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 16.03.10 - Rules Pertaining To Medicaid Enhanced Plan Benefits (Realigns Chapter with Updated Waivers) (Docket No. 16-0310-1202);

IDAPA 16.03.10 - Rules Pertaining To Medicaid Enhanced Plan Benefits (Children's System Redesign) (Docket No. 16-0310-1203).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research and Legislation no later than fourteen (14) days after receipt of the rules analysis from Legislative Services. The final date to call a meeting on the enclosed rules is no later than 10/23/2012. 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 11/21/2012.

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.

Legislative Services Office
Idaho State Legislature

Serving Idaho's Citizen Legislature

Jeff Youtz
Director

MEMORANDUM

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

FROM: Legislative Research Analyst - Ryan Bush

DATE: October 3, 2012

SUBJECT: Department of Health and Welfare

IDAPA 16.03.10 - Rules Pertaining To Medicaid Enhanced Plan Benefits (Realigns Chapter with Updated Waivers) (Docket No. 16-0310-1202)

IDAPA 16.03.10 - Rules Pertaining To Medicaid Enhanced Plan Benefits (Children's System Redesign) (Docket No. 16-0310-1203)

(1) 16.03.10 - Rules Pertaining To Medicaid Enhanced Plan Benefits (Realigns Chapter with Updated Waivers) (Docket No. 16-0310-1202)

The Department of Health and Welfare submits notice of temporary and proposed rulemaking at IDAPA 16.03.10 - Rules Pertaining To Medicaid Enhanced Plan Benefits (Realigns Chapter with Updated Waivers). The Department states that Medicaid's Adult Developmental Disabilities (DD) and Aged and Disabled Home and Community Based Services waivers expired on September 30, 2012 and that new waiver applications must be submitted to the Centers for Medicare and Medicaid Services (CMS) for approval. These rule changes realign this chapter of rules with the new waivers that were effective on October 1, 2012. Specifically, this rulemaking accomplishes the following:

(1) Revises terms and definitions;

(2) Provides for entities contracted by the Department in addition to the Department itself;

(3) For aged and disabled services - Revises coverage and limitations for adult day health, adult residential care services, specialized medical equipment, non-medical transportation, attendant care, personal emergency response system, and habilitation services;

(4) For aged and disabled services - Revises provider qualifications including requirements for home delivered meals, adult day health, and transportation services;

(5) For aged and disabled services - Eliminates provider qualifications for residential habilitation program coordination for certified family home providers and behavior consultation and adds provider qualifications for respite care and chore services;

(6) For adult DD services - Revises coverage and limitations for chore services, respite care, personal emergency response system, and adult day health; and

(7) For adult DD services - Revises provider qualifications for respite care, environmental accessibility adaptations, specialized medical equipment and supplies, home delivered meals, skilled nursing and adult day health.

The Department states that negotiated rulemaking was conducted and notice was published in the May 2, 2012, Idaho Administrative Bulletin, Vol. 12-5, page 72. A public hearing is scheduled for October 18 at the Department's Region IV Office at 1720 N. Westgate Dr. in Boise. 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 56-203, Idaho Code.

(2) 16.03.10 - Rules Pertaining To Medicaid Enhanced Plan Benefits (Children's System Redesign) (Docket No. 16-0310-1203)

The Department of Health and Welfare submits notice of proposed rulemaking at IDAPA 16.03.10 - Rules Pertaining To Medicaid Enhanced Plan Benefits (Children's System Redesign). The Department states that the proposed rulemaking is part of the Children's System Redesign that moves from a one-size-fits-all system that only delivers therapy to a system that provides a continuum of care. The Department further states that this redesign replaces developmental therapy and intensive behavioral intervention (IBI) services that are currently available and states that these rule changes are needed to remove the old developmental disability (DD) services and complete the transition to the redesigned system. Specifically, this rulemaking accomplishes the following:

(1) Removes old children's developmental disability agency (DDA) services;

(2) Renames remaining DDA services as developmental therapy and revises eligibility, coverage requirements, procedural requirements and provider qualifications and duties as being for adults;

(3) Provides for the Idaho Infant Toddler Program as part of the children's home and community based services (HCBS) state plan option;

(4) Provides that waiver services provided by a DDA or the Infant Toddler Program must meet the requirements of federal and state law;

(5) Removes the children's DD service coordinator. The Department states that this position is being replaced with case management under the redesign; and

(6) Generally clarifies the Children's System Redesign rules.

The Department states that negotiated rulemaking was conducted and notice was published in the June 6, 2012, Idaho Administrative Bulletin, Vol. 12-6, page 22. Public hearings are scheduled for October 17 at the Department's Region Offices in Boise, Pocatello and Coeur d'Alene and via teleconference. 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), 56-203 and 56-253, Idaho Code.

cc: Department of Health and Welfare
Tamara Prisock
Mark Wasserman
Lauren Ertz

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-1202

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of the temporary rule is October 1, 2012.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. 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: A Public hearing concerning this rulemaking will be held as follows:

Thursday - October 18, 2012 - 5 p.m. MDT

DHW Region IV Office
1720 N. Westgate Drive
Suite A, Room 131
Boise, ID 83704

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 the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Medicaid's Adult Developmental Disabilities and Aged and Disabled Home and Community Based Services (HCBS) waivers (also known as 1915(c) waivers) expire on September 30, 2012. In order for Idaho to maintain waiver authority and offer waiver benefits, a new waiver application for each must be submitted to the Centers for Medicare and Medicaid Services (CMS) and be approved. As a result, these rule changes are needed to realign this chapter of rules with the waivers that are being updated and are effective October 1, 2012.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(b), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate in order to comply with deadlines in amendments to governing law or federal programs:

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: N/A

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

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

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted on May 31, 2012. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the May 2, 2012, Idaho Administrative Bulletin, Volume 12-5, page 72.

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 temporary and proposed rule, contact Mark Wasserman at (208) 287-1156.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 24, 2012.

DATED this 10th day of September, 2012.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
phone: (208) 334-5564; fax: (208) 334-6558
e-mail: dhwrules@dhw.idaho.gov

THE FOLLOWING IS THE TEMPORARY RULE AND THE PROPOSED TEXT OF DOCKET NO. 16-0310-1202

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Compliance With Department Criminal History Check. Agencies must verify that individuals working in the area listed in Subsection 009.03 of these rules whom are employed or whom they contract have complied with the provisions in IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." (3-19-07)

02. Additional Criminal Convictions. Once an individual has received a criminal history clearance, any additional criminal convictions must be reported by the agency to the Department when the agency learns of the conviction. (3-19-07)

03. Providers Subject to Criminal History and Background Check Requirements. The following providers are required to have a criminal history and background check: (3-19-07)

a. Adult ~~*D*~~day ~~*Care*~~ health Providers. The criminal history and background check requirements applicable to providers of adult day ~~*care*~~ health as provided in Sections 329 and 705 of these rules. ~~*(4-2-08)*~~(10-1-12)T

b. Adult Residential Care Providers. The criminal history and background check requirements applicable to adult residential care providers as provided in Section 329 of these rules. (4-2-08)

c. Attendant Care Providers. The criminal history and background check requirements applicable to attendant care providers as provided in Section 329 of these rules. (4-2-08)

d. Behavior Consultation or Crisis Management Providers. The criminal history and background check requirements applicable to behavior consultation or crisis management providers as provided in Section~~*s 329 and*~~ 705 of these rules. ~~*(4-2-08)*~~(10-1-12)T

e. Certified Family Home Providers and All Adults in the Home. The criminal history and background check requirements applicable to certified family homes are found in Sections 305, 329 and 705 of these rules, and as provided in IDAPA 16.03.19, "Rules Governing Certified Family Homes." (4-2-08)

f. Chore Services Providers. The criminal history and background check requirements applicable to chore services providers as provided in Sections 329 and 705 of these rules. (4-2-08)

g. Crisis Intervention Providers. The criminal history and background check requirements applicable to crisis intervention providers as provided in Section 685 of these rules. (7-1-11)

h. Companion Services Providers. The criminal history and background check requirements applicable to companion services providers as provided in Section 329 of these rules. (4-2-08)

i. Day ~~*Reh*~~Habilitation Providers. The criminal history and background check requirements applicable to day ~~*re*~~habilitation providers as provided in Section 329 of these rules. ~~*(4-2-08)*~~(10-1-12)T

j. Developmental Disabilities Agencies (DDA). The criminal history and background check for DDA and staff as provided in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 009. (7-1-11)

k. Homemaker Services Providers. The criminal history and background check requirements applicable to homemaker services providers as provided in Section 329 of these rules. (4-2-08)

l. Mental Health Clinics. The criminal history and background check requirements applicable to mental health clinic staff as provided in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 714. (3-19-07)

m. Personal Assistance Agencies Acting As Fiscal Intermediaries. The criminal history and background check requirements applicable to the staff of personal assistance agencies acting as fiscal intermediaries as provided in Subsection 329.02 of these rules. (3-19-07)

n. Personal Care Providers. The criminal history and background check requirements applicable to personal care providers as provided in Subsection 305.06 of these rules. (3-19-07)

~~***o.*** *Psychiatric Consultation Providers. The criminal history and background check requirements applicable to psychiatric consultation providers as provided in Section 329 of these rules. (4-2-08)*~~

~~*p*~~o. Psychosocial Rehabilitation Agencies. The criminal history and background check requirements applicable to psychosocial rehabilitation agency employees as provided in Subsection 130.02 of these rules. (3-19-07)

~~*q*~~p. Residential Habilitation Providers. The criminal history and background check requirements applicable to residential habilitation providers as provided in Sections 329 and 705 of these rules, and IDAPA 16.04.17 "Rules Governing Residential Habilitation Agencies," Sections 202 and 301. (4-2-08)

~~*r*~~q. Respite Care Providers. The criminal history and background check requirements applicable to respite care providers as provided in Sections 329, 665, and 705 of these rules. (7-1-11)

~~*s*~~r. Service Coordinators and Paraprofessionals. The criminal history and background check requirements applicable to service coordinators and paraprofessionals working for an agency as provided in Section 729 of these rules. (3-19-07)

s. Skilled Nursing Providers. The criminal history and background check requirements applicable to skilled nursing providers as provided in Sections 329 and 705 of these rules. (10-1-12)T

~~*t*~~t. Supported Employment Providers. The criminal history and background check requirements applicable to supported employment providers as provided in Sections 329 and 705 of these rules. (4-2-08)

~~*u*~~u. Therapeutic Consultant. The criminal history and background check requirements applicable to therapeutic consultation providers as provided in Section 685 of these rules. (7-1-11)

010. DEFINITIONS: A THROUGH D.

For the purposes of these rules, the following terms are used as defined below: (3-19-07)

01. Accrual Basis. An accounting system based on the principle that revenues are recorded when they are earned; expenses are recorded in the period incurred. (3-19-07)

02. Active Treatment. Active treatment is the continuous participation, during all waking hours, by an individual in an aggressive, consistently implemented program of specialized and generic training, treatment, health and related services, and provided in accordance with a treatment plan developed by an interdisciplinary team and monitored by a Qualified Intellectual Disabilities Professional (QIDP) directed toward: the acquisition of the behaviors necessary for the resident to function with as much self-determination and independence as possible; or the prevention or deceleration of regression or loss of current functional status. (3-19-07)

03. 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. (3-19-07)

04. Allowable Cost. Costs that are reimbursable, and sufficiently documented to meet the requirements of audit. (3-19-07)

05. Amortization. The systematic recognition of the declining utility value of certain assets, usually not owned by the organization or intangible in nature. (3-19-07)

06. Appraisal. The method of determining the value of property as determined by an American Institute of Real Estate Appraiser (MAI) appraisal. The appraisal must specifically identify the values of land, buildings, equipment, and goodwill. (3-19-07)

07. Assets. Economic resources of the provider recognized and measured in conformity with generally accepted accounting principles. (3-19-07)

08. Attendant Care. Services provided under a Medicaid Home and Community-Based Services waiver that involve personal and medically-oriented tasks dealing with the functional needs of the participants and accommodating the participant's needs for long-term maintenance, supportive care, or ~~*instrumental*~~ activities of daily living (~~*I*~~ADL). These services may include personal assistance and medical tasks that can be done by unlicensed persons or delegated to unlicensed persons by a health care professional or the participant. Services are based on the person's abilities and limitations, regardless of age, medical diagnosis, or other category of disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. ~~*(5-8-09)*~~(10-1-12)T

09. Audit. An examination of provider records on the basis of which an opinion is expressed representing the compliance of a provider's financial statements and records with Medicaid law, regulations, and rules. (3-19-07)

10. Auditor. The individual or entity designated by the Department to conduct the audit of a provider's records. (3-19-07)

11. Audit Reports. (3-19-07)

a. Draft Audit Report. A preliminary report of the audit finding sent to the provider for the provider's review and comments. (3-19-07)

b. Final Audit Report. A final written report containing the results, findings, and recommendations, if any, from the audit of the provider, as approved by the Department. (3-19-07)

c. Interim Final Audit Report. A written report containing the results, findings, and recommendations, if any, from the audit of the provider, sent to the Department by the auditor. (3-19-07)

12. Bad Debts. Amounts due to provider as a result of services rendered, but which are considered uncollectible. (3-19-07)

13. Bed-Weighted Median. A numerical value determined by arraying the average per diem cost per bed of all facilities from high to low and identifying the bed at the point in the array at which half of the beds have

equal or higher per diem costs and half have equal or lower per diem costs. The identified bed is the median bed. The per diem cost of the median bed is the bed-weighted median. (3-19-07)

14. Capitalize. The practice of accumulating expenditures related to long-lived assets which will benefit later periods. (3-19-07)

15. Case Mix Adjustment Factor. The factor used to adjust a provider's direct care rate component for the difference in the average Medicaid acuity and the average nursing facility-wide acuity. The average Medicaid acuity is from the picture date immediately preceding the rate period. The average nursing facility-wide acuity is the average of the indexes that correspond to the cost reporting period. (3-19-07)

16. Case Mix Index (CMI). A numeric score assigned to each nursing facility resident, based on the resident's physical and mental condition, that projects the amount of relative resources needed to provide care to the resident. (3-19-07)

a. Nursing Facility Wide Case Mix Index. The average of the entire nursing facility's case mix indexes identified at each picture date during the cost reporting period. If case mix indexes are not available for applicable quarters due to lack of data, case mix indexes from available quarters will be used. (3-19-07)

b. Medicaid Case Mix Index. The average of the weighting factors assigned to each Medicaid resident in the facility on the picture date, based on their RUG classification. Medicaid or non-Medicaid status is based upon information contained in the MDS databases. To the extent that Medicaid identifiers are found to be incorrect, the Department may adjust the Medicaid case mix index and reestablish the reimbursement rate. (3-19-07)

c. State-Wide Average Case Mix Index. The simple average of all nursing facilities "facility wide" case mix indexes used in establishing the reimbursement limitation July 1st of each year. The state-wide case mix index will be calculated annually during each July 1st rate setting. (3-19-07)

17. Certified Family Home. A home certified by the Department to provide care to one (1) or two (2)adults, who are unable to reside on their own and require help with activities of daily living, protection and security, and need encouragement toward independence. (3-19-07)

l8. Chain Organization. A proprietorship, partnership, or corporation that leases, manages, or owns two (2) or more facilities that are separately licensed. (3-19-07)

19. Claim. An itemized bill for services rendered to one (1) participant by a provider and submitted to the Department for payment. (3-19-07)

20. Clinical Nurse Specialist. A licensed professional nurse who meets all the applicable requirements to practice as clinical nurse specialist under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (3-19-07)

21. Common Ownership. An individual, individuals, or other entities who have equity or ownership in two (2) or more organizations which conduct business transactions with each other. Common ownership exists if an individual or individuals possess significant ownership or equity in the provider and the institution or organization serving the provider. (3-19-07)

22. Compensation. The total of all remuneration received, including cash, expenses paid, salary advances, etc. (3-19-07)

23. Control. Control exists where an individual or an organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization or institution. (3-19-07)

24. Cost Center. A "collection point" for expenses incurred in the rendering of services, supplies, or materials that are related or so considered for cost-accounting purposes. (3-19-07)

25. Cost Component. The portion of the nursing facility's rate that is determined from a prior cost

report, including property rental rate. The cost component of a nursing facility's rate is established annually at July 1st of each year. (3-19-07)

26. Cost Reimbursement System. A method of fiscal administration of Title XIX and Title XXI which compensates the provider on the basis of expenses incurred. (3-19-07)

27. Cost Report. A fiscal year report of provider costs required by the Medicare program and any supplemental schedules required by the Department. (3-19-07)

28. Cost Statements. An itemization of costs and revenues, presented on the accrual basis, which is used to determine cost of care for facility services for a specified period of time. These statements are commonly called income statements. (3-19-07)

29. Costs Related to Patient Care. All necessary and proper costs which are appropriate and helpful in developing and maintaining the operation of patient care facilities and activities. Necessary and proper costs related to patient care are usually costs which are common and accepted occurrences in the field of the provider's activity. They include, but are not limited to, costs such as depreciation, interest expenses, nursing costs, maintenance costs, administrative costs, costs of employee pension plans, and normal standby costs. (3-19-07)

