

Dear Senators LODGE, Broadsword & LeFavour, and
Representatives BLOCK, Nielsen & Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed
rules of the Dept. Of Health & Welfare:

IDAPA 16.04.11 Developmental Disabilities Agencies (DDA)

(Docket #16-0411-0901).

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
11-13-09. 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 12-11-09.

_____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 26, 2009

SUBJECT: Department of Health and Welfare - IDAPA 16.04.11 - Developmental Disabilities Agencies (DDA) (Docket No. 16-0411-0901 (Proposed))

The Department of Health and Welfare submits Docket No. 16-0411-0901, hereinafter “proposed rule” to amend ADAPA chapter 16.04.11 dealing with developmental disability agencies (DDA). The purpose of the docket is to change the renewal of certification for DDA’s from two to three years in order to align the Department’s certification period with the Commission on Accreditation of Rehabilitative Facilities and to help meet legislative intent to encourage service providers to obtain national accreditation.

According to the Department, the proposed rule is authorized by section 39-4605, Idaho Code. Chapter 46, title 39, and section 56-202(b), Idaho Code. Chapter 46, title 39, Idaho Code, is the Idaho Developmental Disabilities Services and Facilities Act of 1978, which authorized and mandated the Department to develop and coordinate services for developmentally disabled persons through adult and child development programs and through contracts with rehabilitation facilities. Section 39-4602, Idaho Code. Under section 39-4605, Idaho Code, the Department may grant, deny or revoke certifications in accordance with standards as set forth in rule promulgated by the Board of Health and Welfare and consistent with existing national accreditation bodies. Not cited by the Department is section 56-202(b), Idaho Code, which provides the Department with general and broad rulemaking authority

According to the Department, the amended rule will not impose a fee or charge. The Department states that it anticipates the amended rule will have not impact to the General Fund. According to the Department, informal negotiated rulemaking was conducted with the Developmental Disabilities Council and the Idaho Association of Developmental Disabilities Agencies (IADDA), but no notice of intent to negotiate rulemaking was published. No public hearings were scheduled. The deadline for written comments was September 23, 2009.

ANALYSIS

The sole definition changes are to delete “an Idaho State School and Hospital (ISSH) Waiver participant” from the definition of “adult, ” section 010.01, and to delete “ISSH waiver participants” from those persons required to have an “individual service plan (ISP),” section 010.18.

As advertised, section 204 of the proposed rule has been amended to change the certification period from “no greater than two (2) years” to “no longer than three (3) years.”

Consistent with the changes to the definitions, the proposed rule removes ISSH Waiver participants from eligibility determination and individual service plan requirements. Section 700. Section 701 of the proposed rule deletes the section’s application exception for ISSH Waiver participants. Section 704 removes the requirement for a provider status review for ISSH Waiver participants. Finally, section 723, removes ISSH Waiver participants from community crisis supports that a DDA may provide.

SUMMARY

The Department’s proposed rule’s justification does not mention the removal of the ISSH Waiver participants or the reason therefore. However, the proposed rule appears to be authorized under sections 56-202(b) and 39-4605, Idaho Code.

cc: Department of Health and Welfare
Tamara Prisock and Chad Cardwell

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.04.11 - DEVELOPMENTAL DISABILITIES AGENCIES (DDA)

DOCKET NO. 16-0411-0901

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 Section 39-4605, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than September 16, 2009.

The hearing site(s) 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:

The Department is amending these rules to change the renewal of certification for Developmental Disabilities Agencies from the current two (2) years to three (3) years. This change will align the Department's certification period with the Commission on Accreditation of Rehabilitative Facilities (CARF), and will help meet legislative intent to encourage service providers to obtain national accreditation.

These rules are also being amended to delete references to the Idaho State School and Hospital ISSH Waiver that expired July 1, 2009.

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 will have little or no fiscal impact due to the change in renewal of certification from two to three years. These will be implemented as each certification becomes due over a two year period.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, informal negotiated rulemaking was held with the Idaho Association of Developmental Disability Agencies (IADDA), but no notice of intent to negotiate rulemaking was published in the Idaho Administrative Bulletin.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Chad Cardwell at (208) 334-5536.

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 September 23, 2009.

