

Dear Senators LODGE, Broadsword, Bock, and
Representatives MCGEACHIN, Bilbao, Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of the Department of Health and Welfare:

IDAPA 16.03.09 - Rules Pertaining To Medicaid Basic Plan Benefits - Estate Recovery (Docket No. 16-0309-1202);

IDAPA 16.03.09 - Rules Pertaining To Medicaid Basic Plan Benefits - Replacement School-Based Services (Docket No. 16-0309-1204).

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 10/01/2012. 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 10/29/2012.

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 334-4845, or send a written request to the address on the memorandum attached below.



Jeff Youtz
Director

Legislative Services Office Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee
FROM: Legislative Research Analyst - Ryan Bush
DATE: September 14, 2012
SUBJECT: Department of Health and Welfare - Medicaid Basic Plan Benefits

IDAPA 16.03.09 - Rules Pertaining To Medicaid Basic Plan Benefits - Estate Recovery (Docket No. 16-0309-1202)

IDAPA 16.03.09 - Rules Pertaining To Medicaid Basic Plan Benefits - Replacement School-Based Services (Docket No. 16-0309-1204)

(1) 16.03.09 - Rules Pertaining To Medicaid Basic Plan Benefits - Estate Recovery (Docket No. 16-0309-1202)

The Department of Health and Welfare submits notice of proposed rulemaking at IDAPA 16.03.09 - Rules Pertaining To Medicaid Basic Plan Benefits - Estate Recovery. The Department states that the proposed rulemaking is to clarify the Department's interpretation and practice relating to recovery of life estate interests after the death of a Medicaid participant and was requested by the Trust and Estate Professionals of Idaho. Specifically, this rulemaking provides that the following life estates will not be subject to estate recovery: 1) Life estates where neither the Medicaid participant or his spouse ever owned the remainder interest; and 2) Life estates created prior to July 1, 1995.

The Department states that negotiated rulemaking was conducted and that notice was published in the March 7, 2012, Idaho Administrative Bulletin, vol. 12-3, p. 30. There is no fiscal impact associated with this rulemaking.

The proposed rule appears to be within the statutory authority granted to the Department in Sections 56-202(b) and 56-218A, Idaho Code.

(2) 16.03.09 - Rules Pertaining To Medicaid Basic Plan Benefits -- Replacement School-Based Services (Docket No. 16-0309-1204)

The Department of Health and Welfare submits notice of proposed rulemaking at IDAPA 16.03.09 - Rules Pertaining To Medicaid Basic Plan Benefits - Replacement School-Based Services. The Department states that the proposed rulemaking moves the Department to a system that provides a continuum of care based on a child's level of need, replacing developmental therapy and intensive behavioral intervention (IBI) services. The Department further states that removing developmental disabilities benefits from the state plan impacts

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school-based service providers who deliver these services and that rule changes are needed to incorporate replacement services for school-based providers. The Department states that it has worked in collaboration with the Department of Education, the Idaho Association of School Administrators and several school districts to identify new services. Specifically, this rulemaking accomplishes the following:

(1) Removes references to Developmental Disability Agency (DDA) services from the rules for school-based services;

(2) Removes developmental therapy and IBI from the rules for school-based services;

(3) Removes the Infant Toddler Program (ITP) from the rules for school-based services. The Department states that the ITP will become a provider of community therapy services and community children's developmental disabilities services rather than be school based;

(4) Revises personal care services and eligibility requirements;

(5) Adds new behavioral intervention services and eligibility requirements; and

(6) Revises various existing school-based services and processes, including documentation, reporting, notification and provider qualifications and duties.

The Department states that negotiated rulemaking was conducted and that notice was published in the June 6, 2012, Idaho Administrative Bulletin, vol. 12-6, p. 20. Public hearings are scheduled for September 19 via teleconference and at 1720 Westgate Dr., Suite A in Boise; at 2195 Ironwood Court in Coeur d'Alene; and at 421 Memorial Drive in Pocatello. There is no fiscal impact to the state general fund associated with this rulemaking, but the Department states that schools that continue to deliver the old benefits may see a potential loss of federal funding of approximately \$2.8 million.

The proposed rule appears to be within the statutory authority granted to the Department in Sections 202(b) and 56-253, Idaho Code.

cc: Department of Health and Welfare - Medicaid Basic Plan Benefits

Tamara Prisock

Lisa Hettinger

Aaron Haws

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-1202

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, 56-264, and 56-1610, 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 19, 2012.

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:

This new rule change is being added to clarify the Department's current interpretation and practice relating to estate recovery of life estate interests after the death of a Medicaid participant. This rule change was requested by the Trust and Estate Professionals of Idaho (TEPI).

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:

There is no fiscal impact due to this rulemaking.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the March 7, 2012, Idaho Administrative Bulletin, [Vol. 12-3, page 30](#).

INCORPORATION BY REFERENCE: No materials are being incorporated by reference into these rules.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Lisa Hettinger at (208) 287-1141.

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 26, 2012.

DATED this 3rd day of August, 2012.

Tamara Prisock
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THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 16-0309-1202

905. LIENS AND ESTATE RECOVERY: LIMITATIONS AND EXCLUSIONS.

01. Limitations on Estate Claims. Limits on the Department's claim against the assets of a deceased participant or spouse are subject to Sections 56-218 and 56-218A, Idaho Code. A claim against the estate of a spouse of a participant is limited to the value of the assets of the estate that had been, at any time after October 1, 1993, community property, or the deceased participant's share of the separate property, and jointly owned property. Recovery will not be made until the deceased participant no longer is survived by a spouse, a child who is under age twenty-one (21), or a blind or disabled child, as defined in 42 U.S.C. 1382c as amended and, when applicable, as provided in Subsection 903.05 of these rules. No recovery will be made if the participant received medical assistance as the result of a crime committed against the participant. (4-7-11)

02. Expenses Deducted From Estate. The following expenses may be deducted from the available assets to determine the amount available to satisfy the Department's claim: (3-30-07)

a. Burial expenses, which include only those reasonably necessary for embalming, transportation of the body, cremation, flowers, clothing, and services of the funeral director and staff may be deducted. (3-30-07)

b. Other legally enforceable and necessary debts with priority may be deducted. The Department's claim is classified and paid as a debt with preference as defined in Section 15-03-805, Idaho Code. Debts of the deceased participant that may be deducted from the estate prior to satisfaction of the Department's claim must be legally enforceable debts given preference over the Department's claim under Section 15-03-805, Idaho Code. (3-30-07)

03. Interest on Claim. The Department's claim does not bear interest except as otherwise provided by statute or agreement. (3-30-07)

04. Excluded Land. Restricted allotted land, owned by a deceased participant who was an enrolled member of a federally recognized American Indian tribe, or eligible for tribal membership, which cannot be sold or transferred without permission from the Indian tribe or an agency of the Federal Government, will not be subject to estate recovery. (3-30-07)

05. Certain Life Estates. The value of a life estate owned by a Medicaid participant or his or her spouse will not be subject to estate recovery if: ()

a. Neither the Medicaid participant or his or her spouse ever owned the remainder interest; or ()

b. The life estate was created prior to July 1, 1995. ()

056. Marriage Settlement Agreement or Other Such Agreement. A marriage settlement agreement or other such agreement which separates assets for a married couple does not eliminate the debt against the estate of the deceased participant or the spouse. Transfers under a marriage settlement agreement or other such agreement may be voided if not for adequate consideration. (3-30-07)

067. Release of Estate Claims. The Department will release a claim when the Department's claim has been fully satisfied and may release its claim under the following conditions: (3-30-07)

a. When an undue hardship waiver as defined in Subsection 905.07 of this rule has been granted; or (4-7-11)

b. When a written agreement with the authorized representative to pay the Department's claim in thirty-six (36) monthly payments or less has been achieved. (3-30-07)

078. Purpose of the Undue Hardship Exception. The undue hardship exception is intended to avoid

the impoverishment of the deceased participant's family due to the Department exercising its estate recovery right. The fact that family members anticipate or expect an inheritance, or will be inconvenienced economically by the lack of an inheritance, is not cause for the Department to declare an undue hardship. (3-30-07)

089. **Application for Undue Hardship Waiver.** An applicant for an undue hardship waiver must have a beneficial interest in the estate and must apply for the waiver within ninety (90) days of the death of the participant or within thirty (30) days of receiving notice of the Department's claim, whichever is later. The filing of a claim by the Department in a probate proceeding constitutes notice to all heirs. (3-30-07)

0910. **Basis for Undue Hardship Waiver.** Undue hardship waivers will be considered in the following circumstances: (3-30-07)

a. The estate subject to recovery is income-producing property that provides the primary source of support for other family members; or (3-30-07)

b. Payment of the Department's claim would cause heirs of the deceased participant to be eligible for public assistance; or (3-30-07)

c. The Department's claim is less than five hundred dollars (\$500) or the total assets of the entire estate are less than five hundred dollars (\$500), excluding trust accounts or other bank accounts. (3-30-07)

d. The participant received medical assistance as the result of a crime committed against the participant. (3-30-07)

4011. **Limitations on Undue Hardship Waiver.** Any beneficiary of the estate of a deceased participant may apply for waiver of the estate recovery claim based on undue hardship. Any claim may be waived by the Department, partially or fully, because of undue hardship. An undue hardship does not exist if action taken by the participant prior to his death, or by his legal representative, divested or diverted assets from the estate. The Department grants undue hardship waivers on a case by case basis upon review of all facts and circumstances, including any action taken to diminish assets available for estate recovery or to circumvent estate recovery. (3-30-07)

412. **Set Aside of Transfers.** Transfers of real or personal property of the participant without adequate consideration are voidable and may be set aside by the district court whether or not the asset transfer resulted, or could have resulted, in a period of ineligibility. (3-30-07)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-1204

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, 56-203, 56-250 through 56-257, and 56-260 through 56-266, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearings concerning this rulemaking will be held as follows:

Wednesday, September 19, 2012 6:00 p.m. (MDT Time)	Wednesday, September 19, 2012 6:00 p.m. (PDT Time)	Wednesday, September 19, 2012 6:00 p.m. (MDT Time)
1720 Westgate Dr. Suite A Boise, ID 83704	2195 Ironwood Court Coeur d'Alene, ID 83814	421 Memorial Drive Pocatello, ID 83201

If you are unable to attend a public hearing in any of the physical locations listed above, you can join the Boise public hearing from anywhere in the state via teleconference.

