

Dear Senators LODGE, Broadsword & Werk, and
Representatives BLOCK, Nielsen & Henbest:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of the Dept. Of Health & Welfare: IDAPA 16.03.10 - Medicaid Enhanced Plan Benefits (Fed Reg Compliance) (Docket No. 16-0310-0801).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative Services. The final date to call a meeting on the enclosed rules is no later than 10-23-08. If a meeting is called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis from Legislative Services. The final date to hold a meeting on the enclosed rules is 11-20-08.

_____The germane joint subcommittee may request a statement of economic impact with respect to a proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement, and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has been held.

To notify Research and Legislation, call 334-2475, or send a written request to the address or FAX number indicated on the memorandum enclosed.

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Research & Legislation Staff - Paige Alan Parker

DATE: October 3, 2008

SUBJECT: Department of Health and Welfare - IDAPA 16.03.10 - Medicaid Enhanced Plan Benefits (Docket No. 16-0310-0801) (Proposed)

This temporary and proposed rule docket 16-0310-0801 (hereinafter “proposed rule”) represents the Department of Health and Welfare’s amendments to chapter 16.03.10 dealing with Medicaid enhanced plan benefits.

The Department advances a laundry list of reasons for the proposed rule. These include: changing reimbursement for providers from a flat monthly rate to 15 minute increments; ensuring participants have a single service coordinator; ensuring service coordination providers do not have conflicts-of-interest that lead to self-referrals; modifying time frame for service coordination during the participant’s transition from an institution; modifying requirements for assessment and monitoring activities; clarifying service coordination provider qualifications and participant eligibility; and revising references or definitions.

According to the Department, the proposed rule is authorized pursuant to sections 56-202(b), 56-203(g), 56-203(I), and 56-250 through 56-257, Idaho Code. In addition, the department states that 42 CFR sections 431, 440 and 441 provide legal authority for the proposed rule. However, no copy of these regulations accompany the proposed rule as required by section 67-5223(1), Idaho Code.

Section 56-202(b), Idaho Code, provides the Department with general and broad rulemaking authority. Section 56-203(g), Idaho Code, grants the Department the power to define persons entitled to medical assistance in such terms as will meet requirements for federal participation in medical assistance payments. Section 56-203(I), Idaho Code, empowers the

Department to determine the amount, duration and scope of care and services to be purchased as medical assistance on behalf of needy eligible individuals. Sections 56-250 through 56-255, Idaho Code, are the codified provisions of the Idaho Medicaid Simplification Act (HB 776 (2006)). Part of the legislative intent of that Act is to strive to balance efforts to contain Medicaid costs, improve program quality and improve access to services. Section 56-251(1), Idaho Code. Section 56-253(8), Idaho Code, gives the Department's director the authority to promulgate rules consistent with that Act. Sections 56-256 and 56-257, Idaho Code, deal with Personal Health Accounts and Co-payments, respectively, and are not relevant to the present proposed rule.

According to the Department, no fee or charge is imposed by the proposed rule. The Department states that there is no anticipated fiscal impact to the state General Fund as a result of this rule. According to the Department, negotiated rulemaking with Medicaid providers was conducted in the development of the proposed rule, including Case Manager Associations of Idaho, Idaho School Districts, Medicaid staff, advocates and other stakeholders.

Public hearings are scheduled in Coeur d'Alene on October 16, in Boise on October 15 and in Pocatello on October 14, 2008. All written comments must be directed and delivered to the Department's specified representative on or before October 22, 2008.

ANALYSIS

The proposed rule represents a fairly extensive rewrite of sections 721 (Service Coordination - Definitions), 727 (Service Coordination - Coverage and Limitations), 728 (Service Coordination - Procedural Requirements), 729 (Service Coordination - Provider Qualifications), 730 (Service Coordination - Care Plan Assessment), 731 (Service Coordination - Care Plan) and 736 (Service Coordination - Provider Reimbursement), along with less extensive amendments to sections 725 (Service Coordination - Eligibility - Individuals with Severe and Persistent Mental Illness) and 726 (Service Coordination - Eligibility - Children Up to the Age of Twenty-One). Housekeeping changes, including those contained in sections 723 (Service Coordination - Eligibility - Individuals with a Development Disability) and 724 (Service Coordination - Eligibility - Individuals Eligible for Personal Assistance Services), will not be addressed in this memorandum.

Five new service coordination definitions are presented in the proposed rule ("care plan assessment," "conflict of interest," "diagnostic assessment," "licensed mental health practitioner" and "person-centered planning"), along with amendments to four definitions ("agency," "human services field," "service coordination" and "service coordinator"), and the deletion of two ("crisis service coordination" and "current assessment"). None of the new or amended definitions are defined in statute. Four of these definitions ("conflict of interest," "person centered planning team," "service coordination" and "service coordinator") have been defined in other rules promulgated by the Department.

The proposed rule modified the definition of “agency” by clarifying that the service coordination business entity has one supervisor who does not carry a caseload and a minimum of two service coordinators. Section 721.01.

New term, “care plan assessment,” is defined as “an assessment conducted by a service coordinator that accurately reflects the status of the participant in terms of the participant’s need for assistance in gaining and coordinating access to care and services using person-centered planning principles.” Section 721.03. This definition utilizes new term “person-centered planning,” defined as “a process facilitated by the service coordinator and comprised of the participant and individual significant to the participants [note: “participants” should be singular], to collaborate to develop a care plan that is based on the expressed needs and desires of the participant.” Section 721.11. This definition of “person-centered planning” is consistent with the Department’s definitions of that term in IDAPA 16.04.11, “Developmental Disabilities Agencies (DDA), and in IDAPA 16.04.17, Rules Governing Residential Habilitation Agencies.”

“Conflict of interest,” a new defined term, is vaguely defined as “a situation in which a person’s or agency’s professional or personal obligations or personal or financial interests appear to directly or indirectly influence the exercise of his official duties.” Section 721.04. Perhaps the Department’s more detailed definition of the term found at IDAPA 16.05.04.005.01, dealing with the Idaho Council on Domestic Violence Grant Funding, could have been adapted to the proposed rule.

“Diagnostic assessment” appears to be defined appropriately with its contextual use, section 721.06, as is “licensed mental health practitioner,” section 721.09, which includes physician, physician assistant, nurse practitioner trained in diagnostics, master level clinical nurse specialist, licensed psychologist, licensed clinical social worker, licensed professional counselor or licensed marriage or family therapist.

The proposed rule clarifies the definition of “human services field” by specifying that public health is one of the particular areas of academic study. Section 721.08. The proposed rule also clarifies that “service coordination” is a case management activity, section 721.13, and that “service coordinator” may be under contract with a service coordination agency, section 721.14.

Section 725 of the proposed rule, dealing with service coordination eligibility for individuals with severe and persistent mental illness, clarifies that to be eligible, the adult must meet the requirements of using or having a history of using high cost services associated with periods of increased severity of mental illness, a diagnosis of mental illness and having mental illness of sufficient severity to cause a disturbance in specified performance or coping skills. To meet the diagnosis of mental illness requirement, the adult must have undergone a diagnostic assessment (i.e., “a comprehensive assessment of the participant’s current condition and complete medical and psychiatric history”) and meet the criteria for severe mental illness according to section 1912(c) of the Public Health Services Act, as amended by P.L. 102-321. Section 725.02.c.

[Note: P.L. 102-321 did not amend section 1912(c) of the Act to provide criteria for severe mental illness. The codification of P.L. 102-321's section 1912 is at 42 U.S.C. section 300x-1(c)(1) and directs the Secretary of Human Services to establish definitions for the terms "adults with a serious mental illness" and "children with a serious emotional disturbance" and disseminate the definitions to the states. Thus, not only does the proposed rule mix "severe mental illness" with "serious mental illness," the criteria are not stated in the Department's obscure citation. The relevant federal regulation that has not been identified by the Department. The Department's criteria for severe mental illness cannot be gleaned from the proposed rule.]

For service coordination eligibility for children, the proposed rule no longer references the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. The proposed rule also revises the "substantial impairment" criteria component of "serious emotional disturbance" to remove the requirement for a full eight scale score of 80 or higher on the Child and Adolescent Functional Assessment Scale or a full seven scale score of eighty or higher on the Preschool and Early Childhood Functional Assessment Scale with the requirement of a "moderate" impairment in at least one of the self-harmful behavior, moods/emotions or thinking scales. In place of that requirement the proposed rule states that a "substantial impairment" requires a "moderate" impairment range in at least two of the [unspecified] subscales, one of which must be from the self-harmful behavior, moods/emotions, and thinking scales. Section 726.05.d. [Note: clarity is not the hallmark of this proposed rulemaking.]