DATED this 21st day of July, 2009.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
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THE FOLLOWING IS THE PROPOSED TEXT FOR DOCKET NO. 16-0411-0901

010. DEFINITIONS -- A THROUGH O.

For the purposes of these rules, the following terms are used as defined below: (7-1-06)

01. Adult. A person who is eighteen (18) years of age or older ~~or an Idaho State School and Hospital (ISSH) Waiver participant.~~ (7-1-06)()

02. Agency. A developmental disabilities agency (DDA) as defined in Section 010 of this rule. (7-1-06)

03. Annual. Every three hundred sixty-five (365) days except during a leap year which equals three hundred sixty-six (366) days. (7-1-06)

04. Baseline. A baseline is pre-intervention or annual data used to gauge a participant's level of independent performance as a basis for initiating therapeutic intervention. (7-1-06)

05. Board. The Idaho State Board of Health and Welfare. (7-1-06)

06. Communicable Disease. A disease that may be transmitted from one (1) person or an animal to another person either by direct contact or through an intermediate host, vector, inanimate object, or other means that may result in infection, illness, disability, or death. (7-1-06)

07. Comprehensive Assessment. An assessment used for diagnostic and evaluation purposes that contains uniform criteria used to contribute to the determination of a person's eligibility for DDA services and the need for those services. (7-1-06)

08. Deficiency. A determination of non-compliance with a specific rule or part of rule. (7-1-06)

09. Department. The Idaho Department of Health and Welfare. (7-1-06)

10. Developmental Disabilities Agency (DDA). A DDA is an agency that is: (7-1-06)

a. A type of developmental disabilities facility, as defined in Section 39-4604(7), Idaho Code, that is non-residential and provides services on an outpatient basis; (7-1-06)

b. Certified by the Department to provide DDA services to people with developmental disabilities, in accordance with these rules; (7-1-06)

c. A business entity, open for business to the general public; and (7-1-06)

d. Primarily organized and operated to provide developmental therapy and other DDA services and the corresponding assessments to people with developmental disabilities. (7-1-06)

11. DDA Services. A DDA provides services that are rehabilitative and habilitative in nature. DDA services include assessment, diagnostic, and treatment services that are provided on an outpatient basis to persons with developmental disabilities and may be community-based, home-based, or center-based in accordance with the requirements of this chapter. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. A DDA may also opt to provide pharmacological management, psychiatric diagnostic interviews, community crisis supports, collateral contact, and Intensive Behavioral Intervention (IBI). (7-1-06)

12. Developmental Disability. A developmental disability, as defined in Section 66-402, Idaho Code, means a chronic disability of a person which appears before the age of twenty-two (22) years of age and: (7-1-06)

a. Is 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, which requires similar treatment or services or is attributable to dyslexia resulting from such impairments; and (7-1-06)

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 (7-1-06)

c. Reflects the need for a combination or sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and individually planned and coordinated. (7-1-06)

13. Developmental Specialist. A person qualified to conduct developmental assessments and developmental therapy under these rules. (7-1-06)

14. Developmental Therapy. Developmental therapy is the use of therapeutic intervention and positive behavioral techniques that result in measurable skill acquisition or prevent regression where documentation shows that regression is anticipated in the following areas: (7-1-06)

a. Self-care; (7-1-06)

b. Receptive and expressive language; (7-1-06)

c. Learning; (7-1-06)

d. Mobility; (7-1-06)

e. Self-direction; (7-1-06)

f. Capacity for independent living; and (7-1-06)

g. Economic self-sufficiency. (7-1-06)

15. Habilitation. The process of developing skills and abilities. (7-1-06)

16. Individualized Family Service Plan (IFSP). An initial or annual plan of service, developed by the Department or its designee, for providing early intervention services to children birth to age three (3). This plan must meet the provisions of the Individuals with Disabilities Education Act (IDEA), Part C. (7-1-06)

17. Individual Program Plan (IPP). An initial or annual plan of service developed by the DDA for providing DDA services to: (7-1-06)

a. Children from three (3) through seventeen (17) years of age; (7-1-06)

b. Participants up to age twenty-one (21) who are receiving IBI or additional DDA services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program; or (7-1-06)

c. Participants eighteen (18) years of age or older receiving DDA services and who are using the Home and Community Based Services (HCBS) Waiver for the Aged and Disabled (A&D), State Plan PCS, or are living in a nursing facility. (7-1-06)

18. Individual Service Plan (ISP). An initial or annual plan of service for persons eighteen (18) years of age or older ~~or ISSH waiver participants~~, that identifies all services and supports developed under a person-centered planning process. The Department authorizes each ISP at least once every three hundred sixty-five (365) days. This type of plan is referred to as the "plan of service" in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515. (7-1-06)(_____)

19. Integration. The process of promoting a life for individuals with developmental disabilities that is as much as possible like that of other citizens of the community, including living in the community and having access to community resources. A further goal of this process is to enhance the social image and personal competence of individuals with developmental disabilities. (7-1-06)

20. Intensive Behavioral Intervention (IBI). Individualized, comprehensive interventions that have been shown to be effective and are used on a short term, one-to-one basis that: (7-1-06)

a. Produce measurable outcomes that diminish behaviors that interfere with the development and use of language and appropriate social interaction skills; or (7-1-06)

b. Broaden an otherwise severely restricted range of interest; and (7-1-06)

c. Increase the child's ability to participate in other therapies and environments. (7-1-06)