Teleconference number: 1-888-706-6468

Participant Code: 526505

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:

In 2011, the Idaho Legislature approved the Children's System Redesign. Under the redesign, the Department is moving from a one-size-fits-all system that was only able to deliver therapy, to a system that provides a continuum of care based on the child's level of need. The new array of benefits replaces developmental therapy and intensive behavioral intervention (IBI) services.

Removing developmental disabilities benefits from the State Plan directly impacts the school-based service providers who deliver the same services. Rule changes are needed to incorporate replacement services for school-based providers when developmental therapy and IBI are no longer available starting July 1, 2013.

The Department has worked in collaboration with the State Department of Education, the Idaho Association of School Administrators, and several other school district representatives as part of a School-Based Medicaid Committee, to identify replacement services (both new and existing) that can be used to address children's developmental disabilities needs in the school setting. While developing these services, the committee kept in mind the purpose of Medicaid funding in the schools and regulations that must be followed under the State Plan authority.

The new replacement school-based services are proposed to be implemented on July 1, 2013.

Specifically, the following changes are being made:

1. References to DDA services are being removed from this chapter.
2. The services of developmental therapy and intensive behavioral intervention are being removed from the rules for school-based services.
3. Idaho Infant Toddler Program (ITP) is being removed from the rules for school-based services. The ITP delivers services in the home and community, rather than school setting. To better align with

their service delivery system, the ITP will become a provider of community therapy services and community children's developmental disabilities services rather than be subject to school-based services requirements.

4. New behavioral intervention services are being added to the rules for school-based services.
5. Clarifications are being made to various existing school-based services and processes.

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:

There is no anticipated fiscal impact to the state general fund. However, because of the change in covered school-based services benefits, schools that continue to deliver the old benefits may see a potential negative impact in federal funding of approximately \$2.8 million.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted on June 20, 2012. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the June 6, 2012, Idaho Administrative Bulletin, [Volume 12-6, pages 20 and 21](#).

INCORPORATION BY REFERENCE: No materials are being incorporated by reference into these rules.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Aaron Haws at (208) 364-1864.

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 26, 2012.

DATED this 6th day of August, 2012.

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THE FOLLOWING IS THE PROPOSED TEXT FOR DOCKET NO. 16-0309-1204

004. INCORPORATION BY REFERENCE.

The following are incorporated by reference in this chapter of rules: (3-30-07)

01. 42 CFR Part 447. 42 CFR Part 447, "Payment for Services," revised as of October 1, 2001, is available from CMS, 7500 Security Blvd, Baltimore, M.D., 21244-1850 or on the Code of Federal Regulations internet site at <http://practice.aap.org/content.aspx?aid=1599>. (3-30-07)

02. American Academy of Pediatrics (AAP) Periodicity Schedule. This document is available on the internet at <http://practice.aap.org/content.aspx?aid=1599>. The schedule is also available at the Division of Medicaid, 3232 Elder Street, Boise, ID 83705. (3-30-07)

03. American Speech-Language-Hearing Association (ASHA): Medicaid Guidance for Speech-Language Pathology Services. The American Speech-Language-Hearing Association (2004) Medicaid Guidance for Speech-Language Pathology Services: Addressing the "Under the Direction of" Rule technical report is available on the internet at: <http://www.asha.org/docs/html/TR2004-00142.html>. The report may also be obtained at the ASHA National Office, 2200 Research Boulevard, Rockville, MD 20850-3289, telephone (301) 296-5700. (3-29-10)

04. CDC Child and Teen BMI Calculator. The Centers for Disease Control (CDC) Child and Teen Body Mass Index (BMI) Calculator is available on the internet at <http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>. The Calculator is also available through the Division of Medicaid, 3232 Elder Street, Boise, ID 83705. (3-30-07)

05. DSM-IV-TR. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) Washington, DC, American Psychiatric Association, 2000. Copies of the manual are available from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC, 20005. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702. (3-30-07)

06. Estimated Useful Lives of Depreciable Hospital Assets, 2004 Revised Edition, Guidelines Lives. This document may be obtained from American Hospital Publishing, Inc., 211 East Chicago Avenue, Chicago, IL, 60611. (3-30-07)

07. Idaho Infant Toddler Program Implementation Manual (Revised September 1999). The full text of the "Idaho Infant Toddler Program Implementation Manual," revised September 1999, is available at ~~http://www.idaho.gov/Department_of_Health_and_Welfare_450_West_State_Street_Boise_Idaho_83702~~ <http://www.infanttoddler.idaho.gov>. (~~3-30-07~~)

08. Idaho Special Education Manual, September 2001. The full text of the "Idaho Special Education Manual, September 2001" is available on the Internet at http://www.sde.idaho.gov/site/special_edu/. A copy is also available at the Idaho Department of Education, 650 West State Street, P.O. Box 83720, Boise, Idaho 83720-0027. (3-30-07)

09. Medicare Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Jurisdiction D Supplier Manual 2007, As Amended. Since the supplier manual is amended on a quarterly basis by CMS, the current year's manual is being incorporated by reference, as amended, to allow for the incorporation of the most recent amendments to the manual. The full text of the Medicare DME MAC Jurisdiction D Supplier Manual is available via the Internet at <https://www.noridianmedicare.com/dme/news/manual/index.html%3f>. (3-30-07)

10. Physician's Current Procedural Terminology (CPT® Manual). This document may be obtained from the American Medical Association, P.O. Box 10950, Chicago, Illinois 60610, or online at <http://www.ama-assn.org/ama/pub/category/3113.html>. (3-30-07)

11. Provider Reimbursement Manual (PRM). The Provider Reimbursement Manual (PRM), Part I and Part II (CMS Publication 15-1 and 15-2), is available on the CMS website at <http://www.cms.gov/Manuals/PBM/list.asp>. (3-30-07)

12. SIB-R Comprehensive Manual. Scales of Independent Behavior - Revised Comprehensive Manual, 1996, Riverside Publishing Co, 425 Spring Lake Drive, Itasca, IL 60143-2079. A copy is available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho 83702. (3-30-07)

13. Travel Policies and Procedures of the Idaho State Board of Examiners. The text of "Idaho State Travel Policies and Procedures of the Idaho State Board of Examiners," Appendices A and B, June 13, 2000, is available at the Office of the State Controller, 700 W. State St., 5th Fl., Box 83720, Boise, Idaho 83720-0011 or on the Internet at <http://www.sco.idaho.gov>. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

011. DEFINITIONS: I THROUGH O.

For the purposes of these rules, the following terms are used as defined below: (3-30-07)

01. ICF/ID. Intermediate Care Facility for People with Intellectual Disabilities. An ICF/ID is an entity licensed as an ICF/ID and federally certified to provide care to Medicaid and Medicare participants with developmental disabilities. (3-30-07)

02. Idaho Infant Toddler Program. The Idaho Infant Toddler Program serves children from birth up to three (3) years of age (36 months), and must meet the requirements and provisions of the Individuals with Disabilities Education Act (IDEA), Part C; the Family Education Rights and Privacy Act; Sections 16-101, et seq., Idaho Code, regarding early intervention services; and the Idaho State Plan for Early Intervention Services under IDEA, Part C. ()

a. These requirements for the Idaho Infant Toddler Program include: ()

i. Adherence to procedural safeguards and time lines; ()

ii. Use of multi-disciplinary assessments and Individualized Family Service Plans (IFSPs); ()

iii. Provision of early intervention services in the natural environment; ()

iv. Transition planning; and ()

v. Program enrollment and reporting requirements. ()

b. The Idaho Infant Toddler Program may provide the following services for Medicaid reimbursement: ()

i. Occupational therapy; ()

ii. Physical therapy; ()

iii. Speech-language pathology; ()

iv. Audiology; and ()

v. Children's developmental disabilities services defined under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." ()

023. In-Patient Hospital Services. Services that are ordinarily furnished in a hospital for the care and treatment of an in-patient under the direction of a physician or dentist except for those services provided in mental hospitals. (3-30-07)