30. Costs Not Related to Patient Care. Costs which are not appropriate or necessary and proper in developing and maintaining the operation of patient care facilities and activities. Such costs are nonallowable in computing reimbursable costs. They include, for example, cost of meals sold to visitors or employees; cost of drugs sold to other than patients; cost of operation of a gift shop; and similar items. Travel and entertainment expenses are nonallowable unless it can be specifically shown that they relate to patient care and for the operation of the nursing facility. (3-19-07)

31. Customary Charges. Customary charges are the rates charged to Medicare participants and to patients liable for such charges, as reflected in the facility's records. Those charges are adjusted downward, when the provider does not impose such charges on most patients liable for payment on a charge basis or, when the provider fails to make reasonable collection efforts. The reasonable effort to collect such charges is the same effort necessary for Medicare reimbursement as is needed for unrecovered costs attributable to certain bad debt under PRM, Chapter 3, Sections 310 and 312. (3-19-07)

32. Day Treatment Services. Day treatment services are developmental services provided regularly during normal working hours on weekdays by, or on behalf of, the Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID). However, day treatment services do not include recreational therapy, speech therapy, physical therapy, occupational therapy, or services paid for or required to be provided by a school or other entity. (3-19-07)

33. Department. The Idaho Department of Health and Welfare or a person authorized to act on behalf of the Department. (3-19-07)

34. Depreciation. The systematic distribution of the cost or other basis of tangible assets, less salvage, over the estimated life of the assets. (3-19-07)

35. Developmental Disability (DD). A developmental disability, as defined in Section 66-402, Idaho Code, means a chronic disability of a person which appears before the age of twenty-two (22) years of age; and (3-19-07)

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

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

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

36. Direct Care Costs. Costs directly assigned to the nursing facility or allocated to the nursing facility through the Medicare cost finding principles and consisting of the following: (3-19-07)

a. Direct nursing salaries that include the salaries of professional nurses (RN), licensed professional nurses, certified nurse's aides, and unit clerks; (3-19-07)

b. Routine nursing supplies; (3-19-07)

c. Nursing administration; (3-19-07)

d. Direct portion of Medicaid related ancillary services; (3-19-07)

e. Social services; (3-19-07)

f. Raw food; (3-19-07)

g. Employee benefits associated with the direct salaries: and (3-19-07)

h. Medical waste disposal, for rates with effective dates beginning July 1, 2005. (3-19-07)

37. Director. The Director of the Department of Health and Welfare or his designee. (3-19-07)

38. Durable Medical Equipment (DME). Equipment other than prosthetics or orthotics which can withstand repeated use by one (1) or more individuals, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, is appropriate for use in the home, and is reasonable and necessary for the treatment of an illness or injury for a Medicaid participant. (5-8-09)

(BREAK IN CONTINUITY OF SECTIONS)

321. AGED OR DISABLED WAIVER SERVICES: DEFINITIONS.
The following definitions apply to Sections 320 through 330 of these rules: (3-19-07)

01. Uniform Assessment Instrument (UAI). A set of standardized criteria adopted by the Department to assess functional and cognitive abilities. (3-19-07)

02. Individual Service Plan. A document ~~*which*~~ that outlines all services including~~*, but not limited to, personal assistance services*~~ activities of daily living (ADL) and instrumental activities of daily living (IADL), required to maintain the individual in his home and community. The plan is initially developed by the ~~*RMS*~~ Department or its contractor for services provided under the Home and Community-Based Services Waiver. This plan must be approved by the ~~*RMS*~~ Department or its contractor, and all Medicaid reimbursable services must be contained in the plan. ~~*(3-19-07)*~~(10-1-12)T

03. Personal Assistance Agency or Agency. An entity that recruits, hires, fires, trains, supervises, schedules, oversees quality of work, takes responsibility for the care given, and provides payroll, including all required withholding for federal and state tax purposes, and benefits for care providers working for them. They also bill Medicaid for services provided by employees, and collect participant contribution. (3-19-07)

04. Employer of Record. An entity which bills for services, withholds required taxes, and conducts other administrative activities for a waiver program participant. Such an entity is also called a personal assistance agency functioning as a fiscal intermediary agency. (5-8-09)

05. Employer of Fact. A participant or representative of a participant who hires, fires, and directs the services delivered by a waiver program provider. This individual may be a family member. (3-19-07)

06. Participant. An aged or disabled individual who requires and receives services under the Home and Community-based Waiver program. (3-19-07)

322. AGED OR DISABLED WAIVER SERVICES: ELIGIBILITY.

The Department provides waiver services to eligible participants: to prevent unnecessary institutional placement; to provide for the greatest degree of independence possible; to enhance the quality of life; to encourage individual choice; and to achieve and maintain community integration. For a participant to be eligible, the Department must find that the participant: (3-19-07)

01. Has a Disabling Condition. Requires services due to a disabling condition which impairs their mental or physical function or independence; and (3-19-07)

02. Safe in a Non-Institutional Setting. Be capable of being maintained safely and effectively in a non-institutional setting; and (3-19-07)

03. Requires Such Services. Would, in the absence of such services, require the level of care provided in a Nursing Facility. (4-2-08)

04. Functional Level for Adults. Based on the results of the assessment, the level of impairment of the individual will be established by the Department or its contractor. In determining need for nursing facility care an adult must require the level of assistance listed in Subsections 322.04 through 322.07 of this rule, according to the formula described in Subsection 322.08 of this rule. ~~*(4-2-08)*~~(10-1-12)T

05. Critical Indicator - 12 Points Each. (4-2-08)

a. Total assistance with preparing or eating meals. (4-2-08)

b. Total or extensive assistance in toileting. (4-2-08)

c. Total or extensive assistance with medications which require decision making prior to taking, or assessment of efficacy after taking. (4-2-08)

06. High Indicator - 6 Points Each. (4-2-08)

a. Extensive assistance with preparing or eating meals. (4-2-08)

b. Total or extensive assistance with routine medications. (4-2-08)

c. Total, extensive or moderate assistance with transferring. (4-2-08)

d. Total or extensive assistance with mobility. (4-2-08)

e. Total or extensive assistance with personal hygiene. (4-2-08)

f. Total assistance with supervision from Section II of the Uniform Assessment Instrument (UAI). (4-2-08)

07. Medium Indicator - 3 Points Each. (4-2-08)

a. Moderate assistance with personal hygiene. (4-2-08)

b. Moderate assistance with preparing or eating meals. (4-2-08)

c. Moderate assistance with mobility. (4-2-08)

d. Moderate assistance with medications. (4-2-08)

e. Moderate assistance with toileting. (4-2-08)

f. Total, extensive, or moderate assistance with dressing. (4-2-08)

g. Total, extensive or moderate assistance with bathing. (4-2-08)

h. Extensive or moderate assistance with supervision from Section II No. 18 of the UAI. (4-2-08)

08. Nursing Facility Level of Care, Adults. In order to qualify for nursing facility level of care, the individual must score twelve (12) or more points in one (1) of the following ways. (4-2-08)

a. One (1) or more critical indicators = Twelve (12) points. (4-2-08)

b. Two (2) or more high indicators = Twelve (12) points. (4-2-08)

c. One (1) high and two (2) medium indicators = Twelve (12) points. (4-2-08)

d. Four (4) or more medium indicators = Twelve (12) points. (4-2-08)

323. AGED OR DISABLED WAIVER SERVICES: PARTICIPANT ELIGIBILITY DETERMINATION.
Waiver eligibility will be determined by the ~~*RMS*~~ Department or its contractor. The participant must be eligible for Medicaid as described in IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind, and Disabled (AABD)." In addition, waiver participants must meet the following requirements. ~~*(3-19-07)*~~(10-1-12)T

01. Requirements for Determining Participant Eligibility. The ~~*RMS*~~ Department or its contractor must determine that: ~~*(3-19-07)*~~(10-1-12)T

a. The participant would qualify for nursing facility level of care under Sections 222 and 223 of these rules**,** if the waiver services listed in Section 326 of these rules were not made available; and (3-19-07)

b. The participant could be safely and effectively maintained in the requested or chosen community residence with appropriate waiver services. This determination must be made by the ~~*RMS*~~ Department or its contractor. Prior to any denial of services on this basis, the Department or its contractor must verify that services to correct the concerns of the team are not available. ~~*(3-19-07)*~~(10-1-12)T

c. The average daily cost of waiver services and other medical services to the participant would not exceed the average daily cost to Medicaid of nursing facility care. (3-19-07)

d. Following the approval by the ~~*RMS*~~ Department or its contractor for services under the waiver, the participant must receive and continue to receive a waiver service as described in these rules. A participant who does not use a waiver service for thirty (30) consecutive days will be terminated from the waiver program. ~~*(3-19-07)*~~(10-1-12)T

02. Admission to a Nursing Facility. A participant who is determined by the ~~*RMS*~~ Department or its contractor to be eligible for services under the waiver may elect to not utilize waiver services and may choose admission to a nursing facility. ~~*(3-19-07)*~~(10-1-12)T

03. Redetermination Process. Case Redetermination will be conducted by the ~~*RMS*~~ Department or its contractor. The redetermination process will verify that the participant continues to meet nursing facility level of care and the participant's continued need for waiver services. ~~*(3-19-07)*~~(10-1-12)T

(BREAK IN CONTINUITY OF SECTIONS)

326. AGED OR DISABLED WAIVER SERVICES: COVERAGE AND LIMITATIONS.

01. Adult Day *Care* Health. *Adult day care is a supervised, structured day program, outside the home of the participant, that may offer one (1) or more of a variety of social, recreational, health activities, supervision for safety, and assistance with activities of daily living.* Adult day health is a supervised, structured service generally furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week. It is provided outside the home of the participant in a non-institutional, community-based setting, and it encompasses health services, social services, recreation, supervision for safety, and assistance with activities of daily living needed to ensure the optimal functioning of the participant. Adult day health services provided under this waiver will not include room and board payments. *(3-19-07)*(10-1-12)T

02. Adult Residential Care Services. Adult residential care *S*services *are those that* consist of a range of services provided in a *congregate* homelike, non-institutional setting that include residential care or assisted living facilities and certified family homes. Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. (10-1-12)T

a. Adult residential care services consist of a range of services provided in a congregate setting licensed *in accordance with* under IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho," that include*s*: *(3-19-07)*(10-1-12)T

*a*i. Medication management; (3-19-07)

*b*ii. Assistance with activities of daily living; (3-19-07)

*c*iii. Meals, including special diets; (3-19-07)

*d*iv. Housekeeping; (3-19-07)

*e*v. Laundry; (3-19-07)

*f*vi. Transportation; (3-19-07)

*g*vii. Opportunities for socialization; (3-19-07)

*h*viii. Recreation; and (3-19-07)

*i*ix. Assistance with personal finances. (3-19-07)

*j*x. Administrative oversight must be provided for all services provided or available in this setting. (3-19-07)

*k*xi. A written individual service plan must be negotiated between the participant or his legal representative, and a facility representative. (3-19-07)

b. Adult residential care services also consist of a range of services provided in a setting licensed under IDAPA 16.03.19, "Rules Governing Certified Family Homes," that include: (10-1-12)T

i. Monitoring of medications management; (10-1-12)T

ii. Assistance with activities of daily living; (10-1-12)T

iii. Meals, including special diets; (10-1-12)T

iv. Housekeeping; (10-1-12)T

v. Laundry; (10-1-12)T

vi. Transportation; (10-1-12)T

vii. Recreation; and (10-1-12)T

viii. Assistance with personal finances. (10-1-12)T

ix. Administrative oversight must be provided for all services provided or available in this setting. (10-1-12)T

x. A written individual service plan must be negotiated between the participant or his legal representative, and a facility representative. (10-1-12)T

03. *Assistive Technology* Specialized Medical Equipment and Supplies. *Assistive technology is any item, piece of equipment, or product system beyond the scope of the Medicaid State Plan, whether acquired off the shelf or customized, that is used to increase, maintain, or improve the functional capability of the participant. Assistive technology also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment.* *(3-19-07)*(10-1-12)T

a. Specialized medical equipment and supplies include: (10-1-12)T

i. Devices, controls, or appliances that enable a participant to increase his abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which he lives; and (10-1-12)T

ii. Items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. (10-1-12)T

b. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the Medicaid State plan and exclude those items that are not of direct medical or remedial benefit to the participant. (10-1-12)T

04. *Assisted* Non-Medical Transportation. *Individual assistance with n*Non-medical transportation *services, including escort to a person who has difficulties (physical or cognitive) using regular vehicular transportation. Such services are specified in the plan for services in order to* enables a waiver participant*s* to gain access to waiver and other community services and resources. *(3-19-07)*(10-1-12)T

a. *Assisted* Non-medical transportation *service* is offered in addition to medical transportation required in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," *Sections 860 through 876,* and will not replace it. *(3-19-07)*(10-1-12)T

b. Whenever possible, family, neighbors, friends, or community agencies who can provide this service without charge, or public transit providers will be utilized. (3-19-07)

05. Attendant Care. *Attendant care services are those s*Services provided under a Medicaid Home and Community-Based Services waiver that involve personal and medically oriented tasks dealing with the functional needs of the participant and accommodating the participant's needs for long-term maintenance, supportive care, or activities of daily living (ADL). These services may include personal *care* assistance and medical tasks that can be done by unlicensed persons, or delegated to an unlicensed person by a licensed health care professional or the participant. Services *may occur in the participant's home, community, work, school or recreational settings* are based on the participant's abilities and limitations, regardless of age, medical diagnosis, or other category of disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. *(3-30-07)*(10-1-12)T

~~*a. To utilize the services of a Personal Assistance Agency acting as a fiscal intermediary, the participant family, or legal representative must be able and willing to assume responsibility for the direction of the participant's care and for personnel activities such as provider selection and supervision. If the participant, family, or legal representative is unable or unwilling to assume such responsibility, then an agency employee must be utilized. (3-19-07)*~~

~~*b. The Department may require supervision by a health care professional if the required care is so complex that such supervision is necessary for health and safety. (3-19-07)*~~

06. Chore Services. Chore services include the following services ~~*provided in Subsection 326.06.a. and 326.06.b. of this rule*~~ when necessary to maintain the functional use of the home, or to provide a clean, sanitary, and safe environment: ~~*(3-19-07)*~~(10-1-12)T

a. Intermittent ~~A~~assistance may include the following. ~~*(3-19-07)*~~(10-1-12)T

i. Yard maintenance; (3-19-07)

ii. Minor home repair; (3-19-07)

iii. Heavy housework; (3-19-07)

iv. Sidewalk maintenance; and (3-19-07)

v. Trash removal to assist the participant to remain in the~~*ir*~~ home. ~~*(3-19-07)*~~(10-1-12)T

b. Chore activities may include the following: (3-19-07)

i. Washing windows; (3-19-07)

ii. Moving heavy furniture; (3-19-07)

iii. Shoveling snow to provide safe access inside and outside the home; (3-19-07)

iv. Chopping wood when wood is the participant's primary source of heat; and (3-19-07)

v. Tacking down loose rugs and flooring. (3-19-07)

c. These services are only available when neither the participant, nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, care~~*taker*~~giver, landlord, community volunteer, agency, or third-party payer is willing to provide them or is responsible for their provision. ~~*(3-19-07)*~~(10-1-12)T

d. In the case of rental property, the landlord's responsibility ~~*of the landlord, pursuant to*~~ under the lease agreement~~,~~ will be examined prior to any authorization of service. Chore services are limited to the services provided in a home rented or owned by the participant. ~~*(3-19-07)*~~(10-1-12)T

07. ~~***Adult***~~ **Companion Services**. Companion services include non-medical care, supervision, and socialization provided to a functionally impaired adult. Companion services are ~~*I*~~in-home services to ~~*i*~~ensure the safety and well-being of a person who cannot be left alone because of frail health, a tendency to wander, inability to respond to emergency situations, or other conditions that would require a person on-site. The service provider, who may live with the participant, may provide voice cuing and occasional assistance with toileting, personal hygiene, dressing, and other activities of daily living. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. However, the ~~*major*~~ primary responsibility is to provide companionship and be there in case they are needed. ~~*(3-19-07)*~~(10-1-12)T

08. Consultation. Consultation services are services to a participant or family member. Services are provided by a Personal Assistance Agency to a participant or family member to increase their skills as an employer or

manager of their own care. Such services are directed at achieving the highest level of independence and self-reliance possible for the participant~~/~~ and the participant's family. Services ~~*to the provider are for the purpose of*~~ include consulting with the participant and family to gain a better understanding of the special needs of the participant and the role of the caregiver. ~~*(3-19-07)*~~(10-1-12)T

09. Dental Services. Dental services include exams, radiographs, diagnostic and preventative services, basic restorations, periodontics, oral surgery, maxillofacial surgery, and adjunctive dental services. These services and the medically necessary dental benefits described in these rules are provided through the Idaho Smiles program. The State's Medicaid dental contract for the Idaho Smiles program includes the complete list of all dental services available to waiver participants. Waiver dental services are limited to participants who are past the month of their twenty-first birthdays. Waiver participants who are under age twenty-one (21) will continue to receive children's dental benefits under the State Plan. (7-1-12)T