21. Medical/Social History. An assessment completed by a licensed social worker or other qualified professional working within the scope of his license. This assessment of the participant's history, home, family, and physical environment is part of the process used to determine his treatment needs. (7-1-06)

22. Medical, Social, and Developmental Assessment Summary. A form used by the Department to gather a participant's medical, social and developmental history and other summary information. It is required for all participants receiving DDA services under an ISP. The information is used in the assessment and authorization of a participant's services. (7-1-06)

23. Objective. A behavioral outcome statement developed to address a particular need identified for a participant. An objective is written in measurable terms that specify a target date for completion, no longer than one (1) year in duration, and include criteria for successful attainment of the objective. (7-1-06)

(BREAK IN CONTINUITY OF SECTIONS)

204. RENEWAL AND EXPIRATION OF THE CERTIFICATE.

01. Renewal of Certificate. The Department issues certificates that are in effect for a period of no ~~greater~~ longer than ~~two~~ three (23) years. (7-1-06)()

a. To ensure that there is no lapse in certification, an agency must request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate. The request must contain any changes in optional services provided and outcomes of the internal quality assurance processes in accordance with Section 900 of these rules. (7-1-06)

b. Each agency seeking renewal of its certificate must be surveyed by the Department. (7-1-06)

c. The Department must find an agency to be in substantial compliance with these rules in order to renew the certificate. (7-1-06)

02. Expiration Without Timely Request for Renewal. Expiration of a certificate without a timely request for renewal automatically rescinds all rights or privileges the agency previously had to deliver services under these rules. (7-1-06)

(BREAK IN CONTINUITY OF SECTIONS)

700. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER ~~AND ISSH WAIVER PARTICIPANTS.~~

Section 700 of these rules does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, "Medicaid Basic Plan Benefits." DDAs must comply with the requirements under Section 701 of these rules for those adults. (7-1-06)(____)

01. Eligibility Determination. Prior to the delivery of any DDA services, the person must be determined to be eligible as defined under Section 66-402, Idaho Code, for DDA services. (7-1-06)

a. For persons seeking Medicaid-funded DDA services who are eighteen (18) years of age or older, ~~or are ISSH Waiver participants,~~ the Department or its designee determines eligibility for services. (7-1-06)(____)

b. For persons eighteen (18) years of age or older who are not Medicaid participants, the DDA must follow the requirements under Subsection 701.01 of these rules. (7-1-06)

02. Intake. (7-1-06)

a. For participants eighteen (18) years of age or older ~~or who are ISSH Waiver Participants,~~ and who are not listed under Subsection 700.02.b., prior to the delivery of any Medicaid-funded DDA services:(7-1-06)(____)

i. The Department or its designee will have provided the DDA with current medical, social, and developmental information; and (7-1-06)

ii. The participant must have an ISP that is authorized in accordance with IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515. (7-1-06)

b. Participants eighteen (18) years of age or older receiving DDA services and who are using the Home and Community Based Services (HCBS) Waiver for the Aged and Disabled (A&D), State Plan PCS, or are living in a nursing facility must: (7-1-06)

i. Have DDA services prior authorized by the Department or its designee; and (7-1-06)

ii. DDAs must complete an Individual Program Plan (IPP) that meets the standards described in Subsections 701.04 through 701.06 of these rules. IPPs for these individuals do not require the signature of a physician or other practitioner of the healing arts. (7-1-06)

c. For participants eighteen (18) years of age or older who are not Medicaid participants, the DDA must follow the requirements under Subsection 701.02 of these rules. (7-1-06)

03. Assessments. Requirements for assessments are found under Sections 600 through 605 of these rules. (7-1-06)

04. Individual Service Plan (ISP). For participants eighteen (18) years of age or older ~~or for ISSH Waiver participants,~~ any services provided by the DDA must be included on the plan of service and be prior authorized by the Department or its designee before a participant can receive the service from the agency. (7-1-06)(____)

05. Documentation of Plan Changes. Documentation of changes in the required plan of service or Program Implementation Plan must be included in the participant's record. This documentation must include, at a minimum, the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to a Program Implementation Plan that affect the type or amount of service on the plan of service, an addendum to the plan of service must be completed. (7-1-06)

701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.