034. Intermediary. Any organization that administers Title XIX or Title XXI; in this case the Department of Health and Welfare. (3-30-07)

045. Intermediate Care Facility Services. Those services furnished in an intermediate care facility as defined in 42 CFR 440.150, but excluding services provided in a Christian Science Sanatorium. (3-30-07)

056. Legal Representative. A parent with custody of a minor child, one who holds a legally-executed and effective power of attorney for health decisions, or a court-appointed guardian whose powers include the power to make health care decisions. (3-30-07)

067. Legend Drug. A drug that requires, by federal regulation or state rule, the order of a licensed medical practitioner before dispensing or administration to the patient. (3-30-07)

078. **Level of Care.** The classification in which a participant is placed, based on severity of need for institutional care. (3-30-07)

089. **Licensed, Qualified Professionals.** Individuals licensed, registered, or certified by national certification standards in their respective discipline, or otherwise qualified within the state of Idaho. (3-30-07)

0910. **Lock-In Program.** An administrative sanction, required of a participant found to have misused the services provided by the Medical Assistance Program. The participant is required to select one (1) provider in the identified area(s) of misuse to serve as the primary provider. (3-30-07)

1011. **Locum Tenens/Reciprocal Billing.** The practice of a physician to retain a substitute physician when the regular physician is absent for reasons such as illness, pregnancy, vacation, or continuing medical education. The substitute physician is called the "Locum Tenens" physician. Reimbursement to a Locum Tenens physician will be limited to a period of ninety (90) continuous days. Reciprocal billing occurs when a substitute physician covers the regular physician during an absence or on an on-call basis a period of fourteen (14) continuous days or less. (3-30-07)

112. **Medical Assistance.** Payments for part or all of the cost of services funded by Titles XIX or XXI of the federal Social Security Act, as amended. (3-30-07)

123. **Medicaid.** Idaho's Medical Assistance Program. (3-30-07)

134. **Medicaid-Related Ancillary Costs.** For the purpose of these rules, those services considered to be ancillary by Medicare cost reporting principles. Medicaid-related ancillary costs will be determined by apportioning direct and indirect costs associated with each ancillary service to Medicaid participants by dividing Medicaid charges into total charges for that service. The resulting percentage, when multiplied by the ancillary service cost, will be considered Medicaid-related ancillaries. (3-30-07)

145. **Medical Necessity (Medically Necessary).** A service is medically necessary if: (3-30-07)

a. It is reasonably calculated to prevent, diagnose, or treat conditions in the participant that endanger life, cause pain, or cause functionally significant deformity or malfunction; and (3-30-07)

b. There is no other equally effective course of treatment available or suitable for the participant requesting the service which is more conservative or substantially less costly. (3-30-07)

c. Medical services must be of a quality that meets professionally-recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. Those records must be made available to the Department upon request. (3-30-07)

156. **Medical Supplies.** Items excluding drugs, biologicals, and equipment furnished incident to a physician's professional services commonly furnished in a physician's office or items ordered by a physician for the treatment of a specific medical condition. These items are generally not useful to an individual in the absence of an illness and are consumable, nonreusable, disposable, and generally have no salvage value. Surgical dressings, ace bandages, splints and casts, and other devices used for reduction of fractures or dislocations are considered supplies. (3-30-07)

167. **Midwife.** An individual qualified as one of the following: (3-29-12)

a. Licensed Midwife. A person who is licensed by the Idaho Board of Midwifery under Title 54, Chapter 55, Idaho Code, and IDAPA 24.26.01, "Rules of the Idaho Board of Midwifery." (3-29-12)

b. Nurse Midwife (NM). An advanced practice professional nurse who is licensed by the Idaho Board of nursing and who meets all the applicable requirements to practice as a nurse midwife under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (3-29-12)

178. **Nominal Charges.** A public provider's charges are nominal where aggregate charges amount to

less than one-half (1/2) of the reasonable cost of the services provided. (3-30-07)

189. Nonambulatory. Unable to walk without assistance. (3-30-07)

1920. Non-Legend Drug. Any drug the distribution of which is not subject to the ordering, dispensing, or administering by a licensed medical practitioner. (3-30-07)

201. Nurse Practitioner (NP). A registered nurse or licensed professional nurse (RN) who meets all the applicable requirements to practice as nurse practitioner under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." ~~(3-30-07)~~()

212. Nursing Facility (NF). An institution, or distinct part of an institution, that is primarily engaged in providing skilled nursing care and related services for participants. It is an entity licensed as a nursing facility and federally certified to provide care to Medicaid and Medicare participants. Participants must require medical or nursing care, or rehabilitation services for injuries, disabilities, or sickness. (3-30-07)

223. Orthotic. Pertaining to or promoting the support of an impaired joint or limb. (3-30-07)

234. Outpatient Hospital Services. Preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished by or under the direction of a physician or dentist to a patient not in need of inpatient hospital care. (3-30-07)

245. Out-of-State Care. Medical service that is not provided in Idaho or bordering counties is considered out-of-state. Bordering counties outside Idaho are considered out-of-state for the purpose of authorizing long term care. (3-30-07)

256. Oxygen-Related Equipment. Equipment which is utilized or acquired for the routine administration of oxygen in the home. This includes oxygen tanks, regulators, humidification nebulizers, oxygen concentrators, and related equipment. Equipment which is used solely for the administration of medication into the lungs is excluded from this definition. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

245. PROVIDERS OF SCHOOL-BASED SERVICES.

Only school districts; and charter schools; ~~and the Idaho Infant Toddler Program~~ can be reimbursed for the services described in Sections 850 through 856 of these rules. ~~(3-30-07)~~()

(BREAK IN CONTINUITY OF SECTIONS)

615. ADDITIONAL ASSESSMENT AND EVALUATION SERVICES.

In addition to evaluations for services as defined in this Chapter, the Department will reimburse for the following evaluations if needed to determine eligibility for Medicaid Enhanced Plan Benefits. (3-30-07)

01. Enhanced Mental Health Services. Enhanced mental health services are not covered under the Basic Plan with the exception of assessment services. The assessment for determination of need for enhanced mental health services is subject to the requirements for comprehensive assessments at IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 114, and provider qualifications under Section 715 of these rules and under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 130 and 131. (3-29-12)

~~**02. Developmental Disability Agency Services (DDA).** DDA services are not covered under the Basic Plan with the exception of assessment and evaluation services. The assessment and/or evaluation for the need for DDA services is subject to the requirements for DDA services under IDAPA 16.03.10, "Medicaid Enhanced Plan~~

~~Benefits,” Subsection 653.02, and IDAPA 16.04.11, “Developmental Disabilities Agencies,” Sections 600 through 604.~~ (3-30-07)

032. Service Coordination Services. Service coordination services are not covered under the Basic Plan, with the exception of assessment services. The assessment for the need for service coordination services is subject to the requirements for service coordination under IDAPA 16.03.10, “Medicaid Enhanced Plan Benefits,” Subsection 727.03, as applicable to the service being requested, and provider qualifications under IDAPA 16.03.10, “Medicaid Enhanced Plan Benefits,” Section 729. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

732. THERAPY SERVICES: COVERAGE AND LIMITATIONS.

Therapy services are covered under these rules when provided by the following providers: outpatient hospitals, outpatient rehabilitation facilities, comprehensive outpatient rehabilitative facilities, nursing facilities, ~~developmental disability agencies~~, school-based services, Idaho Infant Toddler Program, independent practitioners, and home health agencies. (4-2-08)()

01. Service Description: Occupational Therapy and Physical Therapy. Modalities, therapeutic procedures, tests, and measurements as described in the Physical Medicine and Rehabilitation Subsection and the Neurology and Neuromuscular Procedures Subsection of the Physician's Current Procedural Terminology (CPT Manual) are covered with the following limitations: (4-2-08)

a. Any evaluation or re-evaluation may only be performed by the therapist. Any changes in the participant's condition not consistent with planned progress or treatment goals necessitate a documented re-evaluation by the therapist before further treatment is carried out. (4-2-08)

b. Any CPT procedure code that falls under the heading of either, “Active Wound Care Management,” or “Tests and Measurements,” requires the therapist to have direct, one-to-one, patient contact. (4-2-08)

c. The therapist may be reimbursed for the technical component of muscle testing, joint range of motion, electromyography, or nerve velocity determinations as described in the CPT Manual when ordered by a physician, nurse practitioner, or physician assistant. (4-2-08)

d. Any assessment provided under the heading “Orthotic Management and Prosthetic Management” must be completed by the therapist. (4-2-08)

e. Any modality that is defined as “unlisted” in the CPT Manual requires prior authorization by the Department. In this case, the therapist and the physician, nurse practitioner, or physician assistant must provide information in writing to the Department that documents the medical necessity of the modality requested. (4-2-08)

f. The services of therapy assistants used when providing covered therapy benefits are included as part of the covered service. These services are billed by the supervising therapist. Therapy assistants may not provide evaluation services, make clinical judgments or decisions, or take responsibility for the service. Therapy assistants act at the direction and under the supervision of the treating therapist and in accordance with state licensure rules. (4-2-08)