The proposed rule states that "service coordination" consists of services provided to assist individuals in gaining access to needed medical, social, educational and other services. Section 727. The activities within "service coordination" have been extensively rewritten and reorganized [dare say, "scrambled"] to include comprehensive care plan assessment and periodic reassessment, development of a care plan, referral and related activities, monitoring and follow-up activities, crisis activities, contacts for assistance, exclusions, limitations on the provision of direct services, limitations on service coordination and limitations on care plan assessment and care plan development and to eliminate linking the participant to needed services.

With regard to assessment, the focus of the proposed rule is on the determination of the participant's needs by development of a comprehensive care plan. Activities required to make that determination include: taking the client's history; identifying needs; completing related documentation; and gathering information from family members, medical providers, social workers and educators. Section 727.01. The care plan assessment is addressed at section 730 of the proposed rule. This assessment must be completed by a service coordinator as part of the person-centered planning with the participation of the participant, the guardian (when appropriate) and pertinent service providers and is used to determine the participant's prioritized needs and services and the family's needs when the participant is a child. Section 730.01. The information to be included on the Department approved assessment form is specified at section 730.02.

Whereas the existing rule stressed coordination and retention of services, assurance of

consistency, non-duplication, satisfaction to the participant and adjustments to the plan of service when needed in the monitoring activity, the proposed rule's Monitoring and Follow-Up Activities section stresses ensuring that the care plan is implemented and adequately addresses the participant's needs through face-to-face contact with the participant at least every 90 days. Section 727.04.

Under the proposed rule, crisis service coordination does not include crisis counseling, transportation to emergency providers or direct skill-building services. Crisis assistance for children's service coordination are not available until 4.5 hours of service coordination have already been provided in the month, up from 4 hours under the existing rule, and must be prior authorized by the Department. Section 727.05.a. Crisis assistance for adults with a developmental disability are also subject to the 4.5 hours of service precondition and prior authorization requirement, along with the requirement that it be based on community crisis supports. Section 727.05.b. [Note: the first sentence of section 727.05 is incomplete.]

Crisis assistance for adults with severe and persistent mental illness must be prior authorized by the Department and includes the additional requirement that the participant must be experiencing symptoms of psychiatric decompensation that interferes or prohibits the participant from gaining or coordinating necessary services. Section 727.05.c. Crisis assistance for individuals eligible to personal assistance services also must be preauthorized by the Department. Section 727.05.d.

Under the proposed rule, providers of service coordination services may provide service coordination to the same Medicaid participant when the participant is receiving children's service coordination (coordination under the Early and Periodic Screening Diagnosis and Treatment option under the existing rule) or is an adult with mental illness and the service coordinator has documented that the participant has made free choice of providers. Section 727.08.

The limits on service coordination under the proposed rule include a 4.5 hours per month limitation for participants who meet the eligibility qualifications for Children's Service Coordination and for participants with developmental disabilities. Section 727.09.

The proposed rule provides that service coordination may include contacts with non-eligible individuals only when the contact is directly related to identifying the needs and supports for helping the eligible participant to access services. Section 727.06. The proposed rule also is explicit that service coordination does not include activities that are an integral component of another covered Medicaid service, integral to the administration of foster care programs, or integral to the administration of another non-medical program for which a participant may be eligible (except that which is included in an individualized education program or individualized service plan consistent with section 1903(c) of the Social Security Act). Section 727.07. [Note: The Department's citation to the Social Security Act is less than helpful since that Act has been amended numerous time and the Act is not readily available, except as codified. Citation to the codified section would provide far easier access to the referenced information.]

The proposed rule limits reimbursement for assessment and care plan development to 6 hours for children, participants with mental illness or eligible adult personal assistance participants. Plan development for participants with developmental disabilities is limited to 12 hours. Section 727.10.

The Department has designated what is termed the “service plan” under the existing rule as the “care plan” in the proposed rule. The care plan is now addressed at section 731 of the proposed rule. The service coordination care plan is developed using information collected through the care plan assessment of the participant’s service coordination needs and must specify the goals and actions to address the medical, social, educational and other services needed by the participant. Participating in the care plan and developing its goals are the eligible participant or the participant’s authorized health care decision maker and others. Section 731. The care plan must identify a course of action to respond to the participant’s assessed needs. Section 731.01.

Elements of the care plan which were separately specified for individuals receiving personal assistance services, individuals with severe and persistent mental illness and children in the EPSDT program (now designated as children participants) have been consolidated at section 731.02. New to these elements is the inclusion of a crisis prevention plan that identifies each potential risk or substantiates that there are no potential risks and identifies the services and actions which will be implemented in the case of a participant crisis situation. Section 731.02.b. The proposed rule also clarifies that the concrete, measurable goals and objectives are to be achieved by the participant, section 731.02.c, that included within “schedules” are progress reviews, section 731.02.f, and documentation of unmet needs includes goals to address these needs or gaps, section 731.02.g.

The documentation of service coordination has been amplified by the proposed rule to include: the duration of the provided service; the nature, content, units of the service coordination received; whether the goals specified in the care plan have been achieved; whether the participant declined any care plan services; the need for and occurrences of coordination with other case managers; the timeline for obtaining needed service and for reevaluation of the plan; the date of progress reviews, signed by the service coordinator completing the review; a copy of the signed informed consent documenting the purposes of the service coordination; a reflection that person-centered planning in the care plan; and documentation of the participant’s inclusion in the development of the care plan. Section 728.03

Under the proposed rule, children’s service coordination care plans cannot be effective before the date that the child’s parent or legal guardian has signed the plan. Section 728.03.n. For adults with severe and persistent mental illness, the crisis situation and the crisis service coordination services must be documented in the progress notes of the participant’s medical record. Section 728.04. Each entry completed by a paraprofessional must be reviewed, dated and signed by the participant’s service coordinator. Section 728.05. The proposed rule clarifies that the participant has a freedom of choice of service coordinators, service coordination provider agencies and other health care providers. Section 728.06.

The proposed rule changes the frequency in which service coordinators are to meet, face-to-face, with the participant from 30 days to 90 days, subject to exceptions. Section 728.07. When it is necessary for a children's service coordinator to conduct a face-to-face contact with a child participant without the legal guardian present, the legal guardian must be notified and the notification documented. Care plans must have an "individualized objective," describing what the participant, families and providers should do in an emergency situation and how the service coordinator will follow up. Section 728.07.c. [Note: the proposed rule repeats this last paragraph.]

The proposed rule provides new subsections on service coordinator and agency responsibilities related to conflict of interest. The service coordinator's primary responsibility is to the participant. Service coordinators are required to respect and promote the right of the participant to self-determination and to preserve the participant's freedom to choose services and providers. In doing so the service coordinator must be alert to and avoid "conflicts of interest" [a defined term], inform the participant and guardian when a real or potential conflict of interest arises, and take reasonable steps to resolve the issue in a manner that makes the participant's interest primary and protects the participant's interest to the greatest extent possible. Section 728.08.

Agencies are required to guard against conflicts of interest and inform all participants of the risks. Required agency documentation in the participant's file includes the rule's definition of "conflict of interest" and a statement signed by the agency representative and the participant or guardian, verifying that the concept of conflict of interest was reviewed and explained to the participant or guardian to preserve the participant's freedom to choose services and providers. Section 728.09.

Under the proposed rule, the agency providing service coordination services must provide supervision of all service coordinators and paraprofessionals. The supervision structure must clearly demonstrate each supervisor's ability to legitimately address service concerns, requires that there be at least one supervisor who does not carry a service coordination caseload and requires that a paraprofessional is not a supervisor. Section 729.02. Oddly, the proposed rule also requires that the supervision structure must clearly "[r]equire that the supervisor is not supervised by someone under their [the supervisor's] supervision, directly or indirectly." Section 729.02.b.

Supervisors must have a master's degree in a human service field and 12 months experience with the population being served or a bachelor's degree in human services fields or RN degree and 24 months experience with the population being served. Supervisors for mental health service coordination must have obtained the required experience in the mental health treatment setting with the serious and persistent mentally ill populations. Section 729.03. Service coordinators must have 12 months experience working with the population to whom the service coordinator will be providing service. Section 729.04.