10. Home Delivered Meals. Home delivered meals are ~~*M*~~meals ~~*which*~~ that are ~~*designed*~~ delivered to the participant's home to promote adequate participant nutrition. ~~*through the provision and home delivery of o*~~One (1) to two (2) meals per day~~*. Home delivered meals are limited to*~~ may be provided to a participant~~*s*~~ who: ~~*(3-19-07)*~~(10-1-12)T

a. Rents or owns ~~*their own*~~ a home; ~~*(3-19-07)*~~(10-1-12)T

b. ~~*Are*~~ Is alone for significant parts of the day; ~~*(3-19-07)*~~(10-1-12)T

c. ~~*Have*~~ Has no ~~*regular*~~ care~~*taker*~~giver for extended periods of time; and ~~*(3-19-07)*~~(10-1-12)T

d. ~~*Are*~~ Is unable to prepare a ~~*balanced*~~ meal without assistance. ~~*(3-19-07)*~~(10-1-12)T

11. Homemaker Services. ~~*Assistance to the participant with light housekeeping,*~~ Homemaker services consist of performing for the participant, or assisting him with, or both, the following tasks: laundry, ~~*assistance with*~~ essential errands, meal preparation, and other ~~*light*~~ routine housekeeping duties if there is no one else in the household capable of performing these tasks. ~~*(3-19-07)*~~(10-1-12)T

12. ~~***Home Modifications***~~ **Environmental Accessibility Adaptations**. Environmental accessibility adaptations include ~~*M*~~minor housing adaptations that are necessary to enable the participant to function with greater independence in the home, or without which, the participant would require institutionalization or have a risk to health, welfare, or safety. Such adaptations may include: ~~*(3-19-07)*~~(10-1-12)T

a. The installation of ramps and lifts, widening of doorways, modification of bathroom facilities, or installation of electric and plumbing systems ~~*which*~~ that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant, but ~~*will*~~ must exclude those adaptations or improvements to the home ~~*which*~~ that are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, or central air conditioning. ~~*(3-19-07)*~~(10-1-12)T

b. Unless otherwise authorized by the Department, ~~*P*~~permanent environmental modifications are limited to ~~*modifications to*~~ a home ~~*owned by the participant or the participant's family and the home*~~ that is the participant's principal residence, and is owned by the participant or the participant's non-paid family. ~~*(3-19-07)*~~(10-1-12)T

c. ~~*Portable or Non-Stationary Modifications.*~~ Portable or non-stationary modifications may be made when such modifications can follow the participant to his next place of residence or be returned to the Department. ~~*(3-19-07)*~~(10-1-12)T

13. Personal Emergency Response System (PERS). ~~*A system which may be provided to monitor waiver participant safety or provide access to emergency crisis intervention for emotional, medical, or environmental emergencies through the provision of communication connection systems.*~~ PERS is an electronic device that enables a waiver participant to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. ~~*PERS are*~~ This service is limited to

participants who: ~~*(3-19-07)*~~(10-1-12)T

a. Rent or own ~~*their*~~ a home, or live with unpaid ~~*relatives*~~ caregivers; ~~*(3-19-07)*~~(10-1-12)T

b. Are alone for significant parts of the day; (3-19-07)

c. Have no care~~*taker*~~giver for extended periods of time; and ~~*(3-19-07)*~~(10-1-12)T

d. Would otherwise require extensive, routine supervision. (3-19-07)

~~***14. Psychiatric Consultation**. Psychiatric Consultation is direct consultation and clinical evaluation of participants, who are currently experiencing or may be expected to experience a psychological, behavioral, or emotional crisis. This service may provide training to the direct service provider or participant's family related to the needs of a participant. These services also provide emergency intervention involving the direct support of the participant in crisis. (3-19-07)*~~

1~~*5*~~4. Respite Care. ~~*Occasional*~~ Respite care includes short-term breaks from care giving responsibilities to non-paid caregivers. The caregiver or participant is responsible for selecting, training, and directing the provider. While receiving respite care services, the waiver participant cannot receive other ~~*waiver*~~ services ~~*which*~~ that are duplicative in nature. Respite care services provided under this waiver ~~*will*~~ do not include room and board payments. Respite care services may be provided in the participant's residence, a Certified Family Home, a Developmental Disabilities Agency, a Residential Assisted Living Facility, or an Adult Day Health Facility. ~~*(3-19-07)*~~(10-1-12)T

1~~*6*~~5. Skilled Nursing ~~*Services*~~. Skilled nursing includes ~~*I*~~intermittent or continuous oversight, training, or skilled care ~~*which*~~ that is within the scope of the Nurse Practice Act. ~~*and as s*~~Such care must be provided by a licensed registered nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in Idaho. These services are not appropriate if they are less cost effective than a Home Health visit. ~~*Nursing services may include but are not limited to:*~~ ~~*(3-19-07)*~~(10-1-12)T

~~***a.** The insertion and maintenance of nasogastric tubes and the monitoring or installation of feeding material; (3-19-07)*~~

~~***b.** The maintenance of volume ventilators including associated tracheotomy care, tracheotomy, and oral pharyngeal suctioning. (3-19-07)*~~

~~***c.** Maintenance and monitoring of IV fluids or nutritional supplements which are to be administered on a continuous or daily basis; (3-19-07)*~~

~~***d.** Injections; (3-19-07)*~~

~~***e.** Blood glucose monitoring; and (3-19-07)*~~

~~***f.** Blood pressure monitoring. (3-19-07)*~~

1~~*7*~~6. Habilitation. Habilitation services ~~*consist of an integrated array of individually tailored services and supports furnished to eligible participants. These services and supports are designed to*~~ assist the participant~~*s*~~ to reside ~~*successfully in their own homes, with their families, or in alternate family homes*~~ as independently as possible in the community, or maintain family unity. ~~*(3-30-07)*~~(10-1-12)T

a. Residential habilitation. Residential habilitation services ~~*assist the individual to acquire, retain, or improve his ability to reside as independently as possible in the community or maintain family unity*~~ consist of an integrated array of individually tailored services and supports furnished to eligible participants. ~~*Habilitation services include training in one (1) or more of the following areas*~~ These services and supports are designed to assist the participants to reside successfully in their own homes, with their families, or in certified family homes. The services and supports that may be furnished consist of the following: ~~*(3-30-07)*~~(10-1-12)T

i. Self-direction consists of identifying and responding to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements or life activities; (3-30-07)

ii. Money management consists of training or assistance in handling personal finances, making purchases, and meeting personal financial obligations; (3-30-07)

iii. Daily living skills consist of training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self-administration of medications, and other areas of daily living including proper use of adaptive and assistive devices, appliances, as well as following home safety, first aid, and emergency procedures; (3-30-07)

iv. Socialization consists of training or assistance in participation in general community activities and establishing relationships with peers with an emphasis on connecting the participant to his community. Socialization training associated with participation in community activities includes assisting the participant to identify activities of interest, working out arrangements to participate in such activities, and identifying specific training activities necessary to assist the participant to continue to participate in such activities on an on-going basis. Socialization training does not include participation in nontherapeutic activities that are merely diversional or recreational in nature; (3-30-07)

v. Mobility consists of training or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community; or (3-30-07)

vi. Behavior shaping and management consist of training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors, or extension of therapeutic services that consist of reinforcing physical, occupational, speech, and other therapeutic programs. (3-30-07)

vii. Personal assistance services necessary to assist the individual in daily living activities, household tasks, and such other routine activities as the person or the person's primary caregiver(s) are unable to accomplish on his or her own behalf. Personal assistance activities include direct assistance with grooming, bathing, and eating, assistance with medications that are ordinarily self-administered, supervision, communication assistance, reporting changes in the waiver participant's condition and needs, household tasks essential to health care at home to include general cleaning of the home, laundry, meal planning and preparation, shopping, and correspondence. (10-1-12)T

b. Day habilitation. Day ~~re~~habilitation consists of assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills that take place in a non-residential setting, separate from the home or facility in which the participant resides. Services will normally be furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week, unless provided as an adjunct to other day activities included in a participant's plan of care. Day ~~re~~habilitation services will focus on enabling the participant to attain or maintain his or her maximum functional level and will be coordinated with any physical therapy, occupational therapy, or speech-language pathology services listed in the plan of care. In addition, day ~~re~~habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings. ~~(4-2-08)~~(10-1-12)T

1~~8~~7. Supported Employment. Supported employment consists of competitive work in integrated work settings for individuals with the most severe disabilities for whom competitive employment has not traditionally occurred, or for whom competitive employment has been interrupted or intermittent as a result of a severe disability. Because of the nature and severity of their disability, these individuals need intensive supported employment services or extended services in order to perform such work. (3-30-07)

a. Supported employment services rendered under this waiver are not available under a program funded by either the Rehabilitation Act of 1973, as amended, or the Individuals with Disabilities Education Act (IDEA). Documentation must be maintained ~~by RMS~~ in the file of each individual receiving this service verifying that the service is not otherwise available or funded under the Rehabilitation Act of 1973, as amended, or the IDEA. ~~(3-30-07)~~(10-1-12)T

b. Federal Financial Participation (FFP) cannot be claimed for incentive payments, subsidies, or

unrelated vocational training expenses such as the following: incentive payments made to an employer of waiver participants to encourage or subsidize the employer's participation in a supported employment program*s*, payments that are passed through to beneficiaries of a supported employment program*s*, or payments for vocational training that is not directly related to a waiver participant's supported employment program. *(3-30-07)*(10-1-12)T

19. Behavior Consultation or Crisis Management*. Behavior consultation or crisis management consists of services that provide direct consultation and clinical evaluation of participants who are currently experiencing, or are expected to experience, a psychological, behavioral, or emotional crisis. This service may provide training and staff development related to the needs of a participant. These services also include emergency back-up that provides direct support and services to a participant in crisis. (3-30-07)*

(BREAK IN CONTINUITY OF SECTIONS)

328. AGED OR DISABLED WAIVER SERVICES: PROCEDURAL REQUIREMENTS.

01. Role of the *Regional Medicaid Services* Department. The *RMS* Department or its contractor will provide for the administration of the UAI, and the development of the initial individual service plan. This will be done either by *RMS* Department staff or a contractor. The *RMS* Department or its contractor will review and approve all individual service plans, and will authorize Medicaid payment by type, scope, and amount. *(3-30-07)*(10-1-12)T

a. Services *which* that are not in the individual service plan approved by the *RMS* Department or its contractor are not eligible for Medicaid payment. *(3-19-07)*(10-1-12)T

b. Services in excess of those in the approved individual service plan are not eligible for Medicaid payment. (3-19-07)

c. The earliest date that services may be approved by the *RMS* Department or its contractor for Medicaid payment is the date that the participant's individual service plan is signed by the participant or his designee. *(3-19-07)*(10-1-12)T

02. Pre-Authorization Requirements. All waiver services must be pre-authorized by the Department. Authorization will be based on the information from: (3-19-07)

a. The UAI; (3-19-07)

b. The individual service plan developed by the Department or its contractor; and (3-19-07)

c. Any other medical information which verifies the need for nursing facility services in the absence of the waiver services. (3-19-07)

03. UAI Administration. The UAI will be administered, and the initial individual service plan developed, by the *RMS* Department or its contractor. *(3-19-07)*(10-1-12)T

04. Individual Service Plan. All waiver services must be authorized by the *RMS* Department or its contractor in the Region where the participant will be residing and services provided based on a written individual service plan. *(3-30-07)*(10-1-12)T

a. The initial individual service plan is developed by the *RMS* Department or its contractor, based on the UAI, in conjunction with: *(3-19-07)*(10-1-12)T

i. The waiver participant (with efforts made by the *RMS* Department or its contractor to maximize the participant's involvement in the planning process by providing him with information and education regarding his rights); *(3-30-07)*(10-1-12)T

ii. The guardian, when appropriate; (3-30-07)

iii. The supervising nurse or case manager, when appropriate; and (3-19-07)

iv. Others identified by the waiver participant. (3-19-07)

b. The individual service plan must include the following: (3-19-07)

i. The specific type, amount, frequency, and duration of Medicaid reimbursed waiver services to be provided; (3-30-07)

ii. Supports and service needs that are to be met by the participant's family, friends, neighbors, volunteers, church, and other community services; (3-30-07)

iii. The providers of waiver services when known; (3-30-07)

iv. Documentation that the participant has been given a choice between waiver services and institutional placement; and (3-19-07)

v. The signature of the participant or his legal representative, agreeing to the plan. (3-19-07)

c. The individual service plan must be revised and updated at least annually, based upon treatment results or a change in the participant's needs. (3-19-07)

d. All services reimbursed under the Aged or Disabled Waiver must be authorized by the ~~*RMS*~~ Department or its contractor prior to the payment of services. ~~*(3-19-07)*~~(10-1-12)T

e. The individual service plan, which includes all waiver services, is monitored by the Personal Assistance Agency, participant, family, and the ~~*RMS*~~ Department or its contractor. ~~*(3-19-07)*~~(10-1-12)T

05. Service Delivered Following a Written Plan of Care. All services that are provided must be based on a written plan of care. (3-30-07)

a. The plan of care is developed by the plan of care team which includes: (3-30-07)

i. The waiver participant with efforts made to maximize his participation on the team by providing him with information and education regarding his rights; (3-30-07)

ii. The Department's administrative case manager; (3-30-07)

iii. The guardian when appropriate; (3-30-07)

iv. Service provider identified by the participant or guardian; and (3-30-07)

v. May include others identified by the waiver participant. (3-30-07)

b. The plan of care must be based on an assessment process approved by the Department. (3-30-07)

c. The plan of care must include the following: (3-30-07)

i. The specific types, amounts, frequency and duration of Medicaid reimbursed waiver services to be provided; (3-30-07)

ii. Supports and service needs that are to be met by the participant's family, friends and other community services; (3-30-07)

iii. The providers of waiver services; (3-30-07)

iv. Goals to be addressed within the plan year; (3-30-07)

v. Activities to promote progress, maintain functional skills, or delay or prevent regression; and (3-30-07)

vi. The signature of the participant or his legal representative. (3-30-07)

d. The plan must be revised and updated by the plan of care team based upon treatment results or a change in the participant's needs. A new plan must be developed and approved annually. (3-30-07)

e. The Department's case manager monitors the plan of care and all waiver services. (3-30-07)

f. The plan of care may be adjusted during the year with an addendum to the plan. These adjustments must be based on changes in a participant's need or demonstrated outcomes. Additional assessments or information may be clinically necessary. Adjustment of the plan of care is subject to prior authorization by the Department. (3-30-07)

06. Provider Records. Records will be maintained on each waiver participant. (3-19-07)

a. Each service provider must document each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07)

i. Date and time of visit; (3-19-07)

ii. Services provided during the visit; (3-19-07)

iii. Provider observation of the participant's response to the service, if appropriate to the service provided, including any changes in the participant's condition; and (3-19-07)

iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the ~~*RMS*~~ Department or its contractor determines that the participant is unable to do so, the service delivery will be verified by the participant as evidenced by their signature on the service record. ~~*(3-19-07)*~~(10-1-12)T

b. The provider is required to keep the original service delivery record. A copy of the service delivery record will be maintained in the participant's living arrangement unless authorized to be kept elsewhere by the ~~*RMS*~~ Department. Failure to maintain documentation according to these rules will result in the recoupment of funds paid for undocumented services. ~~*(3-19-07)*~~(10-1-12)T

c. The individual service plan initiated by the ~~*RMS*~~ Department or its contractor must specify which waiver services are required by the participant. The plan will contain all elements required by Subsection 328.04.a. of these rules and a copy of the most current individual service plan will be maintained in the participant's home and will be available to all service providers and the Department. A copy of the current individual service plan and UAI will be available from the ~~*RMS*~~ Department or its contractor to each individual service provider with a release of information signed by the participant or legal representative. ~~*(3-19-07)*~~(10-1-12)T

07. Provider Responsibility for Notification. The service provider is responsible to notify the ~~*RMS*~~ Department or its contractor, physician or authorized provider, or case manager, and family if applicable, when any significant changes in the participant's condition are noted during service delivery. Such notification will be documented in the service record. ~~*(3-19-07)*~~(10-1-12)T

08. Records Retention. Personal Assistance Agencies, and other providers are responsible to retain their records for five (5) years following the date of service. (3-19-07)

09. Requirements for an Fiscal Intermediary (FI). Participants of PCS will have one (1) year from the date which services begin in their geographic region to obtain the services of an FI and become an employee in fact or to use the services of an agency. Provider qualifications are in accordance with Section 329 of these rules.