02. Service Description: Speech-Language Pathology. Speech-language pathology services must be provided as defined in Section 730 of these rules. Services provided by speech-language pathology assistants are considered unskilled services, and will be denied as not medically necessary if they are billed as speech-language pathology services. (4-2-08)

03. Non-Covered Services: Occupational Therapy, Physical Therapy, and Speech-Language Pathology. (4-2-08)

- a. Continuing services for participants who do not exhibit the capability to achieve measurable improvement. (4-2-08)
- b. Services that address developmentally acceptable error patterns. (4-2-08)
- c. Services that do not require the skills of a therapist or therapy assistant. (4-2-08)
- d. Services provided by unlicensed aides or technicians, even if under the supervision of a therapist, except as provided under Section 854 of these rules. (4-2-08)
- e. Massage, work hardening, and conditioning. (4-2-08)
- f. Services that are not medically necessary, as defined in Section 011 of these rules. (4-2-08)
- g. Maintenance programs, as defined under Section 730 of these rules. (4-2-08)
- h. Duplicate services, as defined under Section 730 of these rules. (4-2-08)
- i. Group therapy in settings other than school-based services and ~~developmental disability agencies~~ the Idaho Infant Toddler Program. ~~(4-2-08)~~ ()

04. Service Limitations. (4-2-08)

- a. Physical therapy (PT) and speech-language pathology (SLP) services are limited to a combined annual dollar amount for all PT and SLP services. The Department will set the total amount based on the annual Medicare caps. The Department may authorize additional therapy services, when the services are determined to be medically necessary and supporting documentation is provided to the Department. (3-29-12)
- b. Occupational therapy services are limited to an annual dollar amount set by the Department based on the annual Medicare caps. The Department may authorize additional therapy services, when the services are determined to be medically necessary and supporting documentation is provided to the Department. (3-29-12)
- c. Exceptions to service limitations. (3-29-12)
 - i. Therapy provided by home health agencies is subject to the limitations on home health services contained in Section 722 of these rules. (3-29-12)
 - ii. Therapy provided through school-based services or the Idaho Infant Toddler Program is not included in the service limitations under Subsection 732.04 of this rule. ~~(3-29-12)~~ ()
 - iii. Therapy provided to EPSDT participants under the age of twenty-one (21) in accordance with the EPSDT requirements contained in Sections 881 through 883 of these rules, and in Section 1905(r) of the Social Security Act, will be authorized by the Department when additional therapy services are medically necessary. (3-29-12)

733. THERAPY SERVICES: PROCEDURAL REQUIREMENTS.

The Department will pay for therapy services rendered by or under the supervision of a licensed therapist if such services are ordered by the attending physician, nurse practitioner, or physician assistant as part of a plan of care. (4-2-08)

01. Physician Orders. (4-2-08)

- a. All therapy must be ordered by a physician, nurse practitioner, or physician assistant. Such orders must include at a minimum, the service to be provided, the frequency, and, where applicable, the duration of each therapeutic session. (4-2-08)
- b. In the event that services are required for extended periods, these services must be reordered as

necessary, but at least every ninety (90) days for all participants with the following exceptions: (5-8-09)

i. Therapy provided by home health agencies must be included in the home health plan of care and be reordered at least every sixty (60) days. (4-2-08)

ii. Therapy for individuals with chronic medical conditions, as documented by physician, nurse practitioner, or physician assistant, must be reordered at least every six (6) months. (4-2-08)

02. Level of Supervision. (4-2-08)

a. General supervision of therapy assistants is required when therapy services are provided by outpatient hospitals, nursing facilities, home health agencies, outpatient rehabilitation facilities, comprehensive outpatient rehabilitation facilities, [the Idaho Infant Toddler Program](#), and providers of school-based services. (4-2-08)()

b. Direct supervision of therapy assistants is required when therapy services are provided by independent practitioners. (4-2-08)

~~e. All therapy services provided in a developmental disabilities agency must be provided by the therapist in accordance with IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)." (4-2-08)~~

(BREAK IN CONTINUITY OF SECTIONS)

735. THERAPY SERVICES: PROVIDER REIMBURSEMENT.

01. Payment for Therapy Services. The payment for therapy includes the use of therapeutic equipment to provide the modality or therapy. No additional charge may be made to either the Medicaid program or the participant for the use of such equipment. (4-2-08)

02. Payment Procedures. Payment procedures are as follows: (3-30-07)

a. Therapy provided by home health agencies will be paid at a per visit rate as described in Section 725 of these rules and in accordance with IDAPA 16.03.07, "Rules for Home Health Agencies." (4-2-08)

b. Therapists identified by Medicare as independent practitioners, licensed by the appropriate state licensing board and enrolled as Medicaid providers will be reimbursed on a fee-for-service basis. Exceptions to the requirement for Medicare certification include: (5-8-09)

i. Provider types that Medicare does not certify as is the case for speech-language pathologists; and (5-8-09)

ii. Providers that only treat pediatric participants and do not expect to treat Medicare participants. (5-8-09)

iii. Only those independent practitioners who have been enrolled as Medicaid providers can bill the Department directly for their services. A therapy assistant cannot bill Medicaid directly. The maximum fee will be based upon the Department's fee schedule, available from the central office for the Division of Medicaid, the contact information for which is found in Section 005 of these rules. (5-8-09)

c. Therapy rendered on-site to hospital inpatients or outpatients will be paid at a rate not to exceed the payment determined as reasonable cost using Title XVIII (Medicare) standards and principles. (4-2-08)

d. Payment for therapy services rendered to participants in long-term care facilities ~~or Developmental Disabilities Agencies~~ is included in the facility ~~or agency~~ reimbursement as described in IDAPA 16.03.10, "Medicaid

Enhanced Plan Benefits.”

~~(4-2-08)~~()

e. Payment for therapy services rendered to participants in school-based services is described in Section 855 of these rules. (4-2-08)

f. Payment for therapy services rendered by the Idaho Infant Toddler Program will be reimbursed on a fee-for-service basis. ()

(BREAK IN CONTINUITY OF SECTIONS)

850. SCHOOL-BASED SERVICE: DEFINITIONS.

01. **Activities of Daily Living (ADL).** The performance of basic self-care activities in meeting an individual's needs for sustaining him in a daily living environment, including, but not limited to, bathing, washing, dressing, toileting, grooming, eating, communication, continence, mobility, and associated tasks. (3-30-07)

02. **Educational Services.** Services that are provided in buildings, rooms, or areas designated or used as a school or as educational facilities, which are provided during the specific hours and time periods in which the educational instruction takes place in the normal school day and period of time for these students, and which are included in the individual educational plan for the participant. (3-29-10)

03. **School-Based Services.** School-based services are health-related and rehabilitative services provided by Idaho public school districts, and charter schools, ~~and the Idaho Infant Toddler program~~ under the Individuals with Disabilities Education Act (IDEA). ~~(3-30-07)~~()

04. Practitioner of the Healing Arts. A physician's assistant, nurse practitioner, or clinical nurse specialist who is licensed and approved by the state of Idaho to make such recommendations or referrals for Medicaid services. ()

851. SCHOOL-BASED SERVICE: PARTICIPANT ELIGIBILITY.

To be eligible for medical assistance reimbursement for covered services, school districts, and charter schools, ~~and the Idaho Infant Toddler Program~~ must ensure the student is: ~~(3-30-07)~~()

01. **Medicaid Eligible.** Eligible for Medicaid and the service for which the school district, or charter school, ~~or Idaho Infant Toddler Program~~ is seeking reimbursement; ~~(3-30-07)~~()

02. **School Enrollment.** Enrolled in an Idaho school district, or charter school, ~~or the Idaho Infant Toddler Program~~; ~~(3-30-07)~~()

03. **Age.** Twenty-one (21) years of age or younger and the semester in which his twenty-first birthday falls is not finished; (3-30-07)

04. **Educational Disability.** ~~(3-30-07)~~

~~a-~~ Identified as having an educational disability under the Department of Education standards in IDAPA 08.02.03, "Rules Governing Thoroughness," ~~or~~ ~~(3-30-07)~~()

~~b-~~ A child from birth to three (3) years of age, who has been identified as needing early intervention services due to a developmental delay or disability or who meets the eligibility criteria of the Idaho Infant Toddler Program; ~~(3-30-07)~~

05. **Inpatients in Hospitals or Nursing Homes.** Payment for school-related ~~or Infant Toddler-based~~ services will not be provided to students who are inpatients in nursing homes or hospitals. Health-related services for students residing in an ICF/ID are eligible for reimbursement. ~~(3-30-07)~~()