The proposed rule provides education and experience requirements for paraprofessionals who are permitted to assist in the implementation of the care plan. The qualifications include: being at least 18 years of age; having a high school diploma or equivalency; being literate enough to handle the required paperwork and forms; and having 12 months experience with the subject population or a bachelor's degree in a human services field. Section 729.05. Paraprofessionals either must not or cannot: work with participants who receive mental health service coordination; conduct assessments, evaluations, person-centered planning meetings, 180 day progress reviews, plan development or addenda development; be identified as the service coordinator on the plan; or supervise service coordinators or other paraprofessionals. Section 729.06. [Note: perhaps these section 728.06 prohibitions could be expressed in outline form.]

The proposed rule modifies the provider reimbursement requirements. Service coordination may be provided during the last 14 days of an inpatient stay which is less than 180 days or during the last 60 days of 180 days or more. Sections 736.03.a and b. The existing rule provides for service coordinator reimbursement during the last 30 days or, if the stay is not expected to last over 30 days, when the service does not duplicate the discharge responsibilities of the facility. Service coordination provider claims may not be filed until the participant is discharged and enrolled in community services. Section 736.03.c. In addition, the service coordination must not duplicate activities provided as part of initiation services and discharge planning activities and must only be provided by and reimbursed to community service coordination providers. Sections 736.03.d and e. The plan of care must include documentation of service coordination services provided prior to and post discharge to facilitate a successful transition into the community. Section 736.03.f.

Under the existing rule, service coordination providers are not reimbursed for more than one contact during a single 15 minute time period. The proposed rule simply provides that such providers are paid in unit increments of 15 minute each. Section 736.06.a. Not reimbursable under the proposed rule are: direct delivery of medical, educational, social or other service to which a participant has been referred; activities that are an integral component of another covered Medicaid service or to the administration of foster care programs; or activities that a participant is eligible for under another non-medical program (except for service coordination that is included in an individualized education program or individualized family service plan consistent with section 1903© of the Social Security Act). Sections 736.06.b through e. [See note, above, regarding reference to Act sections.]

For Healthy Connections enrolled participants, referrals for assessment and provision of services must be from the participant's Health Connections provider, with exceptions. To be eligible for reimbursement, the dates and duration of the Healthy Connections referral must cover the dates of service coordination. Section 736.07. Under the existing rule, the referral must be authorized by a physician or other practitioner of the healing arts.

SUMMARY

A number of technical issues are noted in the above analysis. However, the Department's proposed rule appears to be authorized under sections 56-202(b), 56-203(b) and 56-253(8), Idaho Code.

cc: Department of Health and Welfare
Tamara Prisock & David Simnitt

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-0801

NOTICE OF RULEMAKING - PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 56-202(b), 56-203(g) & (l), and 56-250 through 257, Idaho Code; 42 CFR Parts 431, 440 and 441.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

| TUESDAY OCTOBER 14, 2008 7:00 pm | WEDNESDAY OCTOBER 15, 2008 7:00 pm | THURSDAY OCTOBER 16, 2008 7:00 pm |
|---|---|---|
| DHW Region VI Office Human Development Center 421 Memorial Dr., Room 212 Pocatello, ID | DHW Region IV Office 1720 Westgate Dr., Suite D Room 119 Boise, ID | DHW Region I Office 1120 Ironwood Dr., Suite 102 Large Conference Room Coeur d'Alene, ID |

The hearing site will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

In order to maintain high quality services and on-going compliance with federal regulations, these rules have been amended and reorganized. The changes being made provide evidence-based practices and requirements for providers that provide service coordination services and participants who are eligible and need service coordination. A moratorium is currently in place on some of the new federal regulations governing these services and is expected to expire on April 1, 2009. These rules changes will allow us to be prepared for the expiration of the moratorium and to have rules to meet these federal regulations.

The rules have been amended to:

1. Change reimbursement for providers from a flat monthly rate to 15-minute increments;
2. Ensure participants have a single service coordinator;
3. Ensure service coordination providers do not have conflicts-of-interest that lead to self-referrals;
4. Modify time frame for service coordination during the participant's transition from an institution;
5. Modify requirements for assessment and monitoring activities;
6. Clarify service coordination provider qualifications and participant eligibility; and
7. Revise references or definitions as needed.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year.

This rulemaking has no anticipated fiscal impact to the state general fund.

NEGOTIATED RULEMAKING: Pursuant to 67-5220(1), Idaho Code, negotiated rulemaking was conducted with Medicaid providers, Case Manager Associations of Idaho, Idaho School Districts, Medicaid staff, advocates and other stakeholders. The negotiated rulemaking published in the March 5, 2008 Idaho Administrative Bulletin, Vol. 08-3, Page 16.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact David Simmitt at (208) 364-1992.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 22, 2008.

DATED this 20th day of August, 2008.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5564 phone (208) 334-6558 fax
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THE FOLLOWING IS THE TEXT FOR DOCKET 16-0310-0801

721. SERVICE COORDINATION - DEFINITIONS.

01. Agency. An agency is a business entity that provides service coordination and includes at least ~~at~~ one (1) supervisor who does not carry a case load and a minimum of two (2) service coordinators. ~~(3-19-07)()~~

02. Brokerage Model. Referral or arrangement for services identified in an assessment. This model does not include the provision of direct services. (3-19-07)

03. Care Plan Assessment. An assessment conducted by a service coordinator that accurately reflects the status of the participant in terms of the participant's need for assistance in gaining and coordinating access to care and services using person-centered planning principles. ()

04. Conflict of Interest. A situation in which a person's or agency's professional or personal obligations or personal or financial interests appear to directly or indirectly influence the exercise of his official duties. ()

035. Crisis. An unanticipated event, circumstance or life situation that places a participant at risk of at least one (1) of the following: (3-19-07)

a. Hospitalization; (3-19-07)

b. Loss of housing; (3-19-07)

c. Loss of employment or major source of income; (3-19-07)

d. Incarceration; or (3-19-07)

e. Physical harm to self or others, including family altercation or psychiatric relapse. (3-19-07)

~~**04. Crisis Service Coordination.** *Crisis service coordination services are linking, coordinating and advocacy services provided to assist a participant to access emergency community resources in order to resolve a crisis. Crisis service coordination does not include crisis counseling, transportation to emergency service providers, or direct skill-building services.* (3-19-07)~~

~~05.~~ **Current Assessment.** ~~An assessment that accurately reflects the status of the participant. (3-19-07)~~

06. Diagnostic Assessment. A comprehensive assessment of the participant's current condition and complete medical and psychiatric history. Includes a current mental status examination, participant's motivation to engage in treatment, participate in the development of his treatment plan and adhere to his treatment plan, and the five (5) axes diagnoses listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) with recommendations for level of care, intensity, and expected duration of treatment services. ()

067. High Cost Services. As used in Subsection 725.01 of these rules, high cost services are medical services that result in expensive claims payment or significant state general fund expenditure that may include: (3-19-07)

- a. Emergency room visits or procedures; (3-19-07)
- b. Inpatient medical and psychiatric services; (3-19-07)
- c. Nursing home admission and treatment; (3-19-07)
- d. Institutional care in jail or prison; (3-19-07)
- e. State, local, or county hospital treatment for acute or chronic illness; and (3-19-07)
- f. Outpatient hospital services. (3-19-07)

078. Human Services Field. A particular area of academic study in public health, social services, education, behavioral science or counseling. (~~3-19-07~~)()

09. Licensed Mental Health Practitioner. Includes the following mental health professionals who are licensed to diagnose: physician, physician assistant, nurse practitioner trained in psychiatric diagnostics, master level clinical nurse specialist, licensed psychologist, licensed clinical social worker, licensed professional counselor or licensed marriage or family therapist. ()

~~0810.~~ **Paraprofessional.** An adult who has a minimum of a bachelor's degree in a human services field but no experience with participants, or a person without a degree but with a high school diploma or equivalency who has at least twelve (12) months' experience with the population to whom they will be providing services. (3-19-07)

11. Person-Centered Planning. A process facilitated by the service coordinator and comprised of the participant and individuals significant to the participants, to collaborate to develop a care plan that is based on the expressed needs and desires of the participant. ()

~~0912.~~ **Practitioner of the Healing Arts.** For purposes of this rule, a nurse practitioner, physician assistant or clinical nurse specialist. (3-19-07)

103. Service Coordination. Service coordination is ~~an~~ case management activity which assists individuals eligible for Medicaid in gaining and coordinating access to necessary care and services appropriate to the needs of ~~an~~ the individual. Service coordination is a brokerage model of case management. (~~3-19-07~~)()