(3-19-07)

329. AGED OR DISABLED WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.
Each provider must have a signed provider agreement with the Department for each of the services it provides. (3-19-07)

01. Employment Status. Unless otherwise specified by the Department, each individual service provider must be an employee of record or fact of an agency. The Department may enter into provider agreements with individuals in situations in which no agency exists, or no fiscal intermediary agency is willing to provide services. Such agreements will be reviewed annually to verify whether coverage by a personal assistance agency or fiscal intermediary agency is still not available. (5-8-09)

02. Fiscal Intermediary Services. An agency that has responsibility for the following: (5-8-09)

a. To directly assure compliance with legal requirements related to employment of waiver service providers; (3-19-07)

b. To offer supportive services to enable participants or families consumers to perform the required employer tasks themselves; (3-19-07)

c. To bill the Medicaid program for services approved and authorized by the Department; (3-19-07)

d. To collect any participant participation due; (3-19-07)

e. To pay personal assistants and other waiver service providers for service; (3-19-07)

f. To perform all necessary withholding as required by state and federal labor and tax laws, rules and regulations; (3-19-07)

g. To assure that personal assistants providing services meet the standards and qualifications under in this rule; (5-8-09)

h. To maintain liability insurance coverage; (5-8-09)

i. To conduct, at least annually, participant satisfaction or quality control reviews that are available to the Department and the general public; (5-8-09)

j. To obtain such criminal background checks and health screens on new and existing employees of record and fact as required. (5-8-09)

03. Provider Qualifications. All providers of homemaker services, respite care, adult day health, transportation, chore services, companion services, attendant care, adult residential care, and home delivered meals~~,~~ ~~*and behavior consultants*~~ must meet, either by formal training or demonstrated competency, the training requirements contained in the provider training matrix and the standards for direct care staff and allowable tasks or activities in the Department's ~~*approved*~~ Aged and Disabled waiver as approved by CMS. ~~*(3-19-07)*~~(10-1-12)T

a. A waiver provider cannot be a relative of any participant to whom the provider is supplying services. (3-19-07)

b. For the purposes of Section 329 of these rules, a relative is defined as a spouse or parent of a minor child. (3-19-07)

c. Individuals who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, “Criminal History and Background Checks~~,~~.” ~~*including:*~~ ~~*(4-2-08)*~~(10-1-12)T

~~*i. Companion services;*~~ ~~*(4-2-08)*~~

~~*ii.* *Chore services; and*~~ ~~*(4-2-08)*~~

~~*iii.* *Respite care services.*~~ ~~*(4-2-08)*~~

04. Specialized Medical Equipment ~~*Provider Qualifications*~~ and Supplies. Providers of specialized medical equipment and supplies must be enrolled in the Medicaid program as participating medical vendor providers. Providers must ensure all items meet applicable standards of manufacture, design and installation. Preference will be given to equipment and supplies that are the most cost-effective option to meet the participant's needs. ~~*(3-19-07)*~~(10-1-12)T

05. Skilled Nursing Service ~~*Provider Qualifications*~~. Skilled ~~*N*~~nursing ~~*S*~~service ~~*P*~~providers must be licensed in Idaho as a~~*n R.N.*~~ registered nurse or ~~*L.P.N.*~~ licensed practical nurse in ~~*Idaho*~~ good standing, or must be practicing on a federal reservation and be licensed in another state. Skilled nursing providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." ~~*(3-19-07)*~~(10-1-12)T

~~***06.*** ***Psychiatric Consultation Provider Qualifications***. *Psychiatric Consultation Providers must have:*~~ ~~*(3-19-07)*~~

~~***a.*** *A master's degree in a behavioral science;*~~ ~~*(3-19-07)*~~

~~***b.*** *Be licensed in accordance with state law and regulations; or*~~ ~~*(3-19-07)*~~

~~***c.*** *A bachelor's degree and work for an agency with direct supervision from a licensed or Ph.D. psychologist and have one (1) year's experience in treating severe behavior problems.*~~ ~~*(4-2-08)*~~

~~***d.*** *Psychiatric consultation providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."*~~ ~~*(4-2-08)*~~

0~~*7*~~6. Consultation Services. Consultation ~~*S*~~services must be provided through a Personal Assistance Agency by a person who has demonstrated skills in training participants/family members in hiring, firing, training, and supervising their own care providers. ~~*(3-19-07)*~~(10-1-12)T

0~~*8*~~7. Adult Residential Care ~~*Providers*~~. Adult ~~*R*~~residential ~~*C*~~care providers will meet all applicable state laws and regulations. In addition, the provider must ensure that adequate staff are provided to meet the needs of the participants accepted for admission. Adult residential care providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.03.19, "Rules Governing Certified Family Homes," ~~*and*~~ or IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho." All providers of adult residential care must either own or lease the facility and comply with the Americans with Disabilities Act Accessibility Guidelines, 28 CFR Part 36, Appendix A. ~~*(4-2-08)*~~(10-1-12)T

0~~*9*~~8. Home Delivered Meals. Providers of home delivered meals must be a public agency or private business, and must ~~*be capable of*~~ exercise supervision to ensure that: ~~*(3-19-07)*~~(10-1-12)T

~~***a.*** *Supervising the direct service;*~~ ~~*(3-19-07)*~~

~~*b*~~a. ~~*Providing assurance that e*~~Each meal meets one-third (1/3) of the Recommended Daily Allowance, as defined by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; ~~*(3-19-07)*~~(10-1-12)T

~~*c*~~b. Meals are ~~*D*~~deliver~~*ing*~~ed ~~*the meals*~~ in accordance with the service plan~~*for care*~~, in a sanitary manner, and at the correct temperature for the specific type of food; ~~*(3-19-07)*~~(10-1-12)T

~~*d*~~c. ~~*Maintaining d*~~Documentation is maintained demonstrating that the meals served are made from the highest USDA grade for each specific food served;~~*and*~~ ~~*(3-19-07)*~~(10-1-12)T

~~c~~d. ~~*Being*~~ The agency or business is inspected and licensed as a food establishment by the district health department~~.~~; ~~*(3-19-07)*~~(10-1-12)T

e. A Registered Dietitian documents the review and approval of menus, menu cycles, and any changes or substitutions; and (10-1-12)T

f. Either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule have been met. (10-1-12)T

~~1~~09. Personal Emergency Response Systems. Personal emergency response system ~~*P*~~providers must demonstrate that the devices installed in a waiver participant's home~~*s*~~ meet Federal Communications Standards, or Underwriter's Laboratory Standards, or equivalent standards. ~~*(3-19-07)*~~(10-1-12)T

1~~1~~0. Adult Day ~~*Care*~~ Health. ~~*Facilities that p*~~Providers of adult day ~~*care*~~ health must ~~*be maintained in safe and sanitary manner.*~~ meet the following requirements: ~~*(3-30-07)*~~(10-1-12)T

a. ~~*Facilities will provide the necessary space and staff to meet the needs of the participants accepted by the provider. Supervision must be provided by the facility as necessary, to assure the safety and comfort of participants served.*~~ Services provided in a facility must be provided in a facility that meets the building and health standards identified in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)." ~~*(3-19-07)*~~(10-1-12)T

b. ~~*Providers who accept participants into their homes for services must maintain the homes in a safe and sanitary manner. Supervision must be provided by the provider as necessary to assure the safety and comfort of participants served.*~~ Services provided in a home must be provided in a home that meets the standards of home certification identified in IDAPA 16.03.19, "Rules Governing Certified Family Homes." ~~*(3-30-07)*~~(10-1-12)T

c. ~~*Adult day care providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks History and Background Checks."*~~ Services provided in a residential adult living facility must be provided in a residential adult living facility that meets the standards identified in IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho." ~~*(4-2-08)*~~(10-1-12)T

d. Adult day health providers who provide direct care or services must satisfactorily complete a criminal history check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (10-1-12)T

e. Providers of adult day health must notify the Department on behalf of the participant, if the adult day health is provided in a Certified Family Home other than the participant's primary residence. The adult day health provider must provide care and supervision appropriate to the participant's needs as identified on the plan. (10-1-12)T

f. Adult day health providers who provide direct care or services must be free from communicable disease. (10-1-12)T

g. All providers of adult day health services must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule. (10-1-12)T

~~***12. Assistive Technology****. All items must meet applicable standards of manufacture, design and installation. The equipment must be the most cost effective to meet the participant's need. (3-19-07)*~~

1~~3~~1. ~~*Assisted*~~ Non-Medical Transportation Services. ~~*See Subsection 329.03 of this rule for provider qualifications.*~~ Providers of non-medical transportation services must: ~~*(3-19-07)*~~(10-1-12)T

a. Possess a valid driver's license; (10-1-12)T

b. Possess valid vehicle insurance; and (10-1-12)T

c. Meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule. (10-1-12)T

1~~4~~2. **Attendant Care**. ~~*See Subsection 329.03 of this rule for provider qualifications.*~~ Attendant care providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." All providers of attendant care must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule. ~~*(4-2-08)*~~(10-1-12)T

1~~5~~3. **Homemaker Services**. The homemaker must be an employee of record or fact of an agency. Homemaker service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." All providers of homemaker services must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule. ~~*(4-2-08)*~~(10-1-12)T

1~~6~~4. ~~***Home Modifications***~~ **Environmental Accessibility Adaptations**. All services must be provided in accordance with applicable state or local building codes and meet state or local building, plumbing, and electrical requirements for certification. ~~*(3-19-07)*~~(10-1-12)T

1~~7~~5. **Residential Habilitation Supported Living**~~***- Provider Qualifications***~~. When ~~*R*~~residential habilitation ~~*supported living*~~ services ~~*must be*~~ are provided by an agency, ~~*that is capable of*~~ the agency must be certified by the Department as a residential habilitation agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and supervis~~*ing*~~e the direct services provided. Individuals who provide residential habilitation services in the home of the participant (supported living) must be employed by a residential habilitation agency. Providers of residential habilitation services must meet the following requirements: ~~*(3-29-12)*~~(10-1-12)T

a. Direct service staff must meet the following minimum qualifications: (3-30-07)

i. Be at least eighteen (18) years of age; (3-30-07)

ii. Be a high school graduate, or have a GED, or demonstrate the ability to provide services according to a plan of ~~*care*~~ service; ~~*(3-30-07)*~~(10-1-12)T

iii. Have current CPR and First Aid certifications; (3-30-07)

iv. Be free from communicable disease~~*s*~~; ~~*(3-30-07)*~~(10-1-12)T

v. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other Department-approved training. (3-30-07)

vi. Residential habilitation service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks;" ~~*(4-2-08)*~~(10-1-12)T

vii. Have appropriate certification or licensure if required to perform tasks which require certification or licensure. Direct service staff must also have taken a traumatic brain injury training course approved by the Department. (3-30-07)

b. The provider agency is responsible for providing direct service staff with a traumatic brain injury training course approved by the Department, and training specific to the needs of the participant. ~~*Skill training may be*~~

~~*provided by a Program Coordinator who has demonstrated experience in writing skill training programs, if no agency is available in their geographic area as outlined in Subsection 329.18.c. of this rule.*~~ ~~*(3-30-07)*~~(10-1-12)T

~~***e.***~~ ~~*Residential habilitation providers who are unable to be employed by an agency because one is not available in their geographic area, must receive program development, implementation and oversight of service delivery services qualified by a program coordinator who is approved by the Department.*~~ ~~*(3-29-12)*~~

~~***d***~~**c.** Prior to delivering services to a participant, agency direct service staff must complete an orientation program. The orientation program must include the following subjects: ~~*(3-30-07)*~~(10-1-12)T

i. Purpose and philosophy of services; (3-30-07)

ii. Service rules; (3-30-07)

iii. Policies and procedures; (3-30-07)

iv. Proper conduct in relating to waiver participants; (3-30-07)

v. Handling of confidential and emergency situations that involve the waiver participant; (3-30-07)

vi. Participant rights; (3-30-07)

vii. Methods of supervising participants; (3-30-07)

viii. Working with individuals with traumatic brain injuries; and (3-30-07)

ix. Training specific to the needs of the participant. (3-30-07)

~~***e***~~**d.** Additional training requirements must be completed within six (6) months of employment with the residential habilitation agency and include at a minimum: (3-29-12)

i. Instructional techniques: Methodologies for training in a systematic and effective manner; (3-30-07)

ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-30-07)

iii. Feeding; (3-30-07)

iv. Communication; (3-30-07)

v. Mobility; (3-30-07)

vi. Activities of daily living; (3-30-07)

vii. Body mechanics and lifting techniques; (3-30-07)

viii. Housekeeping techniques; and (3-30-07)

ix. Maintenance of a clean, safe, and healthy environment. (3-30-07)

~~***f***~~**e.** The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed~~*;*~~. ~~*and*~~ ~~*(3-30-07)*~~(10-1-12)T

~~***18.***~~ ~~***Residential Habilitation Program Coordination for Certified Family Home Providers***~~~~*. When residential habilitation services are provided in the provider's home, the provider must meet the requirements in IDAPA 16.03.19, "Rules Governing Certified Family Homes" and must receive residential habilitation program coordination from a qualified program coordinator approved by the Department. Non-compliance with the*~~

~~*certification process is cause for termination of the provider agreement or contract.*~~ ~~*(3-29-12)*~~

1~~*9*~~6. Day ~~*Reh*~~Habilitation~~*Provider Qualifications*~~. Providers of day ~~*re*~~habilitation services must have a minimum of two (2) years of experience working directly with persons with a traumatic brain injury, must provide documentation of standard licensing specific to their discipline, and must have taken a traumatic brain injury course approved by the Department. Day ~~*re*~~habilitation providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." ~~*(4-2-08)*~~(10-1-12)T

17. Respite Care. Providers of respite care services must meet the following minimum qualifications: (10-1-12)T

a. Have received care giving instructions in the needs of the person who will be provided the service; (10-1-12)T

b. Demonstrate the ability to provide services according to a plan of service; (10-1-12)T

c. Be free of communicable disease; and

d. Respite care service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (10-1-12)T

~~*20*~~18. Supported Employment~~*Service Providers*~~. Supported employment services must be provided by an agency ~~*capable of*~~ that supervis~~*ing*~~es the direct service and ~~*be*~~ is accredited by the Commission on Accreditation of Rehabilitation Facilities~~*;*~~ or other comparable standards~~*;*~~, or meet State requirements to be a State-approved provide~~*r, and have taken a traumatic brain injury training course approved by the Department*~~. Supported employment service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." Providers must also take a traumatic brain injury training course approved by the Department. ~~*(4-2-08)*~~(10-1-12)T

~~***21. Behavior Consultation or Crisis Management Service Providers**. Behavior consultation or crisis management providers must meet the following:*~~ ~~*(3-30-07)*~~

~~*a. Have a Master's Degree in a behavioral science such as social work, psychology, psychosocial rehabilitation counseling, psychiatric nursing, or a closely related course of study;*~~ ~~*(3-30-07)*~~

~~*b. Be a licensed pharmacist; or*~~ ~~*(3-30-07)*~~

~~*c. Work for a provider agency capable of supervising the direct service or work under the direct supervision of a licensed psychologist or Ph.D., with training and experience in treating severe behavior problems and training and experience in applied behavior analysis; and*~~ ~~*(3-30-07)*~~

~~*d. Take a traumatic brain injury training course approved by the Department.*~~ ~~*(3-30-07)*~~

~~*e. Emergency back-up providers must also meet the minimum provider qualifications under residential habilitation services.*~~ ~~*(3-30-07)*~~

~~*f. Behavior consultation or crisis management service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."*~~ ~~*(4-2-08)*~~

19. Chore Services. Providers of chore services must meet the following minimum qualifications: (10-1-12)T

a. Be skilled in the type of service to be provided; and (10-1-12)T

b. Demonstrate the ability to provide services according to a plan of service. (10-1-12)T

c. Chore service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (10-1-12)T

d. Meet, either by formal training or demonstrated competency, the training requirements in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule. (10-1-12)T

2~~2~~0. Dental Services. Providers are credentialed by the contractor to ensure they meet the licensing requirements of the Idaho Board of Dentistry. Providers' duties are based on the contract requirements and are monitored and enforced by the contractor. (7-1-12)T

330. AGED OR DISABLED WAIVER SERVICES: PROVIDER REIMBURSEMENT.
The criteria used in reimbursing providers for waiver services are listed in Subsections 330.01 through 330.03 of these rules. (3-19-07)

01. Fee for Services. Waiver service providers will be paid on a fee for service basis as established by the Department, or as agreed upon by the Department's contractor and the provider, depending on the type of service provided. Adult residential care will be paid on a per diem basis, based on the number of hours and types of assistance required by the participant as identified in the UAI. ~~*(3-19-07)*~~(10-1-12)T

02. Provider Claims. Provider claims for payment will be submitted on claim forms provided or approved by the Department or its contractor. Billing instructions will be provided by the Department's payment system contractor. ~~*(3-19-07)*~~(10-1-12)T

03. Calculation of Fees. The fees calculated for waiver services include both services and mileage. No separate charges for mileage will be paid by the Department for provider transportation to and from the participant's home or other service delivery location when the participant is not being provided waiver or state plan transportation. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