06. Service-Specific Eligibility. Psychosocial Rehabilitation (PSR), ~~Developmental Therapy, and Intensive Behavioral Intervention (IBI), Behavioral Consultation, and Personal Care Services (PCS)~~ have additional eligibility requirements. (3-30-07)(____)

a. Psychosocial Rehabilitation (PSR). To be eligible for PSR, the student must meet the PSR eligibility criteria for children in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 112, or the Department of Education's criteria for emotional disturbance found in the Idaho Special Education Manual available online at [the Idaho Department of Education website, http://www.sde.idaho.gov/site/special_edu/](http://www.sde.idaho.gov/site/special_edu/). Districts are to coordinate the delivery of services if the student is receiving PSR services authorized by the Department. (3-30-07)(____)

b. ~~Developmental Therapy. To be eligible for developmental therapy, the student must meet the criteria for developmental disabilities as identified in Section 66-402(5), Idaho Code, and have documentation to support eligibility using the standards under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 501. Behavioral Intervention and Behavioral Consultation. To be eligible for behavioral intervention and behavioral consultation services, the student must:~~ (3-30-07)(____)

i. ~~Meet the criteria for developmental disabilities as identified in Section 66-402(5), Idaho Code, and have documentation to support eligibility using the standards under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 501; and~~ (____)

ii. ~~Exhibit maladaptive behaviors that include frequent disruptive behaviors, aggression, self-injury, criminal or dangerous behavior evidenced by a score of at least one point five (1.5) standard deviations below the mean in two (2) behavior sub-tests or at least two (2) standard deviations below the mean in one (1) index score, on a standardized behavioral assessment approved by the Department; and~~ (____)

iii. ~~Have maladaptive behaviors that interfere with the student's ability to access an education.~~ (____)

c. ~~Intensive Behavioral Intervention (IBI). To be eligible for IBI services the student must:~~ **Personal Care Services. To be eligible for personal care services (PCS) the student must have a completed children's PCS assessment approved by the Department. To determine eligibility for PCS, the assessment results must find the student requires PCS due to a medical condition that impairs the physical or functional abilities of the student.** (3-30-07)(____)

i. ~~Meet the criteria for developmental disabilities as identified in Section 66-402(5), Idaho Code, and have documentation to support eligibility using the standards under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 501; and~~ (3-30-07)

ii. ~~Display self-injurious, aggressive or severely maladaptive behavior evidenced by a score of minus twenty two (-22) or below on the Scales of Independent Behavior Revised (SIB-R), and demonstrate functional abilities that are fifty percent (50%) or less of his chronological age in at least one (1) of the following: verbal or nonverbal communication, social interaction, or leisure and play skills.~~ (3-30-07)

iii. ~~Be a child birth through the last day of the month of his twenty-first birthday who has self-injurious, aggressive, or severely maladaptive behavior and severe deficits in the areas of verbal and nonverbal communication, social interaction, or leisure and play skills.~~ (3-30-07)

852. SCHOOL-BASED SERVICE: COVERAGE AND LIMITATIONS.

The Department will pay school districts, ~~and~~ charter schools, ~~and the Idaho Infant Toddler Program,~~ for covered rehabilitative and health-related services. Services include medical or remedial services provided by school districts or other cooperative service agencies, as defined in Section 33-317, Idaho Code. (3-30-07)(____)

01. Excluded Services. The following services are excluded from Medicaid payments to school-based programs: (3-30-07)

a. Vocational Services. (3-30-07)

b. Educational Services. Educational services (other than health related services) or education-based costs normally incurred to operate a school and provide an education. Evaluations completed for educational services only cannot be billed. (3-30-07)

c. Recreational Services. (3-30-07)

02. **Evaluation And Diagnostic Services.** Evaluations to determine eligibility or the need for health-related services may be reimbursed even if the student is not found eligible for health-related services. Evaluations completed for educational services only cannot be billed. Evaluations completed must: (3-30-07)

a. ~~Recommended or Referred by a Physician or Other Practitioner of the Healing Arts.~~ Be recommended or referred by a physician or other practitioner of the healing arts, ~~licensed and approved by the state of Idaho to make such recommendations or referrals~~ A school district or charter school may not seek reimbursement for services provided prior to receiving a signed and dated recommendation or referral; (3-30-07)()

b. ~~Conducted by Qualified Professionals.~~ Be conducted by qualified professionals for the respective discipline as defined in Section 854 of these rules; (3-30-07)()

c. ~~Directed Toward Diagnosis.~~ Be directed toward a diagnosis; and (3-30-07)()

d. ~~Recommend Interventions.~~ Include recommended interventions to address each need. (3-30-07)()

03. **Reimbursable Services.** School districts; and charter schools; ~~and the Idaho Infant Toddler program~~ can bill for the following health-related services provided to eligible students when the services are provided under the recommendation of a physician or other practitioner of the healing arts ~~licensed and approved by the state of Idaho to make such recommendations or referrals~~ for the Medicaid services for which the school district; or charter school; ~~or Idaho Infant Toddler Program~~ is seeking reimbursement. A school district or charter school may not seek reimbursement for services provided prior to receiving a signed and dated recommendation or referral. (3-30-07)()

a. ~~Developmental Therapy and Evaluation. Developmental therapy may be billed, including evaluation and instruction in daily living skills the student has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy beyond age appropriate learning situations. Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational needs that result from the student's disability.~~ Behavioral Intervention. Behavioral Intervention is used to promote the student's ability to participate in educational services, as defined in Section 850 of these rules, through a consistent, assertive, and continuous intervention process. It includes the development of replacement behaviors with the purpose to prevent or treat behavioral conditions of students who exhibit maladaptive behaviors. Services include individual or group behavioral interventions. The following staff-to-participant ratios apply; (3-30-07)()

i. There must be at least one (1) qualified staff providing direct services for every three (3) students, unless the student has a functional behavioral assessment and behavioral intervention plan. ()

ii. When intervention is provided by a professional for students with a functional behavioral assessment and behavioral intervention plan, there must be at least one (1) qualified staff for every two (2) students. ()

iii. When intervention is provided by a paraprofessional for students with a functional behavioral assessment and behavioral intervention plan, group intervention is not allowable. ()

iv. As the number and severity of the students with behavioral issues increases, the staff participant ratio must be adjusted accordingly. ()

v. Group services should only be delivered when the child's goals relate to benefiting from group interaction. ()

b. Behavioral Consultation. Behavioral consultation assists other service professionals by consulting with the IEP team during the assessment process, performing advanced assessment, coordinating the implementation of the behavior implementation plan and providing ongoing training to the behavioral interventionist and other team members. ()

i. Behavioral consultation cannot be provided as a direct intervention service. ()

ii. Behavioral consultation must be limited to thirty-six (36) hours per student per year. ()

bc. Medical Equipment and Supplies. Medical equipment and supplies that are covered by Medicaid must be ordered by a physician and prior authorized, based on medical necessity, in order to be billed. Authorized items must be used at school ~~or for the Idaho Infant Toddler Program~~ at the location where the service is provided. Equipment that is too large or unsanitary to transport from home to school may be covered if prior authorized. The equipment and supplies must be used for the student's exclusive use and transfer with the student if the student changes schools. Equipment no longer usable by the student, may be donated to the school ~~or Idaho Infant Toddler Program~~ by the student. (3-30-07)()

ed. Nursing Services. Skilled nursing services must be provided by a licensed nurse, within the scope of his practice. Emergency, first aid, or non-routine medications not identified on the plan as a health-related service are not reimbursed. (3-30-07)

de. Occupational Therapy and Evaluation. Occupational therapy and evaluation services for vocational assessment, training or vocational rehabilitation are not reimbursed. (3-30-07)

ef. Personal Care Services. School based personal care services include medically oriented tasks having to do with the student's physical or functional requirements ~~such as basic personal care and grooming; assistance with bladder or bowel requirements; assistance with eating (including feeding); or other tasks delegated by a licensed professional nurse (RN).~~ The provider must deliver at least one (1) of the following services: (3-30-07)()

i. Basic personal care and grooming to include bathing, care of the hair, assistance with clothing, and basic skin care; ()

ii. Assistance with bladder or bowel requirements that may include helping the student to and from the bathroom or assisting the student with bedpan routines; ()

iii. Assistance with food, nutrition, and diet activities including preparation of meals if incidental to medical need; ()

iv. The continuation of developmental disabilities programs to address the activities of daily living needs in the school setting as identified on the child's PCS assessment, in order to increase or maintain independence for the student with developmental disabilities as determined by the nurse or qualified intellectual disabilities professional (QIDP); ()

v. Assisting the student with physician-ordered medications that are ordinarily self-administered, in accordance with IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Subsection 490.05; ()

vi. Non-nasogastric gastrostomy tube feedings, if the task is not complex and can be safely performed in the given student care situation, and the requirements are met in accordance with IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Subsection 303.01. ()

fg. Physical Therapy and Evaluation. (3-30-07)

gh. Psychological Evaluation. (3-30-07)

hj. Psychotherapy. (3-30-07)

j. Psychosocial Rehabilitation (PSR) Services and Evaluation. Psychosocial rehabilitation (PSR) services and evaluation services to assist the student in gaining and utilizing skills necessary to participate in school. Training in behavior control, social skills, communication skills, appropriate interpersonal behavior, symptom management, activities of daily living, study skills, and coping skills are types of interventions that may be reimbursed. This service is to prevent placement of the student into a more restrictive educational situation. See IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 123 for a description of PSR services. (3-29-10)