144. Service Coordinator. An individual who provides service coordination to a Medicaid eligible participant, is employed by or contracts with a service coordination agency, and meets the training, experience, and other requirements in Section 729 of these rules. (~~3-19-07~~)()

125. Supports. Formal and informal services and activities that are not paid for by the Department and that enable an individual to reside safely in the setting of his choice. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

723. SERVICE COORDINATION - ELIGIBILITY - INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY.

Individuals with a developmental disability as defined in Section 66-402, Idaho Code and Section 500 through 506 of these rules, are eligible for service coordination if they meet the following requirements in Subsection 723.01 through 723.03 of this rule. (3-19-07)(____)

01. Age. Are adults eighteen (18) years of age or older, or adolescents fifteen to eighteen (15-18) years of age who are authorized to receive services through the Idaho State School and Hospital (ISSH) waiver; ~~and~~ (3-19-07)(____)

02. Diagnosis. Are diagnosed with a developmental disability, which means a chronic disability of a person which appears before the age of twenty-two (22) years of age ~~and that is:~~ (3-19-07)(____)

a. ~~Is a~~Attributable to an impairment, such as mental retardation, cerebral palsy, epilepsy, autism or other condition found to be closely related to or similar to one (1) of these impairments that requires similar treatment or services, or is attributable to dyslexia resulting from such impairments; ~~and~~ (3-19-07)(____)

b. Results in substantial functional limitations in three (3) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (3-19-07)

c. Reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and individually planned and coordinated; ~~and~~ (3-19-07)(____)

03. Need Assistance. Require and choose assistance to adequately access services and supports necessary to maintain their independence in the community. (3-19-07)

724. SERVICE COORDINATION - ELIGIBILITY - INDIVIDUALS ~~WHO RECEIVE~~ ELIGIBLE FOR PERSONAL ASSISTANCE SERVICES.

Individuals ~~who~~ eligible to receive personal assistance services are eligible for service coordination if they: meet the following requirements in Subsections 724.01 and 724.02 of this rule. (3-19-07)(____)

01. Personal Care ~~and~~ Wavier Services. ~~Are a~~Adults ~~or children~~ age eighteen (18) and older, who ~~have been approved~~ are eligible: (____)

a. ~~To~~ receive state plan personal care services; or (3-19-07)(____)

~~02b.~~ Waiver Services. ~~Are adults who have been approved~~ ~~To~~ receive Aged and Disabled Home and Community Based Services Waiver; ~~and~~ (3-19-07)(____)

~~032.~~ Need Assistance. Require and choose assistance to access services and supports necessary to maintain their independence in the community. (3-19-07)

725. SERVICE COORDINATION - ELIGIBILITY - INDIVIDUALS WITH SEVERE AND PERSISTENT MENTAL ILLNESS.

Adults ~~with severe and persistent mental illness~~ are eligible for service coordination if they: meet the following requirements in Subsections 725.01 through 725.03 of this rule. (3-19-07)(____)

01. Adults Using High Cost Services. Are eighteen (18) years of age or older and using, or have a history of using, high cost medical services associated with periods of increased severity of mental illness; ~~and~~ (3-19-07)(____)

02. Diagnosis of Mental Illness. (3-19-07)

~~a. Are diagnosed by a licensed physician or other licensed practitioner of the healing arts (licensed psychologist, licensed clinical social worker, licensed professional counselor, or licensed marriage or family therapist) with a condition of severe and persistent mental illness~~ Have undergone a diagnostic assessment that meets the definition in Section 721 of these rules and are found to have one (1) of the diagnosis that is listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) within one (1) of the following classifications ~~codes:~~ (3-19-07)(____)

- i. Schizophrenia and other psychotic disorders; (3-19-07)
 - ii. Delirium, dementia, and amnesic disorders; other cognitive disorders; and mental disorders due to a general medical condition; (3-19-07)
 - iii. Mood disorders - bipolar and depressive; (3-19-07)
 - iv. Schizoid, schizotypal, paranoid or borderline personality disorders; and (3-19-07)
- b. If the only diagnosis is mental retardation or is a substance related disorder, then the person is not included in the target population for mental health service coordination. (3-19-07)

c. Meets the criteria for Severe Mental Illness according to Section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321. (____)

03. Need Assistance. Have mental illness of sufficient severity to cause a disturbance in their role performance or coping skills in at least two (2) of the following areas, on either a continuous (more than one (1) year) or an intermittent (at least once per year) basis: (3-19-07)

- a. Vocational or academic: Is unemployed, unable to work or attend school, is employed in a sheltered setting or supportive work situation, or has markedly limited skills and a poor work history. (3-19-07)
- b. Financial: Requires public financial assistance for out-of-hospital maintenance and may be unable to procure such assistance without help, or the person is unable to support himself or manage his finances without assistance. (3-19-07)
- c. Social and interpersonal: Has difficulty in establishing or maintaining a personal social support system, has become isolated, has no friends or peer group and may have lost or failed to acquire the capacity to pursue recreational or social interests. (3-19-07)
- d. Family: Is unable to carry out usual roles and functions in a family, such as spouse, parent, or child, or faces gross familial disruption or imminent exclusion from the family. (3-19-07)
- e. Basic living skills: Requires help in basic living skills, such as hygiene, food preparation, or other activities of daily living, or is gravely disabled and unable to meet daily living requirements. (3-19-07)
- f. Housing: Has lost or is at risk of losing his current residence. (3-19-07)
- g. Community: Exhibits inappropriate social behavior or otherwise causes a public disturbance due to poor judgment, bizarre, or intrusive behavior, which may result in intervention by law enforcement, the judicial system, or both. (3-19-07)
- h. Health: Requires substantial assistance in maintaining physical health or in adhering to medically rigid prescribed treatment regimens. (3-19-07)

726. SERVICE COORDINATION - ELIGIBILITY - CHILDREN UP TO THE AGE OF TWENTY-ONE. To be eligible for children's service coordination ~~under the Early and Periodic Screening Diagnosis and Treatment program (EPSDT)~~, children must meet the following ~~requirements in Subsections 726.01 through 726.06 of this rule.~~ (3-19-07)(____)

- 01. Age.** Children from birth through the month in which their twenty first birthday occurs; ~~and~~
(3-19-07)(____)
- 02. Diagnosis.** Must be identified by a physician or other practitioner of the healing arts ~~in an EPSDT screen~~ as having one (1) of the diagnoses found in Subsections 726.03 through 726.05 of ~~these~~ this rules.
(3-19-07)(____)
- 03. Developmental Delay or Disability.** A physical or mental condition which has a high probability of resulting in developmental delay or disability, or children who meet the definition of developmental disability as defined in Section 66-402, Idaho Code. (3-19-07)
- 04. Special Health Care Needs.** Have special health care needs requiring medical and multidisciplinary habilitation or rehabilitation services to prevent or minimize a disability. (3-19-07)
- 05. Serious Emotional Disturbance (SED).** Have a serious emotional disturbance (SED) with an expected duration of at least one (1) year. The following definition of the SED target populations is based on the definition of SED found in the Children's Mental Health Services Act, Section 16-2403, Idaho Code. (3-19-07)
- a.** Presence of an emotional or behavioral disorder, according to the DSM-IV-TR or subsequent revisions to the DSM, which results in a serious disability; and (3-19-07)
- b.** Requires sustained treatment interventions; and (3-19-07)
- c.** Causes the child's functioning to be impaired in thought, perception, affect, or behavior. (3-19-07)
- d.** The disorder is considered to be a serious disability if it causes substantial impairment in functioning. Functional impairment must be assessed using the Child and Adolescent Functional Assessment Scale/Preschool and Early Childhood Functional Assessment Scale (CAFAS/PECFAS). Substantial impairment requires ~~a full eight (8) scale score of eighty (80) or higher on the CAFAS or a full seven (7) scale score of eighty (80) or higher on the PECFAS with "moderate" impairment in at least one (1) of the following three (3) scales: that the child scores in the "moderate" impairment range in at least two (2) of the subscales. One (1) of the two (2) must be from the list Subsection 726.05.d.:~~
(3-19-07)(____)
- i.** Self-Harmful Behavior; (3-19-07)
- ii.** Moods/Emotions; or (3-19-07)
- iii.** Thinking. (3-19-07)
- e.** A substance abuse disorder, or conduct disorder, or developmental disorder, alone, does not constitute a serious emotional disturbance, although one (1) or more of these conditions may co-exist with serious emotional disturbance. (3-19-07)
- 06. Need Assistance.** Have one (1) or more of the following problems in Subsection 726.06.a. through 726.06.e. of this rule associated with their diagnosis: (3-19-07)(____)
- a.** The condition has resulted in a level of functioning below normal age level in one (1) or more life areas such as school, family, or community; ~~or~~ (3-19-07)(____)
- b.** The child is at risk of placement in a more restrictive environment or the child is returning from an out of home placement as a result of the condition; ~~or~~ (3-19-07)(____)
- c.** There is danger to the health or safety of the child or the parent is unable to meet the needs of the child; ~~or~~ (3-19-07)(____)
- d.** Further complications may occur as a result of the condition without provision of service

