "COVID-19" in the justification box.
- Authorizations may be retroactive to March 16, 2020.
- Parent signature on the [PA Amendment Form](#) will not be required if not immediately available due to COVID-19. Providers are still required to discuss the requested changes to authorized hours with the parent/caregiver.
 - Phone authorizations must be documented on the signature line of the form and identify the date and time of the call and those involved in the call.
 - For example: *Verbal confirmation received from mom, Sam Jones, April 20, 2020 at 10:38am.*
- PA Amendment requests can be used for both children on transitional intervention PAs (no ACTP) as well as those who have current CHIS PAs.

- Requests for increases in hours may be made for the remainder of the child's regularly scheduled school year or until schools re-open and students return to the school building, whichever comes first (all other needs for amendments must be [requested as usual](#)).
 - While schools are on a soft-closure, providers of community-based CHIS have the flexibility to provide services during what is normally considered a "typical school day." These services may not be utilized to supplant School-Based Services or otherwise support a student to get through their educational activities. Please review the corresponding guidelines in the "School-Based Services" section below.
 - Educational services delivered to students using alternate modes (online, packets, virtually) during a soft-closure may not necessarily follow a "typical school day." It is likely that the typical school day has shifted for many students and community-based services may need to be provided during what is normally considered the "typical school day." **It is important for community-based and school-based providers to coordinate their services with each other and the families with whom they are working.**

For example, a student's school day is now only 1 hour a day for 4 days. The student needs Behavioral Intervention during that one-hour timeframe to meaningfully participate in their educational activities. That would be considered a School-Based Service and the school district may seek reimbursement from Medicaid for those services.

It is important to recognize that the time the student engages in their educational activities may vary from day to day.

If that student also needs Behavioral Intervention to function at home during the day, all other hours of the day during which a student is not engaged in an educational activity may be provided as community-based services, so long as the provider has the prior authorization.

School-Based Services

While schools remain in a soft-closure:

- The school district may only seek reimbursement for those Medicaid School-Based Services provided to a student to facilitate their meaningful participation in their educational activities as identified in a student's IEP. As always, Medicaid will not reimburse for any services that are educational in nature.
- Medicaid School-Based Services delivered to students using alternate modes (online, packets, virtually) are not restricted to what would normally be considered a "typical school day." It is likely that the "typical school day" has shifted for many students and community-based services may need to be provided during what is normally considered the "typical school day." **It is important for school-based and community-based providers to coordinate their services with each other and the families with whom they are working.**
- The school district provider must work with the student's parent(s)/guardian(s) to schedule School-Based Services during a mutually agreeable time that may include evening or weekend hours.

- The school district may provide a service via telehealth, if appropriate and in accordance with telehealth requirements. There is no need to amend the IEP to indicate the service is provided via telehealth as this is an alternative mode of delivery and a temporary measure to seek reimbursement from Medicaid. Please use the GT modifier.

For example, a student's school day is now 2 hours a day, 5 days a week. The student needs Behavioral Intervention during the two-hour timeframe to meaningfully participate in their educational activities. That would be considered a School-Based Service and the school district may seek reimbursement from Medicaid for those services.

It is important to recognize that the time the student engages in their educational activities may vary from day to day.

If that student also needs Behavioral Intervention to function at home during the day, all other hours of the day during which a student is not engaged in an educational activity is not considered a Medicaid School-Based Service. However, the student's parent(s)/guardian(s) may seek community-based services during that time, so long as the provider has the prior authorization.

These temporary changes take effect on March 13, 2020 and will continue through at least the end of the declared state of emergency. These changes may be rescinded or modified in the future to respond to changing pandemic conditions. To the extent practical, we strongly encourage the use of telehealth to provide services to Medicaid participants. Further guidance will be forthcoming as the situation develops.

We thank you for your service to Idaho Medicaid participants and appreciate your work to address this public health threat.

MW/adm