~~**j.** *Intensive Behavioral Intervention (IBI). Intensive behavioral interventions are individualized, comprehensive, proven interventions used on a short term, one-to-one basis that produce measurable outcomes which diminish behaviors that interfere with the development and use of language and appropriate social interaction skills or broaden an otherwise severely restricted range of interest. Professionals may provide consultation to parents and to other staff who provide therapy for the child in other disciplines to assure successful integration and transition from IBI to other therapies and environments.* (3-30-07)~~

k. Speech/Audiological Therapy and Evaluation. (3-30-07)

l. Social History and Evaluation. (3-30-07)

m. Transportation Services. School districts, and charter schools, ~~and the Idaho Infant Toddler programs~~ can receive reimbursement for mileage for transporting a student to and from home, school, or location of services when: (3-30-07)()

i. The student requires special transportation assistance such as a wheelchair lift, an attendant, or both, when medically necessary for the health and safety of the student and ordered by a physician; (3-30-07)

ii. The transportation occurs in a vehicle specifically adapted to meet the needs of a student with a disability; (3-30-07)

iii. The student requires and receives another Medicaid reimbursable service billed by the school-based services provider, other than transportation, on the day that transportation is being provided; (3-30-07)

iv. Both the Medicaid-covered service and the need for the special transportation are included on the student's plan; and (3-30-07)

v. The mileage, as well as the services performed by the attendant, are documented. See Section 854 of these rules for documentation requirements. (3-30-07)

n. Interpretive Services. Interpretive services needed by a student who is deaf or does not adequately speak or understand English and requires an interpreter to communicate with the professional or paraprofessional providing the student with a health-related service may be billed with the following limitations: (3-30-07)()

i. Payment for interpretive services is limited to the specific time that the student is receiving the health-related service; (3-30-07)

ii. Both the Medicaid-covered service and the need for interpretive services must be included on the student's plan; and (3-30-07)

iii. Interpretive services are not covered if the professional or paraprofessional providing services is able to communicate in the student's primary language. (3-30-07)

853. SCHOOL-BASED SERVICE: PROCEDURAL REQUIREMENTS.

The following documentation must be maintained by the provider and retained for a period of six (6) years: ()

01. Individualized Education Program (IEP) and Other Service Plans. School districts and charter schools may bill for Medicaid services ~~C~~covered by a current Individualized Education Program (IEP), transitional Individualized Family Service Plan (IFSP) when the child turns three (3) years old, or Services Plan (SP); defined in

the Idaho Special Education Manual on the State Department of Education website for parentally placed private school students with disabilities when designated funds are available for special education and related services. The plan must be developed within the previous three hundred sixty-five (365) days which indicates the need for one (1) or more medically-necessary health-related services, and lists all the Medicaid reimbursable services for which the school district or charter school agency is requesting reimbursement; ~~and~~. The IEP and transitional IFSP must include: (3-30-07)()

- i. Type, frequency, and duration of the service(s) provided; ()
- ii. Title of the provider(s), including the direct care staff delivering services under the supervision of the professional; ()
- iii. Measurable goals, when goals are required for the service; and ()
- iv. Specific place of service. ()

02. Referred by a Physician or Other Practitioner of the Healing Arts Evaluations and Assessments. ~~Recommended or referred by a physician or other practitioner of the healing arts such as a nurse practitioner, clinical nurse specialist, or physician's assistant, who is licensed and approved by the state of Idaho to make such recommendations or referrals, for all Medicaid services for which the school district, charter school, or the Idaho Infant Toddler Program is receiving reimbursement.~~ Evaluations and assessments must support services billed to Medicaid, and must accurately reflect the student's current status. (3-30-07)()

03. Service Detail Reports. A service detail report that includes: ()

- a. Name of student; ()
- b. Name and title of the person providing the service; ()
- c. Date, time, and duration of service; ()
- d. Place of service, if provided in a location other than school; ()
- e. Category of service and brief description of the specific areas addressed; and ()
- f. Student's response to the service when required for the service. ()

04. One Hundred Twenty Day Review. A documented review of progress toward each service plan goal completed at least every one hundred twenty (120) days from the date of the annual plan. ()

05. Documentation of Qualifications of Providers. ()

06. Copies of Required Referrals and Recommendations. Copies of required referrals and recommendations. ()

a. School-based services must be recommended or referred by a physician or other practitioner of the healing arts for all Medicaid services for which the school district or charter school is receiving reimbursement. ()

b. A recommendation or referral must be obtained prior to the provision of services for which the school district or charter school is seeking reimbursement. ()

07. Parental Notification. School districts and charter schools must document that parents were notified of the health-related services and equipment for which they will bill Medicaid. Notification must comply with the requirements in Subsection 853.08 of this rule. ()

08. Requirements for Cooperation with and Notification of Parents and Agencies. Each school

district or charter school billing for Medicaid services must act in cooperation with students' parents and with community and state agencies and professionals who provide like Medicaid services to the student. ()

a. Notification of Parents. For all students who are receiving Medicaid reimbursed services, school districts and charter schools must ensure that parents are notified of the Medicaid services and equipment for which they will bill Medicaid. Notification must describe the service(s), service provider(s), and state the type, location, frequency, and duration of the service(s). The school district must provide the student's parent or guardian with a current copy of the child's plan and any pertinent addenda; and ()

b. Notification to Primary Care Physician. School districts and charter schools must request the name of the student's primary care physician from the parent or guardian so the school program can share health-related information with the physician with written consent from the parent or guardian. The following information must be sent to the student's primary care physician: ()

i. Results of evaluations within sixty (60) days of completion; ()

ii. A copy of the cover sheet and services page within thirty (30) days of the plan meeting; and ()

iii. A copy of progress notes, if requested by the physician, within sixty (60) days of completion. ()

c. Other Community and State Agencies. Upon receiving a request for a copy of the evaluations or the current plan, the school district or charter school must furnish the requesting agency or professional with a copy of the plan or appropriate evaluation after obtaining consent for release of information from the student's parent or guardian. ()

854. SCHOOL-BASED SERVICE: PROVIDER QUALIFICATIONS AND DUTIES.

~~In addition to the evaluations and maintenance of the plans, the following documentation must be maintained by the provider and retained for a period of six (6) years~~ Medicaid will only reimburse for services provided by qualified staff. The following are the minimum qualifications for providers of covered services: (3-30-07)()

~~01. Service Detail Reports~~ **Behavioral Intervention.** ~~A service detail report which includes:~~ Behavioral intervention must be provided by or under the supervision of a professional. (3-30-07)()

~~a. Name of student;~~ A behavioral intervention professional must meet the following: (3-30-07)()

i. An individual with an Exceptional Child Certificate who meets the qualifications defined under IDAPA 08.02.02, "Rules Governing Uniformity," Section 028; or ()

ii. An individual with an Early Childhood/Early Childhood Special Education Blended Certificate who meets the qualifications defined under IDAPA 08.02.02, "Rules Governing Uniformity," Section 019; or ()

iii. A Special Education Consulting Teacher who meets the qualifications defined under IDAPA 08.02.02, "Rules Governing Uniformity," Section 029; or ()

iv. Habilitative intervention professional who meets the requirements defined in IDAPA 16.03.10 "Medicaid Enhanced Plan Benefits," Section 685; or ()

v. Individuals employed by a school as certified Intensive Behavioral Intervention (IBI) professionals prior to July 1, 2013, are qualified to provide behavioral intervention; and ()

vi. Must be able to provide documentation of one (1) year's supervised experience working with children with developmental disabilities. This can be achieved by previous work experience gained through paid employment, university practicum experience, or internship. It can also be achieved by increased on-the-job supervision experience gained during employment at a school district or charter school. ()

~~b. Name and title of the person providing the service;~~ A paraprofessional under the direction of a

qualified behavioral intervention professional, must meet the following: (3-30-07)()

i. Must be at least eighteen (18) years of age; ()
ii. Demonstrate the knowledge, have the skills needed to support the program to which they are assigned, and meet the requirements under the "Standards for Paraprofessionals Supporting Students with Special Needs," available online at the State Department of Education website; and ()

iii. Must meet the paraprofessional requirements under the Elementary and Secondary Education Act of 1965, as amended, Title I, Part A, Section 1119. ()

c. Date, time, and duration of service: A paraprofessional delivering behavioral intervention services must be under the supervision of a behavioral intervention professional or behavioral consultation provider. The professional must observe and review the direct services performed by the paraprofessional on a monthly basis, or more often as necessary, to ensure the paraprofessional demonstrates the necessary skills to correctly provide the behavioral intervention service. (3-30-07)()

d. Place of service, if provided in a location other than school; and (3-30-07)

e. Student's response to the service. (3-30-07)

02. ~~One Hundred Twenty Day Review~~ **Behavioral Consultation.** ~~A documented review of progress toward each service plan goal completed at least every one hundred twenty (120) days from the date of the annual plan.~~ Behavioral consultation must be provided by a professional who has a Doctoral or Master's degree in psychology, education, applied behavioral analysis, or has a related discipline with one thousand five hundred (1500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis (may be included as part of degree program); and who meets one (1) of the following: (3-30-07)()

a. An individual with an Exceptional Child Certificate who meets the qualifications defined under IDAPA 08.02.02, "Rules Governing Uniformity," Section 028. ()

b. An individual with an Early Childhood/Early Childhood Special Education Blended Certificate who meets the qualifications defined under IDAPA 08.02.02, "Rules Governing Uniformity," Section 019. ()

c. A Special Education Consulting Teacher who meets the qualifications defined under IDAPA 08.02.02, "Rules Governing Uniformity" Section 029. ()

d. An individual with a Pupil Personnel Certificate who meets the qualifications defined under IDAPA 08.02.02, "Rules Governing Uniformity," Section 027, excluding a registered nurse or audiologist. ()

e. An occupation therapist who is qualified and registered to practice in Idaho. ()

f. Therapeutic consultation professional who meets the requirements defined in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 685. ()

03. ~~Documentation of Qualifications of Providers~~ **Medical Equipment and Supplies.** See Subsection 852.03 of these rules. (3-30-07)()

04. ~~Copies of Required Referrals and Recommendations~~ **Nursing Services.** ~~Copies of required referrals and recommendations.~~ Nursing services must be provided by a registered nurse or licensed professional nurse (RN), or by a licensed practical nurse (LPN) licensed to practice in Idaho. (3-30-07)()

05. ~~Parental Notification~~ **Occupational Therapy and Evaluation.** ~~School districts, charter schools, and the Idaho Infant Toddler programs must document that parents were notified of the health-related services and equipment for which they will bill Medicaid. Notification must comply with the requirements in Subsection 854.06 of this rule.~~ Occupation therapy and evaluation must be provided by or under the supervision of an individual qualified

and registered to practice in Idaho.