- coordination services; or (3-19-07)
- e. The child requires multiple service providers and treatments. (3-19-07)

727. SERVICE COORDINATION - COVERAGE AND LIMITATIONS.

~~Service coordination consists of the following functions:~~ Service coordination consists of services provided to assist individuals in gaining access to needed medical, social, educational, and other services. Service coordination includes the following activities described in Subsections 727.01 through 727.10 of this rule. (3-19-07)(____)

~~01. **Linking the Participant to Needed Services.** “Linking” includes: Comprehensive Care Plan Assessment and Periodic Reassessment.~~ Activities that are required to determine the participant's needs by development of a comprehensive care plan assessment and periodic reassessment as described in Section 730 of these rules. These activities include: (3-19-07)(____)

~~a. Finding, arranging and assisting the participant to maintain services, supports, and community resources identified on the service plan; and Taking client history;~~ (3-19-07)(____)

~~b. Advocating for the unmet needs of the participant and to encourage independence. Identifying the individual's needs and completing related documentation; and~~ (3-19-07)(____)

~~c. Gathering information from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the individual.~~ (____)

~~02. **Monitoring and Coordination of Services.** Monitoring and coordinating services includes: Development of a Care Plan.~~ Development and revision of a specific care plan as described in Section 731 of these rules and includes information collected through the comprehensive assessment and specifies goals and actions to address medical, social, educational, and other services needed by the participant. The care plan must be updated at least annually and as needed to meet the needs of the participant. (3-19-07)(____)

~~a. Assisting the participant and his family or guardian to coordinate and retain services, and assure consistency and non-duplication between services; and~~ (3-19-07)

~~b. Assuring that services are satisfactory to the participant and making adjustments in the plan of service when needed.~~ (3-19-07)

~~03. **Assessment.** Assessment for service coordination includes evaluation of the participant's ability to gain access to needed services; coordinate or maintain those services; and identify the services and supports the participant needs to maintain his highest level of independence in the community. The assessment is an interactive process with maximum feasible involvement of the participant. Referral and Related Activities.~~ Activities that help link the participant with medical, social, educational providers or other programs and services. This includes making referrals to providers when an assessment indicates the need for medical, psychiatric, social, educational, or other services, and referral or arrangement for such services. (3-19-07)(____)

~~a. Assessment Content for Developmental Disability. A person with a developmental disability is assessed through the developmental disability eligibility criteria identified in Section 66-402, Idaho Code. The need for assistance, as defined in Sections 723 through 726 of these rules, must be determined through the person centered planning process as defined in IDAPA 16.04.11, “Developmental Disabilities Agencies,” Section 011.~~ (3-19-07)

~~b. Assessment Content for Personal Assistance Services. A comprehensive evaluation of the participant's ability to function in the community including:~~ (3-19-07)

~~i. Medical needs, physical problems and strengths;~~ (3-19-07)

~~ii. Mental and emotional problems and strengths;~~ (3-19-07)

~~iii. Physical living environment;~~ (3-19-07)

- ~~iv. Vocational and educational needs; (3-19-07)~~
- ~~v. Financial and social needs; (3-19-07)~~
- ~~vi. Evaluation of the community support system including the involvement of family or significant others; (3-19-07)~~
- ~~vii. Safety and risk factors; and (3-19-07)~~
- ~~viii. Legal status. (3-19-07)~~
- ~~e. Assessment Content for Mental Health. The assessment must focus on the following areas: (3-19-07)~~
 - ~~i. Mental status (psychiatric status for individuals with mental illness); (3-19-07)~~
 - ~~ii. Medical history and needs; (3-19-07)~~
 - ~~iii. Vocational status and needs; (3-19-07)~~
 - ~~iv. Financial status and needs; (3-19-07)~~
 - ~~v. Social relationships and supports; (3-19-07)~~
 - ~~vi. Family status and supports; (3-19-07)~~
 - ~~vii. Basic living skills and needs; (3-19-07)~~
 - ~~viii. Housing status and needs; and (3-19-07)~~
 - ~~ix. Community and legal status and needs. (3-19-07)~~
- ~~d. EPSDT Assessment. The assessment for EPSDT Service Coordination services is completed by the Department. (3-19-07)~~

04. ~~Crisis Assistance. Monitoring and Follow-Up Activities.~~ Monitoring and follow-up contacts that are necessary to ensure the care plan is implemented and adequately addresses the participant's needs. These activities may be with the participant, family members, providers, or other entities or individuals and conducted as frequently as necessary. These activities must include at least one face-to-face contact with the participant at least every ninety (90) days, to determine whether the following conditions are met: (3-19-07)(____)

a. ~~Crisis Assistance. Crisis assistance, including services to prevent hospitalization or incarceration, may be provided before the completion of assessment and development of a plan of service. Services are being provided according to the participant's care plan;~~ (3-19-07)(____)

b. ~~Crisis Assistance for Children Receiving EPSDT Service Coordination. Additional crisis hours may be authorized for service coordination for children receiving EPSDT service coordination if at least four (4) hours of service coordination have already been provided in the month. Services in the care plan are adequate; and~~ (3-19-07)(____)

c. ~~Crisis Assistance for Adults With a Developmental Disability. Crisis assistance for adults with a developmental disability may be authorized under community crisis supports as found in Section 507 through 515 of these rules. Whether there are changes in the needs or status of the participant, and if so, making necessary adjustments in the care plan and service arrangements with providers.~~ (3-19-07)(____)

d. ~~Crisis Assistance for Adults With Severe and Persistent Mental Illness. Crisis assistance may be delivered prior to, or after, the completion of the assessment and individual service plan. Without authorization by the~~

~~Department crisis assistance is limited to a total of three (3) hours per calendar month. The Department may authorize additional crisis case management services beyond the three (3) hour limit if a participant still has severe or prolonged crisis case management needs that meet all of the following criteria: (3-19-07)~~

- ~~i. The service participant is at imminent risk within fourteen (14) days of hospitalization or institutionalization, including jail or nursing home; and (3-19-07)~~
- ~~ii. The service participant is experiencing symptoms of psychiatric decompensation; and (3-19-07)~~
- ~~iii. The service participant has already received the maximum number of monthly hours of ongoing case management and crisis case management services; and (3-19-07)~~
- ~~iv. No other crisis assistance services are available to the participant under other Medicaid mental health option services, including Psychosocial Rehabilitation Services (PSR). (3-19-07)~~
- ~~e. Crisis Assistance for Individuals Who Receive Personal Assistance Services. Additional hours for crisis assistance may be authorized for individuals who receive personal assistance services, if at least eight (8) hours of service coordination have already been provided in the month. (3-19-07)~~

~~05. **Limitations on the Provision of Direct Services.** Providers of service coordination services may not provide both service coordination and direct service to the same Medicaid participant except for the following: **Crisis Assistance.** Crisis assistance, including services to prevent hospitalization or incarceration. Crisis service coordination does not include crisis counseling, transportation to emergency service providers, or direct skill-building services. The need for all crisis assistance hours must meet the definition of crisis in Section 721 of these rules. (3-19-07)()~~

~~a. **Early and Periodic Screening Diagnosis and Treatment (EPSDT).** Providers of service coordination to children under the EPSDT option; or **Crisis Assistance for Children's Service Coordination.** Crisis hours are not available until at least four and a half (4.5) hours of service coordination have already been provided in the month. Crisis hours for children's service coordination must be prior authorized by the Department. (3-19-07)()~~

~~b. **Adults With Severe and Persistent Mental Illness.** Providers of service coordination to adults with severe and persistent mental illness. **Crisis Assistance for Adults With a Developmental Disability.** Crisis hours are not available until at least four and a half (4.5) hours of service coordination have already been provided in the month. Crisis assistance for adults with a developmental disability must be prior authorized by the Department and is based on community crisis supports as found in Section 507 through 515 of these rules. (3-19-07)()~~