703. ADULT DD WAIVER SERVICES: COVERAGE AND LIMITATIONS.

01. Residential Habilitation. Residential habilitation services ~~*which*~~ consist of an integrated array of individually tailored services and supports furnished to eligible participants. ~~*which*~~ These services and supports are designed to assist the~~*m*~~ participants to reside successfully in their own homes, with their families, or ~~*alternate*~~ in certified family homes. The services and supports that may be furnished consist of the following: ~~*(3-19-07)*~~(10-1-12)T

a. Habilitation services aimed at assisting the individual to acquire, retain, or improve his ability to reside as independently as possible in the community or maintain family unity. Habilitation services include training in one (1) or more of the following areas: (3-19-07)

i. Self-direction, including the identification of and response to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements or life activities; (3-19-07)

ii. Money management including training or assistance in handling personal finances, making purchases, and meeting personal financial obligations; (3-19-07)

iii. Daily living skills including training in accomplishing routine housekeeping tasks, meal

preparation, dressing, personal hygiene, self-administration of medications, and other areas of daily living including proper use of adaptive and assistive devices, appliances, home safety, first aid, and emergency procedures; (3-19-07)

iv. Socialization including training or assistance in participation in general community activities and establishing relationships with peers with an emphasis on connecting the participant to his community. (Socialization training associated with participation in community activities includes assisting the participant to identify activities of interest, working out arrangements to participate in such activities and identifying specific training activities necessary to assist the participant to continue to participate in such activities on an on-going basis. Socialization training does not include participation in non-therapeutic activities which are merely diversional or recreational in nature); (3-19-07)

v. Mobility, including training or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community; (3-19-07)

vi. Behavior shaping and management includes training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors; or extension of therapeutic services, which consist of reinforcing physical, occupational, speech and other therapeutic programs. (3-19-07)

b. Personal Assistance Services necessary to assist the individual in daily living activities, household tasks, and such other routine activities as the participant or the participant's primary caregiver(s) are unable to accomplish on his own behalf. (3-19-07)

c. Skills training to teach waiver participants, family members, alternative family caregiver(s), or a participant's roommate or neighbor to perform activities with greater independence and to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skills training is provided to encourage and accelerate development in independent daily living skills, self-direction, money management, socialization, mobility and other therapeutic programs. (3-19-07)

02. Chore Services. Chore services ~~*which are heavy household maintenance and minor home repairs*~~ include the following services when necessary to maintain the functional use of the home ~~*and*~~ or to provide a clean, sanitary, and safe environment~~.~~: ~~*Chore activities include washing windows; moving heavy furniture and shoveling snow to provide safe access inside and outside the home; chopping wood when wood is the participant's primary source of heat; and tacking down loose rugs and flooring. These services are only available when neither the participant, nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer/agency or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. Chore services are limited to the services provided in a home rented or owned by the participant.*~~ ~~*(3-19-07)*~~(10-1-12)T

a. Intermittent Assistance may include the following: (10-1-12)T

i. Yard maintenance; (10-1-12)T

ii. Minor home repair; (10-1-12)T

iii. Heavy housework; (10-1-12)T

iv. Sidewalk maintenance; and (10-1-12)T

v. Trash removal to assist the participant to remain in the home. (10-1-12)T

b. Chore activities may include the following: (10-1-12)T

i. Washing windows; (10-1-12)T

ii. Moving heavy furniture; (10-1-12)T

iii. Shoveling snow to provide safe access inside and outside the home; (10-1-12)T

iv. Chopping wood when wood is the participant's primary source of heat; and (10-1-12)T

v. Tacking down loose rugs and flooring. (10-1-12)T

c. These services are only available when neither the participant, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community volunteer, agency, or third-party payer is willing to provide them, or is responsible for their provision. (10-1-12)T

d. In the case of rental property, the landlord's responsibility under the lease agreement will be examined prior to any authorization of service. Chore services are limited to the services provided in a home rented or owned by the participant. (10-1-12)T

03. Respite Care. Respite care includes short-term breaks from care giving responsibilities to non-paid caregivers. The caregiver or participant is responsible for selecting, training, and directing the provider. While receiving respite care services, the waiver participant cannot receive other services that are duplicative in nature. Respite care services provided under this waiver ~~*will*~~ do not include room and board payments. ~~*Respite care services are limited to participants who reside with non-paid caregivers.*~~ Respite care services may be provided in the participant's residence, the private home of the respite provider, the community, a Developmental Disabilities Agency, or an Adult Day Health Facility. ~~*(3-19-07)*~~(10-1-12)T

04. Supported Employment. Supported employment ~~*which is*~~ consists of competitive work in integrated work settings for individuals with the most severe disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a severe disability~~*;*~~. ~~*and who, b*~~Because of the nature and severity of their disability, these individuals need intensive supported employment services or extended services in order to perform such work. ~~*(3-19-07)*~~(10-1-12)T

a. Supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, as amended, or the Individuals with Disabilities Education Act (IDEA). Documentation ~~*will*~~ must be maintained in the file of each individual receiving this service verifying that the service is not otherwise available or funded under the Rehabilitation Act of 1973 as amended, or the IDEA. ~~*(3-19-07)*~~(10-1-12)T

b. Federal Financial Participation (FFP) ~~*will*~~ cannot be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: incentive payments made to an employer of waiver participants to encourage or subsidize the employers' participation in a supported employment program; payments that are passed through to beneficiaries of supported employment programs; or payments for vocational training that ~~*is*~~ are not directly related to a waiver participant's supported employment program. ~~*(3-19-07)*~~(10-1-12)T

05. Non-Medical Transportation. ~~*Transportation services which are services offered in order to*~~ Non-medical transportation enables a waiver participant~~*s*~~ to gain access to waiver and other community services and resources~~*required by the plan of service*~~. (10-1-12)T

a. ~~*This service*~~ Non-medical transportation is offered in addition to medical transportation required ~~*under 42 CFR 440.431.53 and transportation services offered under the State Plan, defined at 42 CFR 440.170(a), and must*~~ in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," and will not replace ~~*them*~~ it. (10-1-12)T

b. Whenever possible, family, neighbors, friends, or community agencies ~~*which*~~ who can provide this service without charge or public transit providers will be utilized. ~~*(3-19-07)*~~(10-1-12)T

06. Environmental Accessibility Adaptations. Environmental accessibility adaptations ~~*which are those interior or exterior physical adaptations to the home, required by the waiver participant's plan of service, which are necessary to ensure the health, welfare, safety of the individual, or which*~~ include minor housing adaptations that are necessary to enable the ~~*individual*~~ participant to function with greater independence in the home, ~~*and*~~ or without which, the ~~*waiver*~~ participant would require institutionalization or have a risk to health, welfare, or

safety. Such adaptations may include: (10-1-12)T

a. ~~*t*~~The installation of ramps and lifts, widening of doorways, modification of bathroom facilities, or installation of electric and plumbing systems ~~*which*~~ that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant, but must exclude those adaptations or improvements to the home ~~*which*~~ that are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, or central air conditioning. ~~*All services must be provided in accordance with applicable State or local building codes.*~~ (10-1-12)T

b. Unless otherwise authorized by the Department, ~~*P*~~permanent environmental modifications are limited ~~*to modifications*~~ to a home ~~*rented or owned by the participant or the participant's family when the home*~~ that is the participant's principal residence, and is owned by the participant or the participant's non-paid family. (10-1-12)T

c. Portable or non-stationary modifications may be made when such modifications can follow the participant to his next place of residence or be returned to the Department. ~~*(3-19-07)*~~(10-1-12)T

07. Specialized Medical Equipment and Supplies. (10-1-12)T

a. Specialized medical equipment and supplies include: (10-1-12)T

i. ~~*d*~~Devices, controls, or appliances~~*, specified in the plan of service which*~~ that enable a participant~~*s*~~ to increase ~~*their*~~ his abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which ~~*they*~~ he lives~~.~~; and (10-1-12)T

ii. ~~*They also include i*~~Items necessary for life support, ancillary supplies and equipment necessary ~~*to*~~ for the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. (10-1-12)T

b. Items reimbursed with waiver funds ~~*must be*~~ are in addition to any medical equipment and supplies furnished under the Medicaid State Plan and ~~*must*~~ exclude those items ~~*which*~~ that are not of direct medical or remedial benefit to the participant. ~~*All items must meet applicable standards of manufacture, design and installation.*~~ ~~*(3-19-07)*~~(10-1-12)T

08. Personal Emergency Response System (PERS). ~~*Personal Emergency Response Systems (*~~PERS~~*)*~~ ~~*which*~~ is an electronic device that enables a waiver participant to secure help in an emergency. ~~*may be provided to monitor waiver participant safety or provide access to emergency crisis intervention for emotional, medical or environmental emergencies through the provision of communication connection systems.*~~ The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals. ~~*PERS are*~~ This service is limited to participants who: (10-1-12)T

a. ~~*r*~~Rent or own ~~*their*~~ a home, or live with unpaid caregivers; (10-1-12)T

b. ~~*who a*~~Are alone for significant parts of the day~~,~~; (10-1-12)T

c. ~~*h*~~Have no ~~*regular*~~ care~~*taker*~~giver for extended periods of time; and (10-1-12)T

d. ~~*who w*~~Would otherwise require extensive, routine supervision. ~~*(3-19-07)*~~(10-1-12)T

09. Home Delivered Meals. Home delivered meals ~~*which*~~ are meals that are ~~*designed*~~ delivered to a participant's home to promote adequate ~~*wavier*~~ participant nutrition. ~~*through the provision and home delivery of o*~~One (1) to two (2) meals per day may be provided~~*. Home delivered meals are limited*~~ to a participant~~*s*~~ who: (10-1-12)T

a. ~~*r*~~Rents or owns ~~*their own*~~ a home~~,~~; (10-1-12)T

b. ~~*who are*~~ Is alone for significant parts of the day; ~~*and*~~ (10-1-12)T

c. ~~*have*~~ Has no ~~*regular*~~ care~~*taker*~~giver for extended periods of time~~.~~; and ~~*(3-19-07)*~~(10-1-12)T

d. Is unable to prepare a meal without assistance. (10-1-12)T

10. Skilled Nursing. ~~*Nursing services are those intermittent nursing services or private duty nursing services which provide individual and continuous care listed in the plan of service which are*~~ Skilled nursing includes intermittent or continuous oversight, training, or skilled care that is within the scope of the Nurse Practice Act. ~~*and are*~~ Such care must be provided by a licensed ~~*professional (RN)*~~ registered nurse, or licensed practical nurse, ~~*(LPN)*~~ under the supervision of a~~*n RN,*~~ registered nurse licensed to practice in Idaho. ~~*(3-19-07)*~~(10-1-12)T

11. Behavior Consultation/Crisis Management. Behavior Consultation/Crisis Management services which provide direct consultation and clinical evaluation of participants who are currently experiencing or may be expected to experience, a psychological, behavioral, or emotional crisis. This service may provide training and staff development related to the needs of a participant. These services also provide emergency back-up involving the direct support of the participant in crisis. (3-19-07)

12. Adult Day ~~*Care*~~ Health. ~~*Adult day Care is a supervised, structured day program, outside the home of the participant that offer one (1) or more of a variety of social, recreational, health activities, supervision for safety, and assistance with activities of daily living. These activities need to be identified on the plan of service.*~~ Adult day health is a supervised, structured service generally furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week. It is provided outside the home of the participant in a non-institutional, community-based setting, and it encompasses health services, social services, recreation, supervision for safety, and assistance with activities of daily living needed to ensure the optimal functioning of the participant. Adult day health services provided under this waiver will not include room and board payments. Adult day ~~*Care*~~ health cannot exceed thirty (30) hours per week, either alone or in combination with developmental therapy~~,~~ and occupational therapy~~*, or IBI*~~. ~~*(3-19-07)*~~(10-1-12)T

~~***a.*** *Services provided in a facility must meet the building and health standards identified in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)." (7-1-11)*~~

~~***b.*** *Services provided in a home must meet the standards of home certification identified in IDAPA 16.03.19, "Rules Governing Certified Family Home," and health standards identified in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)." (7-1-11)*~~

13. Dental Services. Dental services include exams radiographs, diagnostic and preventative services, basic restorations, periodontics, oral surgery, maxillofacial surgery, and adjunctive dental services. These services and the medically necessary dental benefits described in these rules are provided through the Idaho Smiles program. The State's Medicaid dental contract for the Idaho Smiles program includes the complete list of all dental services available to waiver participants. Waiver dental services are limited to participants who are past the month of their twenty-first birthdays. Waiver participants who are under age twenty-one (21) will continue to receive children's dental benefits under the State Plan. (7-1-12)T

14. Self Directed Community Supports. Participants eligible for the DD Waiver may choose to self-direct their individualized budget rather than receive the traditional waiver services described in this section of rule. The requirements for this option are outlined in IDAPA 16.03.13, "Consumer Directed Services." (3-19-07)

15. Place of Service Delivery. Waiver services may be provided in the participant's personal residence, a certified family home, day habilitation/supported employment program, or community. The following living situations are specifically excluded as a place of service for waiver services: (3-19-07)

a. Licensed skilled, or intermediate care facilities, certified nursing facility (NF) or hospital; and (3-19-07)

b. Licensed Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID); and (3-19-07)

c. Residential Care or Assisted Living Facility. (3-19-07)

d. Additional limitations to specific services are listed under that service definition. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

705. ADULT DD WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.
All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07)

01. Residential Habilitation -- Supported Living. When residential habilitation services are provided by an agency, the agency must be certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and must ~~*be capable of*~~ supervis~~*ing*~~e the direct services provided. Individuals who provide residential habilitation services in the home of the participant (supported living) must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (3-29-12)

a. Direct service staff must meet the following minimum qualifications: (3-19-07)

i. Be at least eighteen (18) years of age; (3-19-07)

ii. Be a high school graduate, or have a GED, or demonstrate the ability to provide services according to a~~*n*~~ plan of service; ~~*(3-19-07)*~~(10-1-12)T

iii. Have current CPR and First Aid certifications; (3-19-07)

iv. Be free from communicable disease~~*s*~~; ~~*(3-19-07)*~~(10-1-12)T

v. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other Department-approved training. ~~*Staff previously trained on assistance with medications by a licensed nurse but who have not completed this course must meet this requirement by July 1, 2007.*~~ ~~*(3-19-07)*~~(10-1-12)T

vi. Residential habilitation service providers who provide direct care or services must satisfactorily complete a criminal background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-2-08)

vii. Have appropriate certification or licensure if required to perform tasks which require certification or licensure. (3-19-07)

b. All skill training for agency direct service staff must be provided by a Qualified Intellectual Disabilities Professional (QIDP) who has demonstrated experience in writing skill training programs. (3-29-12)

c. Prior to delivering services to a participant, agency direct service staff must complete an orientation program. The orientation program must include the following subjects: (3-29-12)

i. Purpose and philosophy of services; (3-19-07)

ii. Service rules; (3-19-07)

iii. Policies and procedures; (3-19-07)

iv. Proper conduct in relating to waiver participants; (3-19-07)

v. Handling of confidential and emergency situations that involve the waiver participant; (3-19-07)

vi. Participant rights; (3-19-07)

vii. Methods of supervising participants; (3-19-07)

viii. Working with individuals with developmental disabilities; and (3-19-07)

ix. Training specific to the needs of the participant. (3-19-07)

d. Additional training requirements must be completed within six (6) months of employment with the residential habilitation agency and include at a minimum: (3-29-12)

i. Instructional techniques: Methodologies for training in a systematic and effective manner; (3-19-07)

ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-19-07)

iii. Feeding; (3-19-07)

iv. Communication; (3-19-07)

v. Mobility; (3-19-07)

vi. Activities of daily living; (3-19-07)

vii. Body mechanics and lifting techniques; (3-19-07)

viii. Housekeeping techniques; and (3-19-07)

ix. Maintenance of a clean, safe, and healthy environment. (3-19-07)

e. The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed. (3-19-07)

02. Residential Habilitation -- Certified Family Home (CFH). (3-29-12)

a. An individual who provides direct residential habilitation services in his own home must be certified by the Department to operate a certified family home under IDAPA 16.03.19, "Rules Governing Certified Family Homes," and must receive residential habilitation program coordination services provided through the Department, or its contractor, for the residential habilitation services he provides. (3-29-12)

b. CFH providers providing residential habilitation services as a DD Waiver provider must meet the following minimum qualifications: (3-29-12)

i. Be at least eighteen (18) years of age; (3-29-12)

ii. Be a high school graduate, have a GED, or demonstrate the ability to provide services according to a plan of service; (3-29-12)

iii. Have current CPR and First Aid certifications; (3-29-12)

iv. Be free from communicable diseases~~s~~; ~~(3-29-12)~~(10-1-12)T

v. Each CFH provider of residential habilitation services assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional

Technical Education Program approved by the Idaho State Board of Nursing, or other Department-approved training. (3-29-12)

vi. CFH providers of residential habilitation services who provide direct care and services must satisfactorily complete a criminal history check in accordance with IDAPA 16.05.06, “Criminal History and Background Checks;” and (3-29-12)

vii. Have appropriate certification or licensure if required to perform tasks which require certification or licensure. (3-29-12)

c. All skill training for CFH providers who are providing residential habilitation services must be provided through the Department or its contractor by qualified intellectual disabilities professional (QIDP) who has demonstrated experience in writing skill training programs. (3-29-12)

d. Prior to delivering residential habilitation services to a participant, the CFH provider must complete an orientation training in the following areas as provided by either the Department, or its contractor or both, and include the following areas: (3-29-12)

i. Purpose and philosophy of services; (3-29-12)

ii. Service rules; (3-29-12)

iii. Policies and procedures; (3-29-12)

iv. Proper conduct in relating to waiver participants; (3-29-12)

v. Handling of confidential and emergency situation that involve the waiver participant; (3-29-12)

vi. Participant rights; (3-29-12)

vii. Methods of supervising participants; (3-29-12)

viii. Working with individuals with developmental disabilities; and (3-29-12)

ix. Training specific to the needs of the participant. (3-29-12)

e. Additional training requirements for CFH providers providing residential habilitation waiver services must be completed by the CFH provider within six (6) months of certification date and include a minimum of the following: (3-29-12)

i. Instructional Techniques: Methodologies for training in a systematic and effective manner; (3-29-12)

ii. Managing behaviors: techniques and strategies for teaching adaptive behaviors; (3-29-12)

iii. Feeding; (3-29-12)

iv. Communication; (3-29-12)

v. Mobility; (3-29-12)

vi. Activities of daily living; (3-29-12)

vii. Body mechanics and lifting techniques; (3-29-12)

viii. Housekeeping techniques; and (3-29-12)

ix. Maintenance of a clean, safe, and healthy environment. (3-29-12)

f. The Department or its contractor will be responsible for providing on-going training to the CFH provider of residential habilitation specific to the needs of the participant as needed. (3-29-12)

03. Chore Services. Providers of chore services must meet the following minimum qualifications: (3-19-07)

a. Be skilled in the type of service to be provided; and (3-19-07)

b. Demonstrate the ability to provide services according to a plan of service. (3-19-07)

c. Chore service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-2-08)

04. Respite Care. Providers of respite care services must meet the following minimum qualifications: ~~*(3-19-07)*~~(10-1-12)T

~~***a.*** *Meet the qualifications prescribed for the type of services to be rendered or must be an individual selected by the waiver participant, the family or his guardian;* *(3-19-07)*~~

~~***b***~~**a.** Have received care giving instructions in the needs of the person who will be provided the service; (3-19-07)

~~***c***~~**b.** Demonstrate the ability to provide services according to a~~*n*~~ plan of service; ~~*(3-19-07)*~~(10-1-12)T

~~***d.*** *Have good communication and interpersonal skills and the ability to deal effectively, assertively and cooperatively with a variety of people;* *(3-19-07)*~~

~~***e.*** *Be willing to accept training and supervision by a provider agency or the primary caregiver of services; and* *(3-19-07)*~~

~~***f***~~**c.** Be free of communicable disease~~*s.*~~; and ~~*(3-19-07)*~~(10-1-12)T

~~***g***~~**d.** Respite care service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-2-08)

05. Supported Employment. Supported employment services must be provided by an agency ~~*capable of*~~ that supervis~~*ing*~~es the direct service and ~~*be*~~ is accredited by the Commission on Accreditation of Rehabilitation Facilities~~*;*~~ or other comparable standards~~*;*~~, or meets State requirements to be a State-approved provider. Supported employment service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." ~~*(4-2-08)*~~(10-1-12)T

06. Non-Medical Transportation. Providers of non-medical transportation services must: ~~*(3-19-07)*~~(10-1-12)T

a. Possess a valid driver's license; and (3-19-07)

b. Possess valid vehicle insurance. (3-19-07)

07. Environmental Accessibility Adaptations. ~~*Environmental accessibility adaptations services must:*~~ All services must be provided in accordance with applicable state or local building codes and meet state or local building, plumbing, and electrical requirements for certification. ~~*(3-19-07)*~~(10-1-12)T

~~*a.* *Be done under a permit, if required; and*~~ ~~*(3-19-07)*~~

~~*b.* *Demonstrate that all modifications, improvements, or repairs are made in accordance with local and state housing and building codes.*~~ ~~*(3-19-07)*~~

08. Specialized Medical Equipment and Supplies. ~~*Specialized Equipment and Supplies purchased under this service must:*~~ Providers of specialized medical equipment and supplies must be enrolled in the Medicaid program as participating medical vendor providers. Providers must ensure all items meet applicable standards of manufacture, design, and installation. Preference will be given to equipment and supplies that are the most cost-effective option to meet the participant's needs. ~~*(3-19-07)*~~(10-1-12)T

~~*a.* *Meet Underwriter's Laboratory, FDA, or Federal Communication Commission standards where applicable; and*~~ ~~*(3-19-07)*~~

~~*b.* *Be obtained or provided by authorized dealers of the specific product where applicable. This may include medical supply businesses or organizations that specialize in the design of the equipment.*~~ ~~*(3-19-07)*~~

09. Personal Emergency Response System. Personal emergency response system~~*s*~~ ~~*(PERS)*~~ providers must demonstrate that the devices installed in a waiver participant's home~~*s*~~ meet Federal Communications Standards, or Underwriter's Laboratory standards, or equivalent standards. ~~*(3-19-07)*~~(10-1-12)T

10. Home Delivered Meals. ~~*Services of Home Delivered Meals under this Subsection may only be provided by an agency capable of supervising the direct service and must*~~ Providers of home-delivered meals must be a public agency or private business, and must exercise supervision to ensure that: ~~*(7-1-11)*~~(10-1-12)T

a. ~~*Provide assurances that*~~ ~~*e*~~Each meal meets one-third (1/3) of the Recommended ~~*Dietary*~~ Daily Allowance, as defined by the Food and Nutrition Board of the National Research Council ~~*or meet physician ordered individualized therapeutic diet requirement*~~ of the National Academy of Sciences; ~~*(3-19-07)*~~(10-1-12)T

b. ~~*Must provide assurances that the meals are delivered on time and demonstrate the ability to deliver meals at a minimum of three (3) days per week;*~~ Meals are delivered in accordance with the service plan, in a sanitary manner, and at the correct temperature for the specific type of food; ~~*(3-19-07)*~~(10-1-12)T

c. ~~*Maintain documentation reflecting the meals delivered are nutritionally balanced and made from the highest U.S.D.A. grade for each specific food served*~~ A Registered Dietitian documents the review and approval of menus, menu cycles, and any changes or substitutions; and ~~*(3-19-07)*~~(10-1-12)T

~~*d.* *Provide documentation of current driver's license for each driver; and*~~ ~~*(3-19-07)*~~

~~***e***~~**d.** ~~*Must be*~~ The agency or business is inspected and licensed as a food establishment by the District Health Department. ~~*(3-19-07)*~~(10-1-12)T

11. Skilled Nursing. Skilled ~~*N*~~nursing service providers must ~~*provide documentation of current*~~ be licensed in Idaho ~~*licensure*~~ as a ~~*licensed professional*~~ registered nurse ~~*(RN)*~~ or licensed practical nurse ~~*(LPN)*~~ in good standing, or must be practicing on a federal reservation and be licensed in another state. Skilled nursing providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." ~~*(3-19-07)*~~(10-1-12)T

12. Behavior Consultation or Crisis Management. Behavior Consultation or Crisis Management Providers must meet the following: (3-19-07)

a. Work ~~*for a provider agency capable of supervising the direct service or work*~~ under the direct supervision of a licensed psychologist or Ph.D. in Special Education, with training and experience in treating severe behavior problems and training and experience in applied behavior analysis; and ~~*(3-19-07)*~~(10-1-12)T

b. Must have a Master's Degree in a behavioral science such as social work, psychology, psychosocial rehabilitation counseling, psychiatric nursing, special education or a closely related course of study; or (3-19-07)

c. Be a licensed pharmacist; or (3-19-07)

d. Be a Qualified Intellectual Disabilities Professional (QIDP). (3-19-07)

e. Emergency back-up providers must meet the minimum residential habilitation provider qualifications described under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies." (3-19-07)

f. Behavior consultation or crisis management providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-2-08)

13. **Adult Day ~~*Care*~~ Health**. Providers of adult day ~~*care*~~ health ~~*services must notify the Department or its contractor for residential habilitation program coordination, on behalf of the participant, if the adult day care is provided in a certified family home other than the participant's primary residence. The adult day care provider must be capable of supervising direct services, provide services as identified on the plan of service, provide care and supervision identified on the participant's residential habilitation plan, and*~~ must meet the following ~~*minimum qualifications*~~ requirements: ~~*(3-29-12)*~~(10-1-12)T

a. ~~*Demonstrate the ability to communicate and deal effectively, assertively, and cooperatively with a variety of people;*~~ Services provided in a facility must be provided in a facility that meets the building and health standards identified in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)"; ~~*(3-19-07)*~~(10-1-12)T

b. ~~*Be a high school graduate, or have a GED or demonstrate the ability to provide services according to the plan of service;*~~ Services provided in a home must be provided in a home that meets the standards of home certification identified in IDAPA 16.03.19, "Rules Governing Certified Family Homes"; ~~*(3-19-07)*~~(10-1-12)T

~~***c.***~~ ~~*Be free from communicable disease;*~~ ~~*(3-19-07)*~~

~~*d*~~c. Adult day ~~*care*~~ health providers who provide direct care or services must satisfactorily complete a criminal history check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; ~~*(4-2-08)*~~(10-1-12)T

d. Providers of adult day health must notify the Department on behalf of the participant, if the adult day health is provided in a Certified Family Home other than the participant's primary residence. The adult day health provider must provide care and supervision appropriate to the participant's needs as identified on the plan. (10-1-12)T

e. ~~*Demonstrate knowledge of infection control methods; and*~~ Adult day health providers who provide direct care or services must be free from communicable disease. ~~*(3-19-07)*~~(10-1-12)T

~~***f.***~~ ~~*Agree to practice confidentiality in handling situations that involve waiver participants.*~~ ~~*(3-19-07)*~~

14. **Dental Services**. Providers are credentialed by the contractor to ensure they meet the licensing requirements of the Idaho Board of Dentistry. Providers' duties are based on the contract requirements and are monitored and enforced by the contractor. (7-1-12)T

15. **Service Supervision**. The plan of service which includes all waiver services is monitored by the plan monitor or targeted service coordinator. (3-19-07)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-1203

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:

October 17, 2012 6:00 p.m. (MDT Time)	October 17, 2012 6:00 p.m. (MDT Time)	October 17, 2012 6:00 p.m. (PDT Time)
1720 Westgate Dr. Suite A Boise, Idaho 83704	421 Memorial Drive Pocatello, Idaho 83201	2195 Ironwood Court Coeur d'Alene, Idaho 83814

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:

The Idaho Department of Health and Welfare implemented the Children's System Redesign on July 1, 2011. 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 redesign benefits replaces developmental therapy and intensive behavioral intervention (IBI) services currently available under the State Plan.

Additionally, rules pertaining to the children's redesign services were approved by the Idaho Legislature during the 2011 legislative session. To transition children from developmental therapy and IBI to the redesign system, the Legislature approved a phased implementation plan to enroll children into the redesign according to their birthdays. The phased implementation plan has required the Department to operate both the old and new systems concurrently over the span of the transition year. The intent of keeping the old benefits in place (developmental therapy and IBI) was to ensure that families have services until their designated transition time to avoid any gap in services for their child.

To complete the transition to the redesigned system, rule changes are needed to remove the old developmental disability agency services. Specifically, the following changes are being made:

1. Remove old children's developmental disability agency services from chapter.
2. Add Idaho Infant Toddler Program to the chapter as an allowable provider for children's DD services.
3. Add clarifications to the new Children's System Redesign rules.
4. Remove children's developmental disability service coordination. Children's DD service coordination is being replaced with case management delivered by the Department under the redesigned system.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: None.

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. This is a cost-neutral program that has been approved the Legislature.

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 22 and 23.

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 Lauren Ertz at (208) 287-1169.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before October 26, 2012.

DATED this 30th day of August, 2012.

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THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 16-0310-1203

075. ENHANCED PLAN BENEFITS: COVERED SERVICES.
Individuals who are eligible for the Medicaid Enhanced Plan Benefits are eligible for all benefits covered under IDAPA 16.03.09, “Medicaid Basic Plan Benefits,” with the exception of coverage for dental services. In addition to those benefits, individuals in the enhanced plan are eligible for the following enhanced benefits as provided for in this chapter of rules. (5-8-09)

01. Dental Services. Dental Services are provided as described under Sections 080 through 089 of these rules. (3-29-12)

02. Enhanced Hospital Benefits. Organ transplants are provided under the Enhanced Hospital services as described in Sections 090 through 099 of these rules. (3-19-07)

03. Enhanced Mental Health Benefits. Enhanced Mental Health services are provided under Sections 100 through 147 of these rules. (3-19-07)

04. Enhanced Home Health Benefits. Private Duty Nursing services are provided under the Enhanced Home Health as described in Sections 200-219 of these rules. (3-19-07)

05. Therapies. Physical, Speech, and Occupational Therapy Providers as described in Section 215 of these rules. (3-19-07)

06. Long Term Care Services. The following services are provided under the Long Term Care Services. (3-30-07)

a. Nursing Facility Services as described in Sections 220 through 299 of these rules. (3-19-07)

b. Personal Care Services as described in Sections 300 through 308 of these rules. (3-30-07)

c. A & D Wavier Services as described in Sections 320 through 330 of these rules. (3-30-07)

07. Hospice. Hospice services as described in Sections 450 through 459 of these rules. (3-19-07)

08. Developmental Disabilities Services. (3-19-07)

a. Developmental Disability Standards as described in Sections 500 through 506 of these rules. (3-19-07)

b. Children's Developmental Disability Services as described in Sections 520 through 528, 660 through 666, and 680 through 686 of these rules. (____)

~~b~~c. ~~*Behavioral Health Prior Authorization*~~ Adult Developmental Disabilities Services as described in Sections 507 through 520, and 649 through 657 of these rules. ~~*(3-19-07)*~~(____)

~~c~~d. ICF/ID as described in Sections 580 through 649 of these rules. (3-19-07)

~~d~~e. Developmental Disabilities Agencies as described in Sections 700 through 719 of these rules. (3-19-07)

09. Service Coordination Services. Service coordination as described in 720 through 779 of these rules. (3-19-07)

10. Breast and Cervical Cancer Program. Breast and Cervical Cancer Program is described in Sections 780 through 800 of these rules. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

~~***215. PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH-LANGUAGE PATHOLOGY SERVICES.***~~

~~*In addition to the providers listed at IDAPA 16.03.09 "Medicaid Basic Plan Benefits," Sections 730 through 739, physical therapy, occupational therapy, and speech-language pathology services are covered under these rules when provided by a Developmental Disabilities Agencies.*~~ ~~*(4-2-08)*~~

21~~6~~5. - 219. (RESERVED)

(BREAK IN CONTINUITY OF SECTIONS)

511. ADULT DEVELOPMENTAL DISABILITY SERVICES PRIOR AUTHORIZATION: COVERAGE AND LIMITATIONS.

The scope of these rules defines prior authorization for the following Medicaid developmental disability services for adults: (3-29-12)

01. DD Waiver Services. DD Waiver services as described in Sections 700 through 719 of these rules; and (3-29-10)

02. Developmental ~~*Disabilities Agency Services*~~ Therapy. Developmental ~~*Disabilities Agency services*~~ therapy as described in Sections 649 through 65~~*9*~~7 of these rules and IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)"; and ~~*(7-1-11)*~~( )

03. Service Coordination. Service Coordination for persons with developmental disabilities as described in Sections 720 through 779 of these rules. (3-19-07)

512. ADULT DEVELOPMENTAL DISABILITY SERVICES PRIOR AUTHORIZATION: PROCEDURAL REQUIREMENTS.

01. Assessment for Plan of Service. The assessment for a plan of service is required for all participants prior to the development of the plan of service. This assessment must include the following in Subsections 512.02 through 512.06 of these rules. (3-19-07)

02. Physician's History and Physical. The history and physical must include a physician's referral for nursing services under the DD waivers and for developmental disabilities agencies' services, if they are anticipated to be part of the plan of service. A physician's history and physical is required within the year prior to the initiation of service and thereafter on a frequency determined by the physician. For participants in Healthy Connections: (3-29-10)

a. The Healthy Connections physician may delegate to the Department the authority to approve developmental disability services. (3-19-07)

b. The Healthy Connections physician must conduct the history and physical, and may refer the participant for other evaluations. (3-19-07)

03. Medical, Social, and Developmental History. The medical, social and developmental history is used to document the participant's medical social and developmental history information. A current medical social and developmental history must be evaluated prior to the initiation of ~~*DDA services*~~ developmental therapy and must be reviewed annually to assure it continues to reflect accurate information about the participant's status. ~~*(3-29-12)*~~( )

a. A medical, social and developmental history for each adult participant is completed by the Department or its contractor. ( )

b. Providers should obtain and utilize the medical, social developmental history documents generated by the Department or its contractor when one is necessary for adult program or plan development. ~~*(3-29-12)*~~( )

~~***b.*** *A medical social and developmental history for children is required when the child is accessing DDA services for the first time, and must reflect accurate information about the participant's status. (3-29-12)*~~

~~***c.*** *After the initial medical social development history for children, additional Medical Social and Development History services for children will be reimbursed if a qualified professional determines that it no longer reflects the current status of the participant. Please refer to Subsection 655 of these rules. (3-29-12)*~~