(3-30-07)()

06. ~~*Requirements for Cooperation with and Notification of Parents and Agencies*~~ **Personal Care Services.** ~~*Each school district, charter school, or Idaho Infant Toddler Program billing for Medicaid services must act in cooperation with students' parents and with community and state agencies and professionals who provide like Medicaid services to the student.*~~ Personal care services must be provided by or under the direction of a registered nurse licensed by the State of Idaho.

(3-30-07)()

a. ~~*Notification of Parents. For all students who are receiving Medicaid reimbursed services, school districts, charter schools, and the Idaho Infant Toddler program must ensure that parents are notified of the Medicaid services and equipment for which they will bill Medicaid. Notification must describe the service(s), service provider(s), and state the type, location, frequency, and duration of the service(s). The school district must provide the student's parent or guardian with a current copy of the child's plan and any pertinent addenda; and*~~ **Providers of PCS must have at least one (1) of the following qualifications:**

(3-29-12)()

i. Registered Nurse or Licensed Professional Nurse (RN). A person currently licensed by the Idaho State Board of Nursing as a registered nurse or licensed professional nurse;

()

ii. Licensed Practical Nurse (LPN). A person currently licensed by the Idaho State Board of Nursing as a licensed practical nurse; or

()

iii. Personal Assistant. A person who meets the standards of Section 39-5603, Idaho Code, and receives training to ensure the quality of services. The assistant must be at least age eighteen (18) years of age. Medically-oriented services may be delegated to an aide in accordance with IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." The professional nurse may require a certified nursing assistant (CNA) if, in their professional judgment, the student's medical condition warrants a CNA.

()

b. ~~*Notification to Primary Care Physician. School districts, charter schools, and the Idaho Infant Toddler program must request the name of the student's primary care physician from the parent or guardian so the school program can share health-related information with the physician with written consent from the parent or guardian. The following information must be sent to the student's primary care physician: The registered nurse (RN) must complete the PCS assessment and develop the written plan of care annually. Oversight provided by the RN must include all of the following:*~~

(3-30-07)()

i. ~~*Results of evaluations within sixty (60) days of completion*~~ Development of the written PCS plan of care;

(3-30-07)()

ii. ~~*A copy of the cover sheet and services page within thirty (30) days of the plan meeting*~~ Review of the treatment given by the personal assistant through a review of the student's PCS record as maintained by the provider; and

(3-30-07)()

iii. ~~*A copy of progress notes, if requested by the physician, within sixty (60) days of completion*~~ Reevaluation of the plan of care as necessary, but at least annually.

(3-30-07)()

c. ~~*Other Community and State Agencies. Upon receiving a request for a copy of the evaluations or the current plan, the school district, charter school, or Idaho Infant Toddler Program must furnish the requesting agency or professional with a copy of the plan or appropriate evaluation after obtaining consent for release of information from the student's parent or guardian. In addition to the RN oversight, the RN determines if oversight is required by a*~~ Qualified Intellectual Disabilities Professional (QIDP) as defined in 42 CFR 483.430 for students with developmentally disabilities. The QIDP must complete a QIDP assessment annually. Oversight must include:

(3-30-07)()

i. Assistance in the development of the PCS plan of care for those aspects of developmental disabilities programs that address the student's activities of daily living needs provided in the school by the personal assistant;

()

ii. Review of the developmental disabilities programs given by the personal assistant through a review

of the student's PCS record as maintained by the provider and through on-site interviews with the student; and()

iii. Reevaluation of the PCS plan of care as necessary, but at least annually. ()

d. ~~Parental Consent to Release Information. School districts, charter schools, and the Idaho Infant Toddler program:~~ The RN, QIDP, or a combination of both, must conduct supervisory visits on a quarterly basis, or more frequently as determined by the IEP team and defined as part of the PCS plan of care. (3-30-07)()

i. ~~Must obtain consent from the parent to release information regarding education-related services, in accordance with Federal Education Rights and Privacy Act (FERPA) regulations;~~ (3-30-07)

ii. ~~Must document the parent's denial of consent if the parent refuses to consent to the release of information regarding education-related services, including release of the name of the student's primary care physician.~~ (3-30-07)

07. ~~Provider Staff Qualifications~~ Physical Therapy and Evaluation. ~~Medicaid will only reimburse for services provided by qualified staff. See Subsection 854.08 of this rule for the limitations and requirements for paraprofessional service providers. The following are the minimum qualifications for professional providers of covered services:~~ Physical therapy and evaluation must be provided by an individual qualified and licensed as a physical therapist to practice in Idaho. (3-30-07)()

a. ~~Developmental Therapy and Evaluation. Must be provided by or under the direction of a developmental specialist, as set forth in IDAPA 16.04.11, "Developmental Disabilities Agencies." Certified special education teachers are not required to take the Department-approved course indicated in IDAPA 16.04.11 and be certified as a Developmental Specialist, Child. Only those school personnel who are working under a Letter of Authorization or as a Specialty Consultant must meet the certification requirements in IDAPA 16.04.11.~~ (3-30-07)

b. ~~Medical Equipment and Supplies. See Subsection 852.03 of these rules.~~ (3-30-07)

c. ~~Nursing Services. Must be provided by a licensed professional nurse (RN) or licensed practical nurse (LPN) licensed to practice in Idaho.~~ (3-30-07)

d. ~~Occupational Therapy and Evaluation. Must be provided by or under the supervision of an individual qualified and registered to practice in Idaho.~~ (3-30-07)

e. ~~Personal Care Services. Must be provided by or under the direction of, a licensed professional nurse (RN) or licensed practical nurse (LPN), licensed by the State of Idaho. When services are provided by a CNA, the CNA must be supervised by an RN. Medically oriented services having to do with the student's physical or functional requirements, such as basic personal care and grooming, assistance with bladder or bowel requirements, and assistance with eating (including feeding), must be identified on the plan of care and may be delegated to an aide in accordance with IDAPA 23.01.01, "Rules of the Idaho Board of Nursing."~~ (3-30-07)

f. ~~Physical Therapy and Evaluation. Must be provided by an individual qualified and licensed as a physical therapist to practice in Idaho.~~ (3-30-07)

g. ~~Psychological Evaluation. Must be provided by a:~~ (3-30-07)

i. ~~Licensed psychiatrist;~~ (3-30-07)

ii. ~~Licensed physician;~~ (3-30-07)

iii. ~~Licensed psychologist;~~ (3-30-07)

iv. ~~Psychologist extender registered with the Bureau of Occupational Licenses; or~~ (3-30-07)

v. ~~Certified school psychologist.~~ (3-30-07)

- ~~h. Psychotherapy. Provision of psychotherapy services must have, at a minimum, one (1) or more of the following credentials: (3-30-07)~~
- ~~i. Psychiatrist, M.D.; (3-30-07)~~
 - ~~ii. Physician, M.D.; (3-30-07)~~
 - ~~iii. Licensed psychologist; (3-30-07)~~
 - ~~iv. Licensed clinical social worker; (3-30-07)~~
 - ~~v. Licensed clinical professional counselor; (3-30-07)~~
 - ~~vi. Licensed marriage and family therapist; (3-30-07)~~
 - ~~vii. Certified psychiatric nurse (R.N.), as described in Subsection 707.13 of these rules; (3-29-10)~~
 - ~~viii. Licensed professional counselor whose provision of psychotherapy is supervised in compliance with IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists"; (3-29-10)~~
 - ~~ix. Licensed masters social worker whose provision of psychotherapy is supervised as described in IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners"; (3-29-10)~~
 - ~~x. Licensed associate marriage and family therapist whose provision of psychotherapy is supervised as described in IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists"; or (3-29-10)~~
 - ~~xi. Psychologist extender, registered with the Bureau of Occupational Licenses, whose provision of diagnostic services is supervised in compliance with IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners." (3-29-10)~~
- ~~i. Psychosocial Rehabilitation. Must be provided by a: (3-30-07)~~
- ~~i. Licensed physician, licensed practitioner of the healing arts, or licensed psychiatrist; (3-29-10)~~
 - ~~ii. Licensed master's level psychiatric nurse; (3-30-07)~~
 - ~~iii. Licensed psychologist; (3-30-07)~~
 - ~~iv. Licensed clinical professional counselor or professional counselor; (3-30-07)~~
 - ~~v. Licensed marriage and family therapist or associate marriage and family therapist; (3-29-10)~~
 - ~~vi. Licensed masters social worker, licensed clinical social worker, or licensed social worker; (3-30-07)~~
 - ~~vii. Psychologist extender registered with the Bureau of Occupational Licenses; (3-30-07)~~
 - ~~viii. Licensed professional nurse (RN); (3-30-07)~~
 - ~~ix. Psychosocial rehabilitation specialist as defined in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 131; (3-29-10)~~
 - ~~x. Licensed occupational therapist; (3-30-07)~~
 - ~~xi. Certified school psychologist; or (3-30-07)~~