~~c. **Crisis Assistance for Adults with Severe and Persistent Mental Illness.** Initial crisis assistance is limited to a total of three (3) hours per calendar month. Additional crisis service coordination services must be prior authorized by the Department and may be requested when the participant meets all of the following criteria: ()~~

~~i. The participant is at imminent risk of reinstitutionalization within fourteen (14) days following discharge from a hospital or institution, including jail or nursing home; ()~~

~~ii. The participant is experiencing symptoms of psychiatric decompensation that interferes or prohibits the participant from gaining or coordinating necessary services; ()~~

~~iii. The participant has already received the maximum number of monthly hours of ongoing service coordination and crisis service coordination hours; and ()~~

~~iv. No other crisis assistance services are available to the participant under other Medicaid mental health option services, including Psychosocial Rehabilitation Services (PSR). ()~~

~~d. **Crisis Assistance for Individuals Eligible for Personal Assistance Services.** Crisis hours are not available until at least eight (8) hours of service coordination have already been provided in the month. Crisis hours must be prior authorized by the Department. ()~~

06. Limitations on Service Coordination. ~~When an assessment indicates the need for medical, psychiatric, social, educational, or other services, referral or arrangement for such services may be included as service coordination services. Service coordination is limited to the following:~~ **Contacts for Assistance.** Service coordination may include contacts with non-eligible individuals only when the contact is directly related to identifying the needs and supports for helping the eligible participant to access services. (3-19-07)()

a. ~~Service Coordination for Persons With Mental Illness. Five (5) hours per month for participants with mental illness.~~ (3-19-07)

b. ~~Service Coordination for Personal Assistance Services. Up to eight (8) hours per month for participants who have been approved to receive personal assistance services, as prior authorized by the Department.~~ (3-19-07)

c. ~~Other Populations. Service coordination services to participants with developmental disabilities and children under the EPSDT option are prior authorized by the Department on a monthly basis.~~ (3-19-07)

d. ~~Assessment and Plan Development. Assessment and plan development are reimbursable except for the initial plan development for EPSDT service coordination.~~ (3-19-07)

e. ~~Initial Plan Development. Reimbursement for the initial evaluation and individual service plan development will be paid based on an hourly rate, not to exceed six (6) hours.~~ (3-19-07)

07. Exclusions. Service coordination does not include activities that are: ()

a. An integral component of another covered Medicaid service; ()

b. Integral to the administration of foster care programs; ()

c. Integral to the administration of another non-medical program for which a participant may be eligible, except for service coordination that is included in an individualized education program, or individualized family service plan consistent with Section 1903(c) of the Social Security Act. ()

08. Limitations on the Provision of Direct Services. Providers of service coordination services may only provide both service coordination and direct services to the same Medicaid participant when the participant is receiving either children's service coordination or service coordination for adults with mental illness and the service coordinator has documented that the participant has made free choice of providers. ()

09. Limitations on Service Coordination. Service coordination is limited to the following: ()

a. Service Coordination for Persons with Mental Illness. Up to five (5) hours per month of ongoing service coordination for participants with mental illness. ()

b. Service Coordination for Personal Assistance Services. Up to eight (8) hours per month for participants who are eligible to receive personal assistance services. ()

c. Service Coordination for Children. Up to four and a half (4.5) hours per month for participants who meet the eligibility qualifications for Children's Service Coordination. ()

d. Service Coordination for Adults with a Developmental Disability. Up to four and a half (4.5) hours per month for participants with developmental disabilities. ()

10. Limitations on Care Plan Assessment and Care Plan Development. Reimbursement for the assessment and care plan development cannot exceed six (6) hours for children, participants with mental illness, or eligible adult personal assistance participants. Plan development for participants with developmental disabilities cannot exceed twelve (12) hours. ()

728. SERVICE COORDINATION - PROCEDURAL REQUIREMENTS.

01. Prior Authorization for Service Coordination Services. All service coordination services must be prior authorized by the Department, except the following adult mental health service coordination services: initial assessment for services; five (5) hours of ongoing service coordination per month; and the first three (3) hours of crisis service coordination per month. For adults with mental illness, crisis service coordination over three (3) hours per month must be prior authorized. (3-19-07)

02. Service Coordination Care Plan Development. A written ~~service coordination~~ CARE plan, as described in Section 731 of these rules, must be developed and implemented within sixty (60) days after the participant chooses a service coordination agency except in the case of adults with severe and persistent mental illness; in which case the time limit is thirty (30) days. The plan must be updated at least annually. The plan must address the service coordination needs of the participant as identified in the care plan assessment described in Section 730 of these rules. (3-19-07)(____)

~~a. Service Plan Content for Individuals With Developmental Disabilities. The service coordination plan for individuals with developmental disabilities is incorporated into the participant's plan of service. The content is identified in Section 512 of these rules. (3-19-07)~~

~~b. Service Plan Content for Individuals Receiving Personal Assistance Services. The individual's service plan must contain at least the following: (3-19-07)~~

~~i. Problems identified during the assessment; (3-19-07)~~

~~ii. Overall goals to be achieved; (3-19-07)~~

~~iii. Reference to all services and contributions provided by the informal support system including the actions, if any, taken by the service coordinator to develop the support system; (3-19-07)~~

~~iv. Documentation of who has been involved in the service planning, including the participant's involvement; (3-19-07)~~

~~v. Schedules for service coordination monitoring and reassessment; (3-19-07)~~

~~vi. Documentation of unmet needs and service gaps; and (3-19-07)~~

~~vii. References to any formal services arranged including costs, specific providers, schedules of service initiation, frequency or anticipated dates of delivery. (3-19-07)~~

~~c. Service Plan Content for Individuals With Severe And Persistent Mental Illness. The service coordination plan must include the following: (3-19-07)~~

~~i. A list of problems and needs identified during the assessment; (3-19-07)~~

~~ii. Concrete measurable goals and objectives to be achieved by the service coordinator; (3-19-07)~~

~~iii. Time frames for achievement of the goals and objectives; (3-19-07)~~

~~iv. Reference to any formal services arranged including specific providers; (3-19-07)~~

~~v. Frequency of services initiated; and (3-19-07)~~

~~vi. Documentation of who was involved in the service planning. (3-19-07)~~

~~d. Service Plan Development for EPSDT Service Coordination. The initial plan for EPSDT service coordination is completed by the Department or designee. An EPSDT service coordination, agency selected by the family develops an annual service coordination plan and submits it to the Department for prior authorization of~~

~~continued service coordination.~~

~~(3-19-07)~~

03. Documentation of Service Coordination. Agencies must maintain records that contain documentation describing the services provided, review of the continued need for service coordination, and progress toward each service coordination goal. Documentation must be completed as required in Section 56-209(h), Idaho Code. All active records must be immediately available. Documentation must include all of the following: (3-19-07)

- a. ~~Name:~~ The name of the eligible participant. ~~(3-19-07)~~(____)
- b. ~~Provider:~~ The name of the provider agency and the person providing the ~~direct~~ services. ~~(3-19-07)~~(____)
- c. ~~Time and Place of Service:~~ The date, time, duration, and place the service was provided. ~~(3-19-07)~~(____)
- d. The nature, content, units of the service coordination received and whether goals specified in the care plan have been achieved. (____)
- e. Whether the participant declined any services in the care plan. (____)
- f. The need for and occurrences of coordination with other case managers. (____)
- g. The timeline for obtaining needed services. (____)
- h. The timeline for re-evaluation of the plan. (____)
- di. ~~Documentation of Eligibility:~~ A copy of the ~~current~~ assessment or prior authorization from the Department that documents eligibility for service coordination services, and a dated and signed ~~service care~~ plan. ~~(3-19-07)~~(____)
- ej. ~~Description:~~ Agency records must contain documentation describing details of the service provided signed by the person who delivered the service. ~~(3-19-07)~~(____)
- fk. ~~Progress Review:~~ Documented Rreview of participant's continued need for service coordination and progress toward each service coordination goal. A review must be completed at least every one hundred eighty (180) days after the plan development or update. Progress reviews must include the date of the review, and the signature of the service coordinator completing the review. ~~(3-19-07)~~(____)
- gl. ~~Satisfaction With Service:~~ Documentation of the participant's, family's, or guardian's satisfaction with service. ~~(3-19-07)~~(____)
- km. ~~Informed Consent:~~ A copy of the informed consent form signed by the participant or guardian which documents that the participant has been informed of the purposes of service coordination, his rights to refuse service coordination and his right to choose his providers. ~~(3-19-07)~~(____)
- in. ~~Service Plan:~~ A service care plan that is signed by the participant or his legal representative, and the ~~plan developer~~ service coordinator. Mental health service coordination care plans must also be signed by a physician or ~~other~~ licensed mental health practitioner ~~of the healing arts~~. The care plan must reflect person-centered planning principles and document the participant's inclusion in the development of the plan. The service coordinator must also document that a copy of the plan was given to the participant or his legal representative. The plan must be updated and authorized when required, but at least annually. Children's service coordination care plans cannot be effective before the date that the child's parent or legal guardian has signed the plan. ~~(3-19-07)~~(____)