04. SIB-R. The results of the SIB-R are used to determine the level of support for the participant. A current SIB-R assessment must be evaluated prior to the initiation of service and must be reviewed annually to assure it continues to reflect the functional status of the participant. ~~*(3-19-07)*~~

~~***a.***~~ The SIB-R for adults is completed by the Department or its contractor. Providers must obtain and utilize the document generated by the Department or its contractor when one is necessary for program or plan development. ~~*(3-29-12)*~~( )

~~***b.*** *The SIB-R for children is required for all children accessing DDA services for the first time. (3-29-12)*~~

~~e. After the initial SIB-R assessment for children, additional SIB-R assessments will be reimbursed if a qualified professional determines that the assessment no longer reflects the current status of the participant. Please refer to Subsection 655 of these rules. (3-29-12)~~

05. Medical Condition. The participant's medical conditions, risk of deterioration, living conditions, and individual goals. (3-19-07)

06. Behavioral or Psychiatric Needs. Behavioral or psychiatric needs that require special consideration. (3-19-07)

513. ADULT DEVELOPMENTAL DISABILITY SERVICES PRIOR AUTHORIZATION: PLAN OF SERVICE.

In collaboration with the participant, the Department must assure that the participant has one (1) plan of service. This plan of service is based on the individualized participant budget referred to in Section 514 of these rules and must identify all services and supports. Participants may develop their own plan or designate a paid or non-paid plan developer. In developing the plan of service, the plan developer and the participant must identify services and supports available outside of Medicaid-funded services that can help the participant meet desired goals. Authorized services must be delivered by providers who are selected by the participant. (3-29-12)

01. Qualifications of a Paid Plan Developer. Neither a provider of direct service to the participant nor the assessor may be chosen to be the paid plan developer. Family members and all others who wish to be paid for plan development must be employed as a service coordinator as defined in Sections 729 through 732 of these rules. (3-19-07)

02. Plan Development. The plan must be developed with the participant. With the participant's consent, the person-centered planning team may include family members, guardian, or individuals who are significant to the participant. In developing the plan of service, the plan developer and participant must identify any services and supports available outside of Medicaid-funded services that can help the participant meet desired goals. The plan of service must be submitted within forty-five (45) days prior to the expiration of the existing plan of service unless delayed because of participant unavailability due to extenuating circumstances. If the plan is not submitted within this time period, authorization for provider payments may be terminated. (3-19-07)

03. Prior Authorization Outside of These Rules. The plan developer must ensure that all services that require prior authorization outside of these rules are submitted to the appropriate unit of the Department. These services include: (3-19-07)

a. Durable Medical Equipment (DME); (3-19-07)

b. Transportation; and (3-19-07)

c. Physical therapy, occupational therapy, and speech-language pathology services~~ provided outside of a Development Disabilities Agency (DDA)~~. ~~(4-2-08)~~(   )

04. No Duplication of Services. The plan developer will ensure that there is no duplication of services. Duplicate services will not be authorized. (3-29-12)

05. Plan Monitoring. The participant, service coordinator or plan monitor must monitor the plan. The plan developer is the plan monitor unless there is a service coordinator, in which case the service coordinator assumes the roles of both service coordinator and plan monitor. The planning team must identify the frequency of monitoring, which must be at least every ninety (90) days. Plan monitoring must include the following: (3-19-07)

a. Review of the plan of service in a face-to-face contact with the participant to identify the current status of programs and changes if needed; (3-19-07)

b. Contact with service providers to identify barriers to service provision; (3-19-07)

c. Discuss with participant satisfaction regarding quality and quantity of services; and (3-19-07)

d. Review of provider status reviews. (3-29-12)

e. The provider will immediately report all allegations or suspicions of mistreatment, abuse, neglect, or exploitation, as well as injuries of unknown origin to the agency administrator, the Department, the adult protection authority, and any other entity identified under Section 39-5303, Idaho Code, or federal law. (3-29-12)

06. Provider Status Reviews. Service providers, with exceptions identified in Subsection 513.11 of these rules, must report the participant's progress toward goals to the plan monitor on the provider status review when the plan has been in effect for six (6) months and at the annual person-centered planning meeting. The semi-annual and annual reviews must include: (3-19-07)

a. The status of supports and services to identify progress; (3-19-07)

b. Maintenance; or (3-19-07)

c. Delay or prevention of regression. (3-19-07)

07. Content of the Plan of Service. The plan of service must identify the type of service to be delivered, goals to be addressed within the plan year, frequency of supports and services, and identified service providers. The plan of service must include activities to promote progress, maintain functional skills, or delay or prevent regression. (3-19-07)

08. Informed Consent. Unless the participant has a guardian with appropriate authority, the participant must make decisions regarding the type and amount of services required. During plan development and amendment, planning team members must each indicate whether they believe the plan meets the needs of the participant, and represents the participant's choice. If not, the plan or amendment must be referred to the Bureau of Care Management's Medicaid Consumer Relations Specialist to negotiate a resolution with members of the planning team. (3-19-07)

09. Provider Implementation Plan. Each provider of Medicaid services, subject to prior authorization, must develop an implementation plan that identifies specific objectives that demonstrate how the provider will assist the participant to meet the participant's goals and needs identified in the plan of service.(3-19-07)

a. Exceptions. An implementation plan is not required for waiver providers of: (3-19-07)

i. Specialized medical equipment; (3-19-07)

ii. Home delivered meals; (3-19-07)

iii. Environmental modifications; (3-19-07)

iv. Non-medical transportation; (3-19-07)

v. Personal emergency response systems (PERS); (3-19-07)

vi. Respite care; and (3-19-07)

vii. Chore services. (3-19-07)

b. Time for Completion. The implementation plan must be completed within fourteen (14) days after the initial provision of service, and revised whenever participant needs change. (3-19-07)

c. Documentation of Changes. Documentation of Implementation Plan changes will be included in the participant's record. This documentation must include, at a minimum, the reason for the change, documentation of coordination with other service providers (where applicable), the date the change was made, the signature of the person making the change complete with the date and title. (3-19-07)

10. Addendum to the Plan of Service. A plan of service may be adjusted during the year with an addendum to the plan. These adjustments must be based on a change to a cost, addition of a service or increase to a service, or a change of provider. Additional assessments or information may be clinically necessary. Adjustment of the plan of service is subject to prior authorization by the Department. (3-29-12)

11. Community Crisis Supports. Community crisis supports are interventions for participants who have been determined eligible for developmental disability services and who are at risk of losing housing, employment or income, or are at risk of incarceration, physical harm, family altercation, or other emergencies. Community crisis support may be authorized the following business day after the intervention if there is a documented need for immediate intervention, no other means of support are available, and the services are appropriate to rectify the crisis. Community crisis support is limited to a maximum of twenty (20) hours during any consecutive five (5) day period. (3-19-07)

a. Emergency Room. Crisis services may be provided in an emergency room during the ER evaluation process if the goal is to prevent hospitalization and return the participant to the community. (3-19-07)

b. Before Plan Development. Community crisis support may be provided before or after the completion of the assessment and plan of service. If community crisis support is provided before the completion of the assessment and plan of service, the plan of service must include an identification of the factors contributing to the crisis and a strategy for addressing those factors in the future. (3-19-07)

c. Crisis Resolution Plan. After community crisis support has been provided, the provider of the community crisis support service must complete a crisis resolution plan and submit it to the Department for approval within three (3) business days. (3-19-07)

12. Annual Reauthorization of Services. A participant's plan of service must be reauthorized annually. The Department must review and authorize the new plan of service prior to the expiration of the current plan. (3-19-07)

a. Plan Developer Responsibilities for Annual Reauthorization. A new plan of service must be provided to the Department by the plan developer at least forty-five (45) days prior to the expiration date of the current plan. Prior to this, the plan developer must: (3-19-07)

i. Notify the providers who appear on the plan of service of the annual review date. (3-19-07)

ii. Obtain a copy of the current annual provider status review from each provider for use by the person-centered planning team. Each provider status review must meet the requirements in Subsection 513.14.d of these rules. (3-19-07)

iii. Convene the person-centered planning team to develop a new plan of service. (3-19-07)

b. Evaluation and Prior Authorization of the Plan of Service. The plan of service must be evaluated and prior authorized in accordance with the requirements in Sections 507 and 513 of these rules. (3-19-07)

c. Adjustments to the Annual Budget and Services. The annual budget and services may be adjusted by the Department based on demonstrated outcomes, progress toward goals and objectives, and benefit of services. (3-29-12)

d. Annual Status Reviews Requirement. If the provider's annual status reviews are not submitted with the annual plan, services will not be authorized at the time of the annual reauthorization. These services may be added to the plan of service only by means of an addendum to the plan in accordance with Subsection 513.12 of these rules. (3-19-07)

e. Reapplication After a Lapse in Service. For participants who are re-applying for service after a lapse in service, the assessor must evaluate whether assessments are current and accurately describe the status of the participant. (3-19-07)

f. Annual Assessment Results. An annual assessment must be completed in accordance with Section 512 of these rules. (3-19-07)

13. Complaints and Administrative Appeals. (3-29-12)

a. Participant complaints about the assessment process, eligibility determination, plan development, quality of service, and other relevant concerns may be referred to the Division of Medicaid. (3-29-12)

b. A participant who disagrees with a Department decision regarding program eligibility and authorization of services under these rules may file an appeal. Administrative appeals are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (3-29-12)

(BREAK IN CONTINUITY OF SECTIONS)

521. CHILDREN'S DEVELOPMENTAL DISABILITY PRIOR AUTHORIZATION (PA): DEFINITIONS.

For the purposes of Sections 520 through 528 of these rules, the following terms are used as defined below. (7-1-11)

01. Assessment. A process that is described in Section 522 of these rules for program eligibility and in Section 526 of these rules for plan of service. (7-1-11)

02. Baseline. A participant's skill level prior to intervention written in measurable, behaviorally-stated terms. (7-1-11)

03. Child. A person who is under the age of eighteen (18) years. (7-1-11)

04. Family. The participant and his parent(s) or legal guardian. (7-1-11)

05. Family-Centered Planning Process. A process facilitated by the plan developer, by which the family-centered planning team collaborates with the participant to develop the plan of service. (7-1-11)

06. Family-Centered Planning Team. The group who develops the plan of service. This group includes, at a minimum, the child participant (unless otherwise determined by the family-centered planning team), the parent or legal guardian and the plan developer. The family-centered planning team may include others identified by the family or agreed upon by the family and the Department as important to the process. (7-1-11)

07. ICF/ID. Intermediate care facility for persons with intellectual disabilities. (7-1-11)

08. Individualized Family Service Plan (IFSP). An initial or annual plan of service, developed by the Department or its designee, for providing early intervention services to children from birth up to ~~*age*~~ three (3) years of age (36 months). This plan must meet the provisions of the Individuals with Disabilities Education Act (IDEA), Part C. The IFSP may serve as the plan of service if it meets all of the components of the plan of service. The IFSP may also serve as a program implementation plan. ~~*(7-1-11)*~~( )

09. Level of Support. The amount of services and supports necessary to allow the individual to live independently and safely in the community. (7-1-11)

10. Medical, Social, and Developmental Assessment Summary. A form used by the Department to gather a participant's medical, social and developmental history and other summary information. It is required for all participants receiving home and community-based services under a plan of service. The information is used in the assessment and authorization of a participant's services. (7-1-11)

11. Plan Developer. A paid or non-paid person identified by the participant who is responsible for

developing one (1) plan of service and subsequent addenda that cover all services and supports based on a family-centered planning process. (7-1-11)

12. Plan Monitor. A person who oversees the provision of services on a paid or non-paid basis. (7-1-11)

13. Plan of Service. An initial or annual plan that identifies all services and supports based on a family-centered planning process, and which is developed for providing DD services to children birth through seventeen (17) years of age. (7-1-11)

14. Practitioner of the Healing Arts, Licensed. A licensed physician, physician assistant, or nurse practitioner. (7-1-11)

15. Prior Authorization (PA). A process for determining a participant's eligibility for services and medical necessity prior to the delivery or payment of services as provided by Sections 520 and 528 these rules. (7-1-11)

16. Provider Status Review. The written documentation that identifies the participant's progress toward goals defined in the plan of service, and demonstrates the continued need for the service. (7-1-11)

17. Right Care. Accepted treatment for defined diagnosis, functional needs and abilities to achieve the desired outcome. The right care is consistent with best practice and continuous quality improvement. (7-1-11)

18. Right Place. Services delivered in the most integrated setting in which they normally occur, based on the participant's choice to promote independence. (7-1-11)

19. Right Price. The most integrated and least expensive services that are sufficiently intensive to address the participant's needs. The amount is based on the individual's needs for services and supports as identified in the assessment. (7-1-11)

20. Right Outcomes. Services based on assessed need that ensure the health and safety of the participant and result in progress, maintenance, or delay or prevention of regression for the participant. (7-1-11)

21. Services. Evaluation, diagnostic, therapy, training, assistance, and support services that are provided to persons with developmental disabilities. (7-1-11)

(BREAK IN CONTINUITY OF SECTIONS)

523. ~~*TRANSITION TO NEW CHILDREN'S DEVELOPMENTAL DISABILITY BENEFITS.*~~ (RESERVED)

~~***01. Phase-in Schedule***. *To transition to the new benefits under Sections 520 through 528, Sections 660 through 666, and Sections 680 through 686 of these rules, a child will be phased in to the new benefits by order of his birthdate. (7-1-11)*~~

~~***02. Notification***. *During the phased-implementation, the Department will notify a family three (3) months prior to their child's birthdate. (7-1-11)*~~

~~***03. New Applicants***. *A new applicant entering the system will be enrolled in the new children's DD benefit programs. (7-1-11)*~~

~~***04. Opportunity for Early Enrollment***. *A family may opt to transition their child to the new benefits prior to their child's birthdate. The Department will accept application for a family who chooses to opt-in early, but transitioning a child at his scheduled transition date will be the Department's top priority. (7-1-11)*~~

~~***05. Duplication of Services***. *A child will not be able to receive both the new children's HCBS state plan*~~

~~*option and children's waiver services listed in Section 660 through 666 and 680 through 688, at the same time he is receiving the old DDA services listed in Section 649 through 659.*~~ ~~*(7-1-11)*~~

(BREAK IN CONTINUITY OF SECTIONS)

526. CHILDREN'S DEVELOPMENTAL DISABILITY PRIOR AUTHORIZATION (PA): PLAN OF SERVICE PROCESS.

In collaboration with the participant, the Department must ensure that the participant has one (1) plan of service. This plan of service is developed within the individualized participant budget referred to in Section 527 of these rules and must identify all services and supports. The participant and his parent or legal guardian may develop their own plan or use a paid or non-paid plan developer to assist with plan development. The plan of service must identify services and supports if available outside of Medicaid-funded services that can help the participant meet desired goals. (7-1-11)

01. Plan Development and Monitoring. Paid plan development and monitoring must be provided by the Department or its contractor. Non-paid plan development and monitoring may be provided by the family, or a person of their choosing, when this person is not a paid provider of services identified on the child's plan of service. (7-1-11)

02. Plan of Service Development. The plan of service must be developed with the parent or legal guardian, and the child participant (unless otherwise determined by the family-centered planning team). With the parent or legal guardian's consent, the family-centered planning team may include other family members or individuals who are significant to the participant. (7-1-11)

a. In developing the plan of service, the family-centered planning team must identify any services and supports available outside of Medicaid-funded services that can help the participant meet desired goals. (7-1-11)

b. The plan of service must identify, at a minimum, the type of service to be delivered, goals to be addressed within the plan year, target dates, and methods for collaboration. (7-1-11)

03. No Duplication of Services. The plan developer must ensure that there is no duplication of services. (7-1-11)

04. Plan Monitoring. The family-centered planning team must identify the frequency of monitoring, which must be at least every six (6) months. The plan developer must meet face-to-face with the participant at least annually. Plan monitoring must include the following: (7-1-11)

a. Review of the plan of service with the parent or legal guardian to identify the current status of programs and changes if needed; (7-1-11)

b. Contact with service providers to identify barriers to service provision; (7-1-11)

c. Discuss with parent or legal guardian satisfaction regarding quality and quantity of services; an (7-1-11)

d. Review of provider status reviews. (7-1-11)

05. Provider Status Reviews. The service providers in Sections 664 and 684 of these rules must report to the plan monitor the participant's progress toward goals. The provider must complete a six (6) month and annual provider status review. The provider status review must be submitted to the plan monitor within forty-five (45) calendar days prior to the expiration of the existing plan of service. (7-1-11)

06. Informed Consent. The participant and his parent or legal guardian must make decisions regarding the type and amount of services required. During plan development and amendment, planning team members must

each indicate whether they believe the plan meets the needs of the participant, and represents the participant's choice. (7-1-11)

07. ~~*Provider*~~ Program Implementation Plan. Providers of children's waiver services listed under Section 684 of these rules must develop an implementation plan that identifies specific objectives that demonstrate how the provider will assist the participant to meet the participant's goals and needs identified in the plan of service. ~~*(7-1-11)*~~( )

a. The implementation plan must be completed within fourteen (14) calendar days after the initial provision of service, and revised whenever participant needs change. (7-1-11)

b. Documentation of implementation plan changes will be included in the participant's record. This documentation must include, at a minimum, the reason for the change, documentation of coordination with other service providers (where applicable), the date the change was made, and the signature of the person making the change complete with his title and the date signed. (7-1-11)