~~Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants.~~ (7-1-06)

01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06)

a. Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code; or (7-1-06)

b. Psychological Assessment. If the medical assessment does not establish categorical eligibility, the DDA must obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code. (7-1-06)

c. Standardized Comprehensive Developmental Assessment. This must contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code. (7-1-06)

02. Intake. The DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services. (7-1-06)

a. The person must have been determined by the DDA to be eligible for DDA services. (7-1-06)

b. The DDA must obtain or complete a comprehensive medical and medical/social history. (7-1-06)

03. Assessments. Requirements for assessments are found under Sections 600 through 605 of these rules. (7-1-06)

04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06)

a. Type of service refers to the kind of service described in terms of: (7-1-06)

i. Discipline; (7-1-06)

ii. Group, individual, or family; and (7-1-06)

iii. Whether the service is home, community, or center-based. (7-1-06)

b. Amount of service is the total number of service hours during a specified period of time. This is typically indicated in hours per week. (7-1-06)

c. Frequency of service is the number of times service is offered during a week or month. (7-1-06)

d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-06)

05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age ~~who do not use ISSH Waiver services~~, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)()

a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. (7-1-06)

b. The planning process must include the participant and his parent or legal guardian, if applicable,

and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06)

c. The planning process must occur at least annually, or more often if necessary, to review and update the plan to reflect any changes in the needs or status of the participant. Revisions to the IPP requiring a change in type, amount, or duration of the service provided must be recommended by the physician or other practitioner of the healing arts prior to implementation of the change. Such recommendations must be signed by the physician or other practitioner of the healing arts and maintained in the participant's file. A parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan. (7-1-06)

d. The IPP must be supported by the documentation required in the participant's record under Section 705 of these rules. (7-1-06)

e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-06)

i. The participants name and medical diagnosis; (7-1-06)

ii. The name of the assigned Developmental Specialist, the date of the planning meeting, and the name and titles of those present at the meeting; (7-1-06)

iii. The dated signature of the physician or other practitioner of the healing arts indicating his recommendation of the services on the plan; (7-1-06)

iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)

v. A list of the participant's current personal goals, interests and choices; (7-1-06)

vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-06)

vii. A list of measurable behaviorally stated objectives, which correspond to the list of priority needs. A Program Implementation Plan must be developed for each objective; (7-1-06)

viii. The discipline professional or Developmental Specialist responsible for each objective; (7-1-06)

ix. The target date for completion of each objective; (7-1-06)

x. The review date; and (7-1-06)

xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06)

06. Documentation of Plan Changes. Documentation of required plan of service or Program

Implementation Plan changes must be included in the participant's record. This documentation must include, at a minimum: (7-1-06)

- a. The reason for the change; (7-1-06)
- b. Documentation of coordination with other services providers, where applicable; (7-1-06)
- c. The date the change was made; and (7-1-06)
- d. The signature of the professional making the change complete with date, credential, and title.

Changes to the IPP require documented notification of the participant or the participant's parent or legal guardian, if applicable. Changes in type, amount, or duration of services require written authorization from a physician or other practitioner of the healing arts and the participant or the participant's parent or legal guardian prior to the change. If the signatures of the participant or the parent or legal guardian cannot be obtained, then the agency must document in the participant's record the reason the signatures were not obtained. (7-1-06)

(BREAK IN CONTINUITY OF SECTIONS)

704. PROGRAM DOCUMENTATION REQUIREMENTS.

Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06)

01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)

- a. Daily entry of all activities conducted toward meeting participant objectives. (7-1-06)
- b. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06)
- c. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-06)
- d. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06)

02. Additional Requirements for Participants Eighteen Years or Older ~~and for ISSH Waiver Participants~~. For participant's eighteen (18) years of age or older ~~and ISSH Waiver Participants~~, DDAs must also submit provider status reviews to the plan monitor in accordance with IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515. (7-1-06)()

03. Additional Requirements for Participants Seven Through Sixteen. For participants ages seven (7) through sixteen (16), the DDA must also document that the child has been referred to the local school district in accordance with Subsection 706.01 of these rules. (7-1-06)

04. Additional Requirements for Participants Birth to Three Years of Age. For participants birth to age three (3), the following are required in addition to those requirements in Subsection 702.01 of these rules: (7-1-06)

- a. Documentation of the six (6) month and annual reviews; (7-1-06)
- b. Documentation of participation in transition planning at the IFSP developed closest to the child's second birthday to assure service continuity and access to community services as early intervention services end at

- age three (3); (7-1-06)
- c. Documentation that participant rights have been met in accordance with Subsection 905.03.d.; (7-1-06)
 - d. Documentation of participation in the transition meeting with the school district; and (7-1-06)
 - e. Documentation of consultation with other service providers who are identified on the IFSP. (7-1-06)

(BREAK IN CONTINUITY OF SECTIONS)

723. COMMUNITY CRISIS SUPPORTS.

Community crisis supports are interventions for adult participants ~~who are adults or who are on the ISSH Waiver~~, who have been determined eligible for developmental disability services and who are at risk of losing housing, employment or income, or are at risk of incarceration, physical harm, family altercation, or other emergencies. DDAs that choose to provide these services must do so in accordance with IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515. (7-1-06)(____)