04. Documentation of Crisis Assistance ~~Documentation~~ for Adults With Severe and Persistent Mental Illness. Documentation to support authorization of crisis assistance beyond the monthly limitation must be submitted to the Department before such authorization may be granted. The crisis situation and the crisis service coordination services must be documented in the progress notes of the participant's medical record. Documentation

to support delivery of crisis assistance must also be maintained in the participant's agency record and must include: (3-19-07)(____)

ia. A description of the crisis, including identification of unanticipated events that precipitate the need for crisis ~~ease management~~ service coordination services; (3-19-07)(____)

ib. A brief review of ~~ease management~~ service coordination and other services or supports available to, or already provided to, the participant to resolve the crisis; (3-19-07)(____)

ic. A crisis resolution plan; and (3-19-07)

id. Outcomes of crisis assistance service provision. (3-19-07)

05. Documentation Completed by a Paraprofessional. Each entry completed by a paraprofessional must be reviewed by the participant's service coordinator and include the date of review and the service coordinator's signature on the documentation. (____)

046. Participant Freedom of Choice of Service Coordination Providers. ~~Eligible~~ A participant's must have ~~the option to~~ freedom of choice when selecting a service coordination provider agency and service coordinators. ~~A participant must have free choice of a service coordination provider.~~ The service coordinator cannot restrict the participant's choice of other health care providers. (3-19-07)(____)

057. Service Coordinator Contact and Availability. ~~At least every thirty (30) days, service coordinators must have contact with the participant, legal guardian or provider who can verify the participant's well being and whether services are being provided according to the written plan.~~ The frequency of contact, mode of contact, and person ~~being~~ to be contacted must be identified in the plan and must meet the needs of the participant. The contacts must verify the participant's well being and whether services are being provided according to the written plan. ~~At least every ninety (90) days, the service coordinator must have a face-to-face contact with the participant except as described in Subsection 728.07.a. of this rule.~~ (3-19-07)(____)

~~*a.* The mode and frequency of contact for developmental disability service coordination must be identified in the plan and must meet the needs of the participant. Service coordinators must have face to face contact with each participant at least every ninety (90) days.~~ (3-19-07)

~~*ba.* The mode and frequency of contact for mental health service coordination must be identified in the plan and must meet the needs of the participant.~~ Mental health service coordinators must have face-to-face contact every month with each participant. (3-19-07)(____)

~~*eb.* The mode and frequency of contact for Early and Periodic Screening and Diagnosis and Treatment (EPSDT) service coordination must be identified in the plan and must meet the needs of the child.~~ EPSDT When it is necessary for the children's service coordinators ~~must have to~~ conduct a face-to-face contact with ~~the a~~ a child ~~and the child's family at least every ninety (90) days~~ participant without the legal guardian present, the service coordinator must notify the legal guardian prior to the face-to-face contact with the participant. Notification must be documented in the participant's file. (3-19-07)(____)

~~*d.* The mode and frequency of contact for Personal Care Service (PCS) service coordination must be identified in the plan and must meet the needs of the participant. PCS service coordinators must have face to face contact with the participant and others at least every ninety (90) days as necessary to coordinate and monitor the progress of the existing individual service plan.~~ (3-19-07)

~~*ec.* Hours of Availability. Service coordinators do not have to be available on a twenty-four (24) hour basis, but must include an individualized objective on the care plan describing what the participant, families, and providers should do in an emergency situation. The individualized objective must include how the service coordinator will follow up on an emergency situation.~~ (3-19-07)(____)

~~*ec.* Hours of Availability. Service coordinators do not have to be available on a twenty-four (24) hour basis, but must include an individualized objective on the care plan describing what the participant, families, and~~

providers should do in an emergency situation. The individualized objective must include how the service coordinator will follow up on an emergency situation. (3-19-07)()

08. Service Coordinator Responsibility Related to Conflict of Interest. Service coordinators have a primary responsibility to the participant whom they serve, to respect and promote the right of the participant to self-determination, and preserve the participant's freedom to choose services and providers. In order to assure that participant rights are being addressed, service coordinators must: ()

a. Be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. ()

b. Inform participant and guardian when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the participant's interests primary and protects the participant's interests to the greatest extent possible. ()

09. Agency Responsibility Related to Conflict of Interest. To assure that participants are protected from restrictions to their self-determination rights because of conflict of interest, the agency must guard against conflict of interest, and inform all participants and guardians of the risk. Each agency must have a document in each participant's file that contains the following information: ()

a. The definition of conflict of interest as defined in Section 721 of these rules; ()

b. A signed statement by the agency representative verifying that the concept of conflict of interest was reviewed and explained to the participant or guardian to preserve the participant's freedom to choose services and providers; and ()

c. The participant's or guardian's signature on the document. ()

729. SERVICE COORDINATION - PROVIDER QUALIFICATIONS.

Services will coordination services must be provided by an ~~organized provider~~ agency that has entered into a provider agreement with the Department as defined in Section 721 of these rules. (3-19-07)()

01. Provider Agreements. Service coordinators must be employees or contractors of an agency that has a valid provider agreement with the Department. (3-19-07)

02. Work Experience and Supervision. All service coordinators must have at least twelve (12) months' experience working with the population they will be serving or be supervised by a qualified service coordinator. The agency must provide supervision to all service coordinators and paraprofessionals. The supervision structure must clearly: (3-19-07)()

a. Demonstrate each supervisor's ability to legitimately address concerns about the services provided by employees under their supervision. ()

b. Require that the supervisor is not supervised by someone under their supervision, directly or indirectly. ()

c. Require that there be at least one (1) supervisor who does not carry a service coordination caseload. ()

d. Require that a paraprofessional is not a supervisor. ()

03. Minimum Education Requirements. All service coordinators must have a minimum of a bachelor's degree in a human services field from a nationally accredited university or college; or be a licensed professional nurse, also referred to as a registered nurse (RN); **Agency Supervisor Required Education and Experience.** (3-19-07)()

a. Master's Degree in a human service field and twelve (12) months experience with the population

being served; or ()

b. Bachelor's degree in human services fields or RN degree and twenty-four (24) months experience with the population being served. ()

c. For mental health service coordination, the supervisor must have obtained the required experience in a mental health treatment setting with the serious and persistent mentally ill population. ()

04. Service Coordinator Education and Experience. ()

a. Minimum of a Bachelor's degree in human services field from a nationally accredited university or college and; ()

b. Twelve (12) months experience working with the population to whom the service coordinator will be providing service; or ()

c. Be a licensed professional nurse (RN) with twelve (12) months experience working with the population to whom the service coordinator will be providing service. ()

05. Paraprofessional Education and Experience. Under the supervision of a qualified service coordinator, a paraprofessional may be used to assist in the implementation of the care plan. Paraprofessionals must have the following qualifications: ()

a. Be at least eighteen (18) years of age, have a minimum of a high school diploma or equivalency; ()

b. Be able to read and write at a level with the paperwork and forms involved in the provision of the service; and ()

c. Have twelve (12) months experience with the population to whom the paraprofessional will be providing services; or ()

d. Have a bachelor's degree in a human services field, but no experience with the population. ()

06. Limitations on Services Delivered by Paraprofessionals. Paraprofessionals must not work with participants who receive mental health service coordination. Paraprofessionals must not conduct assessments, evaluations, person-centered planning meetings, one hundred eighty (180) day progress reviews, plan development or addenda development. Paraprofessionals cannot be identified as the service coordinator on the plan and they cannot supervise service coordinators or other paraprofessionals. ()

047. ~~Mandatory~~ Criminal History Check Requirements. Service coordination agencies must verify that each service coordinator and paraprofessional they employ or with whom they contract has complied with IDAPA 16.05.06, "Criminal History and Background Checks." (3-19-07)()

058. Health, Safety and Fraud Reporting. Service coordinators are required to report any concerns about health and safety to the appropriate governing agency and to the Department. Service coordinators must also report fraud, including billing of services that were not provided, to the Department unit responsible for authorizing the service; and to the Surveillance and Utilization Review Unit (SUR) within the Department or its toll-free Medicaid fraud hotline. (3-19-07)

09. Individual Service Coordinator Case Loads. The total caseload of a service coordinator must assure quality service delivery and participant satisfaction. ()

730. SERVICE COORDINATION - ~~PARAPROFESSIONALS CARE PLAN ASSESSMENT.~~

~~Under the supervision of a qualified service coordinator, paraprofessionals may be used to assist in the implementation of a service coordination plan except for plans of participants with a mental illness. Paraprofessionals must be able to read and write at a level equal with the paperwork and forms involved in the~~

provision of service.