- xii. ~~Certified school social worker.~~ (3-30-07)
- ~~j. Intensive Behavioral Intervention. Must be provided by or under the direction of a qualified professional who meets the requirements set forth in IDAPA 16.04.11 "Developmental Disabilities Agencies."~~ (3-30-07)
- ~~k. Speech/Audiological Therapy and Evaluation. Must be provided by or under the direction of a speech pathologist or audiologist who possesses a certificate of clinical competence from the American Speech, Language and Hearing Association (ASHA); or who will be eligible for certification within one (1) year of employment. Personnel records must reflect the expected date of certification.~~ (3-30-07)
- ~~l. Social History and Evaluation. Must be provided by a licensed professional nurse (RN), psychologist, M.D, school psychologist, certified school social worker, or by a person who is licensed and qualified to provide social work in the state of Idaho.~~ (3-30-07)
- ~~m. Transportation. Must be provided by an individual who has a current Idaho driver's license and is covered under vehicle liability insurance that covers passengers for business use.~~ (3-30-07)
- 08. Paraprofessionals Psychological Evaluation.** The schools and Infant Toddler Program may use paraprofessionals to provide developmental therapy; occupational therapy; physical therapy; and speech therapy if they are under the supervision of the appropriate professional. The services provided by paraprofessionals must be delegated and supervised by a professional therapist as defined by the appropriate licensure and certification rules. The portions of the treatment plan which can be delegated to the paraprofessional must be identified in the IEP or HFSP. A psychological evaluation must be provided by a: (3-29-10)()
- a. ~~Occupational Therapy. Refer to IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants," for supervision and service requirements.~~ Licensed psychiatrist; (3-29-10)()
- b. ~~Physical Therapy. Refer to IDAPA 24.13.01, "Rules Governing the Physical Therapy Licensure Board," for supervision and service requirements~~ Licensed physician; (3-29-10)()
- c. ~~Speech-Language Pathology. Refer to IDAPA 24.23.01, "Rule of the Speech and Hearing Services Licensure Board," and the American Speech Language Hearing Association (ASHA) guidelines for supervision and service requirements for speech language pathology. The guidelines have been incorporated by reference in Section 004 of these rules.~~ Licensed psychologist; (3-29-10)()
- d. ~~Developmental Therapy. Refer to IDAPA 16.04.11, "Developmental Disabilities Agencies," for supervision and service requirements.~~ Psychologist extender registered with the Bureau of Occupational Licenses; or (3-29-10)()
- e. Certified school psychologist. ()
- 09. Psychotherapy.** Provision of psychotherapy services must have, at a minimum, one (1) or more of the following credentials: ()
- a. Psychiatrist, M.D.; ()
- b. Physician, M.D.; ()
- c. Licensed psychologist; ()
- d. Licensed clinical social worker; ()
- e. Licensed clinical professional counselor; ()

- f.** Licensed marriage and family therapist: ()
- g.** Certified psychiatric nurse (R.N.), as described in Subsection 707.13 of these rules: ()
- h.** Licensed professional counselor whose provision of psychotherapy is supervised in compliance with IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists": ()
- i.** Licensed masters social worker whose provision of psychotherapy is supervised as described in IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners": ()
- j.** Licensed associate marriage and family therapist whose provision of psychotherapy is supervised as described in IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists"; or ()
- k.** Psychologist extender, registered with the Bureau of Occupational Licenses, whose provision of diagnostic services is supervised in compliance with IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners." ()
- 10. Psychosocial Rehabilitation (PSR).** Psychosocial rehabilitation must be provided by a: ()
- a.** Licensed physician, licensed practitioner of the healing arts, or licensed psychiatrist: ()
- b.** Licensed master's level psychiatric nurse: ()
- c.** Licensed psychologist: ()
- d.** Licensed clinical professional counselor or professional counselor: ()
- e.** Licensed marriage and family therapist or associate marriage and family therapist: ()
- f.** Licensed masters social worker, licensed clinical social worker, or licensed social worker: ()
- g.** Psychologist extender registered with the Bureau of Occupational Licenses: ()
- h.** Licensed professional or registered nurse (RN): ()
- i.** Psychosocial rehabilitation specialist as defined in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 131: ()
- j.** Licensed occupational therapist: ()
- k.** Certified school psychologist; or ()
- l.** Certified school social worker. ()
- 11. Speech/Audiological Therapy and Evaluation.** Speech/audiological therapy and evaluation must be provided by or under the direction of a speech pathologist or audiologist who possesses a certificate of clinical competence from the American Speech, Language and Hearing Association (ASHA); or who will be eligible for certification within one (1) year of employment. Personnel records must reflect the expected date of certification. ()
- 12. Social History and Evaluation.** Social history and evaluation must be provided by a registered nurse or licensed professional nurse (RN), psychologist, M.D., school psychologist, certified school social worker, or by a person who is licensed and qualified to provide social work in the state of Idaho. ()
- 13. Transportation.** Transportation must be provided by an individual who has a current Idaho driver's

license and is covered under vehicle liability insurance that covers passengers for business use. ()

14. Paraprofessionals. The schools may use paraprofessionals to provide occupational therapy, physical therapy, and speech therapy if they are under the supervision of the appropriate professional. The services provided by paraprofessionals must be delegated and supervised by a professional therapist as defined by the appropriate licensure and certification rules. The portions of the treatment plan that can be delegated to the paraprofessional must be identified in the IEP or transitional IFSP. ()

a. Occupational Therapy. Refer to IDAPA 24.06.01, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants," for qualifications, supervision, and service requirements. ()

b. Physical Therapy. Refer to IDAPA 24.13.01, "Rules Governing the Physical Therapy Licensure Board," for qualifications, supervision and service requirements. ()

c. Speech-Language Pathology. Refer to IDAPA 24.23.01, "Rule of the Speech and Hearing Services Licensure Board," and the American Speech-Language-Hearing Association (ASHA) guidelines for qualifications, supervision and service requirements for speech-language pathology. The guidelines have been incorporated by reference in Section 004 of these rules. ()

855. SCHOOL-BASED SERVICE: PROVIDER REIMBURSEMENT.

Payment for health-related services provided by school districts, and charter schools, ~~and the Idaho Infant Toddler program~~ must be in accordance with rates established by the Department. (3-30-07)()

01. Payment in Full. Providers of services must accept as payment in full the school district, ~~or~~ charter school, ~~or Idaho Infant Toddler Program~~ payment for such services and must not bill Medicaid or Medicaid participants for any portion of any charges. (3-30-07)()

02. Third Party. For requirements regarding third party billing, see Section 215 of these rules. (3-30-07)

03. Recoupment of Federal Share. Failure to provide services for which reimbursement has been received or to comply with these rules will be cause for recoupment of the Federal share of payments for services, sanctions, or both. (3-30-07)

04. Matching Funds. Federal funds cannot be used as the State's portion of match for Medicaid service reimbursement. School districts and charter schools must, for their own internal record keeping, calculate and document the non-federal funds (maintenance of effort assurance) that have been designated as their certified match. This documentation needs to include the source of all funds that have been submitted to the State and the original source of those dollars. The appropriate matching funds will be handled in the following manner: (3-30-07)

a. Schools will estimate the amount needed to meet match requirements based on their anticipated monthly billings. (3-30-07)

b. School districts and charter schools will send the Department the matching funds, either by check or automated clearing house (ACH) electronic funds transfers. (3-30-07)

c. The Department will hold matching funds in an interest bearing trust account. The average daily balance during a month must exceed one hundred dollars (\$100) in order to receive interest for that month. (3-30-07)

d. The payments to the districts will include both the federal and non-federal share (matching funds). (3-30-07)

e. Matching fund payments must be received and posted in advance of the weekly Medicaid payment cycle. (3-30-07)

f. If sufficient matching funds are not received in advance, all Medicaid payments to the school district will be suspended and the school district will be notified of the shortage. Once sufficient matching funds are

received, suspended payments will be processed and reimbursement will be made during the next payment cycle.
(3-30-07)

g. The Department will provide the school districts a monthly statement which will show the matching amounts received, interest earned, total claims paid, the matching funds used for the paid claims, and the balance of their funds in the trust account.
(3-30-07)

h. The school districts will estimate the amount of their next billing and the amount of matching funds needed to pay the Department.
(3-30-07)

i. The estimated match requirement may be adjusted up or down based on the remaining balance held in the trust account.
(3-30-07)