(3-19-07)

01. Care Plan Assessment. The service coordination care plan assessment must be completed by a service coordinator as part of the person-centered planning. During the care plan assessment the participant must be present, and guardian when appropriate, and pertinent service providers as identified by the participant. The assessment is used to determine the prioritized needs and services of the participant and must be documented in the care plan. The assessment must focus on the participant's needs, and when the participant is a child, include the family's needs to ensure the child's needs are met. ()

02. Assessment Forms. The care plan assessment must be on Department approved forms and include the following information: ()

a. Basic needs: ()

b. Medical needs: ()

c. Health and safety needs: ()

d. Therapy needs: ()

e. Educational needs: ()

f. Social and integration needs: ()

g. Personal needs: ()

h. Family needs and supports: ()

i. Long range planning: ()

j. Legal needs: ()

k. Financial needs; and ()

l. For individuals with mental illness the diagnostic assessment exam results as described in Subsection 725.02 of these rules. ()

03. Service Coordination Care Plan Assessment for Mental Health. The care plan assessment for mental health must not duplicate the diagnostic assessment defined in Section 721 of these rules. The focus of the care plan assessment must meet the participant's need for assistance in gaining and coordinating access to care and services listed in Subsection 730.02. of this rule. ()

731. SERVICE COORDINATION - ~~SUPERVISION OF SERVICE COORDINATION CARE PLAN.~~
Service coordination agencies must provide supervision to qualified service coordinators and paraprofessionals employed by the agency. Agency supervisors must have the following qualifications: The service coordination care plan is developed using information collected through the care plan assessment of the participant's service coordination needs. The care plan must specify the goals and actions to address the medical, social, educational, and other services needed by the participant. The care plan must include activities ensuring the active participation of the eligible participant, and working with the participant or the participant's authorized health care decision maker and others to develop those goals. (3-19-07)()

01. Master's Degree. *Master's degree in a human services field and one (1) year's experience with the population for whom they will be supervising services. For supervisors of service coordination for participants with mental illness, this experience must be in a mental health service setting;* **or Course of Action.** The care plan must identify a course of action to respond to the assessed needs of the participant. (3-19-07)()

02. Bachelor's Degree. *Bachelor's degree in a human services field or RN degree and two (2) years'*

experience with the population for whom they will be supervising services. For supervisors of service coordination to participants with mental illness, this experience must be in a mental health service setting. **Service Coordination Care Plan Content.** Care plans must include the following: (3-19-07)()

- a. A list of problems and needs identified during the assessment; ()
- b. A crisis prevention plan is a part of the care plan developed in conjunction with the participant and providers that identifies each and any potential risk anticipated for a specific participant, or otherwise substantiates that there are no potential risks. The crisis prevention plan must identify services and actions which will be implemented in cases of a participant crisis situation. ()
- c. Concrete, measurable goals and objectives to be achieved by the participant; ()
- d. Reference to all services and contributions provided by the informal support system including the actions, if any, taken by the service coordinator to develop the support system; ()
- e. Documentation of who has been involved in the service planning, including the participant's involvement; ()
- f. Schedules for service coordination monitoring, progress review, and reassessment; ()
- g. Documentation of unmet needs and service gaps including goals to address these needs or gaps; ()
- h. References to any formal services arranged including costs, specific providers, schedules of service initiation, frequency or anticipated dates of delivery; and ()
- i. Time frames for achievement of the goals and objectives; ()

03. Adult Developmental Disability Service Coordination Care Plan. The care plan for adults with developmental disabilities must be incorporated into the participant's developmental disability plan of service as identified in Section 513 of these rules. ()

~~732. SERVICE COORDINATION - INDIVIDUAL SERVICE COORDINATOR CASE LOADS.~~
~~The total caseload of a service coordinator must assure quality service delivery and participant satisfaction.~~ (3-19-07)

733. -- 735. (RESERVED).

736. SERVICE COORDINATION - PROVIDER REIMBURSEMENT.

~~01. Limitations on Payment for Service Coordination.~~ (3-19-07)

~~a01. Duplication.~~ Participants are only eligible for one (1) type of service coordination. If they qualify for more than one (1) type, the participant must choose one (1). Service coordination payment must not duplicate payment made to public or private sector entities under other program authorities for this same purpose. (3-19-07)

~~b02. Payment for Service Coordination.~~ Subject to the service limitations in Subsection 736.01.F06 of this rule, only the following services are reimbursable: (3-19-07)()

~~ia.~~ Face-to-face contact as required in Subsection 728.057 of these rules. (3-19-07)()

~~ib.~~ Telephone contact between the service coordinator and the participant, participant's service providers, family members, primary care givers, legal representative, or other interested persons. (3-19-07)()

~~ic.~~ Face to face contact between the service coordinator and the participant's family members, legal representative, primary caregivers, providers, or other interested persons. (3-19-07)

~~¶~~**d.** Paperwork that is associated with obtaining certain needed services such as food stamps, energy assistance, emergency housing, or legal services. (3-19-07)

e03. Service Coordination During Institutionalization. Service coordination is reimbursable on the day a participant is admitted to a medical institution if the service is provided prior to admission. Service coordination is reimbursable on the day of discharge from a medical institution if the service is provided after discharge. Service coordination may be provided; *during the last thirty (30) days of an inpatient stay, or if the stay is not expected to last longer than thirty (30) days, when the service does not duplicate the discharge responsibilities of the facility.* (3-19-07)()

a. During the last fourteen (14) days of an inpatient stay which is less than one hundred eighty (180) days in duration; ()

b. During the last sixty (60) days of an inpatient stay of one hundred eighty (180) days or more; ()

c. Service coordination providers may not file claims for reimbursement until the participant is discharged and enrolled in community services; ()

d. Service coordination must not duplicate activities provided as part of initiation services and discharge planning activities; ()

e. Service coordination must only be provided by and reimbursed to community service coordination providers. ()

f. The plan of care must include documentation of service coordination services provided prior to and post discharge to facilitate a successful transition into the community. ()

¶04. Incarceration. Service coordination is not reimbursable when the participant is incarcerated. (3-19-07)

e05. Services Delivered Prior to Assessment. Payment for on-going service coordination will not be made prior to the completion of the assessment and ~~service care~~ plan. (3-19-07)()

¶06. Payment Limitations. Reimbursement is not allowed for missed appointments, attempted contacts, travel to provide the service, leaving messages, scheduling appointments with the Medicaid service coordinator, transporting participants, or documenting services. *For service coordination paid at an hourly rate, providers will not be reimbursed for more than one (1) contact during a single fifteen (15) minute time period.* (3-19-07)()

a. Service coordination providers are paid in unit increments of fifteen (15) minutes each. ()

b. Direct delivery of medical, educational, social, or other service to which a participant has been referred is not reimbursable as service coordination. ()

c. Activities that are an integral component of another covered Medicaid service are not reimbursable as service coordination. ()

d. Activities that are integral to the administration of foster care programs are not reimbursable as service coordination. ()

e. Except for service coordination that is included in an individualized education program, or individualized family service plan consistent with Section 1903(c) of the Social Security Act, activities that a participant is eligible for under another non-medical program are not reimbursable as service coordination. ()

027. Healthy Connections. If the participant is enrolled in Healthy Connections, the referral for

assessment and provision of services must be ~~authorized by a physician or other practitioner of the healing arts, except for participants who receive personal care services or aged and disabled waiver services~~ from the participant's Healthy Connections provider, except for participants who receive personal care services or aged and disabled waiver services. The dates and duration of the Healthy Connections referral must cover the dates of service coordination to be eligible for reimbursement. (3-19-07)(____)

038. Group Service Coordination. Payment is not allowed for service coordination provided to a group of participants. (3-19-07)