08. Addendum to the Plan of Service. A plan of service may be adjusted during the year with an addendum to the plan. These adjustments must be based on changes in a participant's need or demonstrated outcomes. Additional assessments or information may be clinically necessary. Adjustment of the plan of service requires a parent's or legal guardian's signature and may be subject to prior authorization by the Department. (7-1-11)

09. Annual Reauthorization of Services. A participant's plan of service must be reauthorized annually. The Department must review and authorize the new plan of service prior to the expiration of the current plan. (7-1-11)

a. Annual Eligibility Determination Results. An annual determination must be completed in accordance with Section 522 of these rules. (7-1-11)

b. Plan Developer Responsibilities for Annual Reauthorization. A new plan of service must be provided to the Department by the plan developer at least ~~*forty-five*~~ ten (~~*45*~~10) calendar days prior to the expiration date of the current plan. Prior to this, the plan developer must: ~~*(7-1-11)*~~( )

i. Notify the providers who appear on the plan of service of the annual review date. (7-1-11)

ii. Obtain a copy of the current annual provider status review from each provider for use by the family-centered planning team. Each provider status review must meet the requirements in Subsection 526.06 of these rules. (7-1-11)

iii. Convene the family-centered planning team to develop a new plan of service. (7-1-11)

c. Evaluation and Prior Authorization of the Plan of Service. The plan of service must be evaluated and prior authorized in accordance with the requirements in Sections 520 and 526 of these rules. (7-1-11)

d. Adjustments to the Annual Budget and Services. The annual budget ~~*and services*~~ may be adjusted ~~*based on demonstrated outcomes, progress toward goals and objectives, and benefit of services*~~ when there are documented changes that may support placement in a different budget category as identified in Section 527 of these rules. Services may be adjusted at any time during the plan year. ~~*(7-1-11)*~~( )

e. Reapplication After a Lapse in Service. For participants who are re-applying for service after at least a thirty (30) calendar day lapse in service, the assessor must evaluate whether assessments are current and accurately describe the status of the participant. (7-1-11)

527. CHILDREN'S DEVELOPMENTAL DISABILITY PRIOR AUTHORIZATION (PA): PROVIDER REIMBURSEMENT.

Providers are reimbursed on a fee-for-service basis for services identified on the participant's plan of service and within the participant's individualized budget. The Department will monitor the budget setting methodology on an ongoing basis to ensure that participant needs are accurately reflected in the methodology. (7-1-11)

01. Individualized Budget Methodology. The following five (5) categories are used when determining individualized budgets for children with developmental disabilities: (7-1-11)

a. HCBS State Plan Option. Children meeting developmental disabilities criteria. (7-1-11)

b. Children's DD Waiver - Level I. (7-1-11)

i. Children meeting ICF/ID level of care criteria who qualify based on functional limitations when their composite full scale functional age equivalency is less than fifty percent (50%) of their chronological age; or (7-1-11)

ii. Children who have an overall age equivalency up to fifty-three percent (53%) of their chronological age when combined with a General Maladaptive Index between minus seventeen (-17), and minus twenty-one (-21) inclusive. (7-1-11)

c. Children's DD Waiver - Level II. (7-1-11)

i. Children meeting ICF/ID level of care criteria who qualify based on functional limitations when their composite full scale functional age equivalency is less than fifty percent (50%) of their chronological age; and (7-1-11)

ii. Have an autism spectrum disorder diagnosis. (7-1-11)

d. Children's DD Waiver - Level III. Children meeting ICF/ID level of care criteria who qualify based on maladaptive behaviors when their General Maladaptive Index is minus twenty-two (-22) or less. (7-1-11)

e. Act Early Waiver. (7-1-11)

i. Children age three (3) through six (6) meeting ICF/ID level of care criteria who qualify based on maladaptive behaviors when their General Maladaptive Index is minus twenty-two (-22) or less, and their composite full scale functional age equivalency is less than fifty percent (50%) of their chronological age; or (7-1-11)

ii. Children age three (3) through six (6) meeting ICF/ID level of care criteria who have an autism spectrum disorder diagnosis. (7-1-11)

02. Participant Notification of Budget Amount. The Department notifies each participant of his set budget amount as part of the eligibility determination process. The notification will include how the participant may appeal the set budget amount. (7-1-11)

03. Annual Re-Evaluation. Individualized budgets will be re-evaluated annually. At the request of the participant, the Department will also re-evaluate the set budget amount when there are documented changes ~~*in the participant's individualized needs and it is demonstrated that these additional needs cannot be supported by the current budget*~~ that may support placement in a different budget category as identified in this rule. ~~*(7-1-11)*~~(   )

(BREAK IN CONTINUITY OF SECTIONS)

634. -- 64~~7~~8. (RESERVED)

~~***648. INTRODUCTION TO DEVELOPMENTAL DISABILITIES AGENCIES SECTION.***~~
~~*Sections 649 through 659 of these rules include the requirements for developmental disabilities agencies delivering services to children and adults. The benefit requirements for developmental therapy, Intensive Behavioral Intervention (IBI), and other DDA services were moved from IDAPA 16.04.11, "Developmental Disabilities Agencies (DDA)," to this section of rules. IDAPA 16.04.11, "Developmental Disabilities Agencies (DDA)," has been rewritten*~~

~~*and renamed to: IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA).*~~ ~~*(7-1-11)*~~

~~***01. Background of the Children's System Redesign***~~. ~~*(7-1-11)*~~

~~***a.*** *In 2008, the Department began meeting with stakeholder groups to redesign developmental disabilities (DD) benefits for children. This project is known as the "Children's System Redesign." The Department will begin phased implementation of these redesigned benefits starting July 1, 2011. Implementation requirements are provided in Section 523 of these rules.*~~ ~~*(7-1-11)*~~

~~***b.*** *In order to phase in these new benefits as seamlessly as possible, the Department will continue to operate the current children's DD benefits concurrently with the redesigned children's DD benefits.*~~ ~~*(7-1-11)*~~

~~*i. The current children's DD benefits are found under Sections 649 to 659 of these rules.*~~ ~~*(7-1-11)*~~

~~*ii. The redesigned children's DD benefits are found under Sections 520 through 528, 660 through 666, and 680 through 686 of these rules.*~~ ~~*(7-1-11)*~~

~~***02. Developmental Disabilities Agency Services for Adults Age Eighteen and Older***. *Current DDA services for adults have not been modified and are covered under Sections 649 to 659 of these rules.*~~ ~~*(7-1-11)*~~

649. DEVELOPMENTAL ~~*DISABILITIES AGENCIES (DDA)*~~ THERAPY.

~~*Under 42 CFR 440.130(d), t*~~The Department will pay for ~~*rehabilitative services including medical or remedial services*~~ developmental therapy provided by facilities that have entered into a provider agreement with the Department and are certified as developmental disabilities agencies by the Department. ~~*Services provided by a developmental disabilities agency to children birth to three (3) years of age must meet the requirements and provisions of the Individuals with Disabilities 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. These requirements include adherence to procedural safeguards and time lines, multi-disciplinary assessments, evaluations, individualized family service plans, provision of early intervention services in the natural environment, transition planning, and enrollment and reporting requirements.*~~ ~~*(3-19-07)*~~(____)

650. DEVELOPMENTAL ~~*DISABILITIES AGENCY (DDA) SERVICES*~~ THERAPY: ELIGIBILITY.

~~***01. DDA Services Eligibility.***~~ Prior to receiving ~~*services*~~ developmental therapy in a DDA an individual must be determined by the Department or its contractor to have a developmental disability under Sections 500 through 506 of these rules and Section 66-402, Idaho Code be eighteen (18) years of age or older, and live in the community. ~~*(7-1-11)*~~(____)

~~***02. Intensive Behavioral Intervention (IBI) Service Eligibility***. *IBI is available to children with developmental disabilities through the month of their twenty-first birthday, who have the following characteristics:*~~ ~~*(7-1-11)*~~

~~***a.*** *Self-injurious, aggressive, or severely maladaptive behavior as evidenced by a General Maladaptive Index score of minus twenty-two (-22) or below on the Scales of Independent Behavior - Revised (SIB-R) or other behavioral assessment indicators identified by the Department; and*~~ ~~*(7-1-11)*~~

~~***b.*** *A severe deficit, defined as equivalent to fifty percent (50%) or less of chronological age, in at least one (1) of the following areas:*~~ ~~*(7-1-11)*~~

~~*i. Verbal and nonverbal communication as evidenced by the SIB-R Social Interaction & Communication Skills cluster score;*~~ ~~*(7-1-11)*~~

~~*ii. Social interaction as evidenced by the SIB-R Social Interaction subscale score; or*~~ ~~*(7-1-11)*~~

~~*iii. Leisure and play skills as evidenced by the SIB-R Home/Community Orientation subscale score.*~~ ~~*(7-1-11)*~~

651. ~~*DDA SERVICES*~~ DEVELOPMENTAL THERAPY: COVERAGE REQUIREMENTS AND LIMITATIONS.
Developmental ~~*disabilities agency services*~~ therapy must be recommended by a physician or other practitioner of the healing arts. ~~*The following therapy services are reimbursable when provided in accordance with these rules.*~~ ~~*(7-1-11)*~~( )

~~***01. Required DDA Services**. Each DDA is required to provide developmental therapy; in addition, each DDA must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement.* (7-1-11)~~

~~***a.** Sufficient Quantity and Quality. All required services provided must be sufficient in quantity and quality to meet the needs of each person receiving services, and must be provided by qualified individuals in accordance with the requirements in Section 657 of these rules.* (7-1-11)~~

~~***b.** When a Required Service Is Not Available. When a required service, other than developmental therapy, is not provided by the agency due to a documented shortage of available providers in a specific geographic area, the DDA must document its effort to secure the service or facilitate the referral for the needed service, including notifying the service coordinator, when the participant has one.* (7-1-11)~~

0~~2~~1. Requirements to Deliver Developmental Therapy. Developmental therapy may be delivered in a developmental disabilities agency center-based program, the community, or the home of the participant. Participants living in a certified family home must not receive home-based developmental therapy in a certified family home. Developmental therapy includes individual developmental therapy and group developmental therapy. Developmental therapy ~~*services*~~ must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on an ~~*comprehensive developmental*~~ assessment completed prior to the delivery of developmental therapy. ~~*Developmental therapy will not be reimbursed if the participant is receiving psychosocial rehabilitation or partial care services as this is a duplication of services.*~~ ~~*(3-29-12)*~~( )

a. Areas of Service. These services must be directed toward the rehabilitation or habilitation of physical or ~~*mental*~~ developmental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. ~~*(7-1-11)*~~( )

b. Age-Appropriate. Developmental therapy includes instruction in daily living skills the participant has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy. Developmental therapy must be age-appropriate. (7-1-11)

c. Tutorial Activities and Educational Tasks are Excluded. Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational needs that result from the participant's disability. (7-1-11)

d. Settings for Developmental Therapy. Developmental therapy, in both individual and group formats, must be available in both community-based and home-based settings, and be based on participant needs, interests, or choices. (7-1-11)

e. Staff-to-Participant Ratio. When group developmental therapy is center-based, there must be a minimum of one (1) qualified staff, who may be a paraprofessional or a Developmental Specialist, providing direct services for every twelve (12) participants. The community-based services must occur in integrated, inclusive settings and with no more than three (3) participants per qualified staff at each session. Additional staff must be added, as necessary, to meet the needs of each individual served. ~~*(7-1-11)*~~( )

~~***03. Psychotherapy Services**. The following psychotherapy services must be available through each agency and based on assessment(s) conducted by the professional qualified to deliver the service:* (7-1-11)~~

~~***a.** Individual psychotherapy;* (7-1-11)~~

~~b. Group psychotherapy in which there is a minimum ratio of one (1) qualified staff person for every twelve (12) individuals in group therapy; and (7-1-11)~~

~~c. Family-centered psychotherapy that includes the participant and at least one (1) other family member at any given time. (7-1-11)~~

~~d. Psychotherapy services are limited to a maximum of forty-five (45) hours in a calendar year, including individual, group, and family-centered. (3-29-12)~~

~~e. Psychotherapy services must be provided by one (1) of the following qualified professionals: (7-1-11)~~

~~i. Licensed Psychiatrist; (7-1-11)~~

~~ii. Licensed Physician; (7-1-11)~~

~~iii Licensed Psychologist; (7-1-11)~~

~~iv. Licensed Clinical Social Worker; (7-1-11)~~

~~v. Licensed Clinical Professional Counselor; (7-1-11)~~

~~vi. Licensed Marriage and Family Therapist; (7-1-11)~~

~~vii. Certified Psychiatric Nurse (RN), licensed in accordance with Title 54, Chapter 14, Idaho Code, or certified by a recognized national certification organization, and have a minimum of a master's degree; (7-1-11)~~

~~viii. Licensed Professional Counselor whose provision of psychotherapy is supervised by persons qualified above under Subsections 651.03.e.i. through 651.03.e.vii. of this rule; (7-1-11)~~

~~ix. Registered Marriage and Family Therapist Intern whose provision of psychotherapy is supervised as described in Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists." (7-1-11)~~

~~x. 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"; or (7-1-11)~~

~~xi. A Psychologist Extender, registered with the Bureau of Occupational Licenses, whose provision of psychotherapy is supervised as described in IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners." (7-1-11)~~

~~**04. Occupational Therapy Services**. Occupational therapy services include individual occupational therapy and group occupational therapy. These services are limited in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 730 through 739. Occupational therapy services must be available and provided by a licensed occupational therapist and be based on the results of an occupational therapy assessment completed in accordance with Section 655 of these rules. (7-1-11)~~

~~**05. Physical Therapy Services**. Physical therapy services include individual or group therapy. These services are limited in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 730 through 739. Physical therapy services must be available and provided by a licensed physical therapist and be based on the results of a physical therapy assessment completed in accordance with Section 655 of these rules. (7-1-11)~~

~~**06. Speech-Language Pathology Services**. Speech-language pathology services include individual or group therapy. These services are limited in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 730 through 739. Speech-language pathology services must be available and provided by a qualified speech-language pathologist, as defined in these rules, and be based on the results of a speech and language assessment~~

~~*completed in accordance with Section 655 of these rules.*~~ ~~*(7-1-11)*~~

~~***07. Optional Services***~~~~*. DDAs may opt to provide any of the following services: pharmacological management, psychiatric diagnostic interviews, community crisis supports, and Intensive Behavioral Intervention (IBI). All services must be provided by qualified individuals in accordance with the requirements in Section 657 of these rules.*~~ ~~*(3-29-12)*~~

~~***08. Pharmacological Management***~~~~*. Pharmacological management is consultation for the purpose of prescribing, monitoring, or administering medications. These consultations must be provided by a physician or other practitioner of the healing arts in direct face-to-face contact with the participant and be provided in accordance with the plan of service with the type, amount, frequency, and duration of the service specified. The telephoning of prescriptions to the pharmacy is not a billable service.*~~ ~~*(7-1-11)*~~

~~***09. Psychiatric Diagnostic Interview***~~~~*. A psychiatric diagnostic interview must include a history, a current mental status examination, and offer recommendations for treatment interventions needed, if any. If the interview exam results in a recommendation for additional intervention and the recommendation is accepted by the participant and his parent or legal guardian, if applicable, the recommendation must be incorporated into the participant's plan of service with the type, amount, frequency, and duration of service specified.*~~ ~~*(7-1-11)*~~

~~***a.***~~ ~~*Physician Requirement. In order for a DDA to conduct a psychiatric diagnostic interview, the agency must have a physician on contract for the purpose of overseeing the services on the plan.*~~ ~~*(7-1-11)*~~

~~***b.***~~ ~~*On Plan of Service. A psychiatric diagnostic interview must be incorporated into the participant's plan of service.*~~ ~~*(7-1-11)*~~

~~***c.***~~ ~~*Staff Qualifications. A psychiatric diagnostic interview must be conducted by one (1) of the following professionals, in direct face-to-face contact with the participant:*~~ ~~*(7-1-11)*~~

~~*i.*~~ ~~*Psychiatrist;*~~ ~~*(7-1-11)*~~

~~*ii.*~~ ~~*Physician or other practitioner of the healing arts;*~~ ~~*(7-1-11)*~~

~~*iii.*~~ ~~*Psychologist;*~~ ~~*(7-1-11)*~~

~~*iv.*~~ ~~*Clinical social worker; or*~~ ~~*(7-1-11)*~~

~~*v.*~~ ~~*Clinical professional counselor.*~~ ~~*(7-1-11)*~~

~~***10. Community Crisis Supports***~~~~*. Community crisis supports are interventions for adult participants who have been determined eligible for developmental disability services and who are at risk of losing housing, employment or income, or are at risk of incarceration, physical harm, family altercation, or other emergencies. DDAs that choose to provide these services must do so in accordance with Sections 507 through 515 of these rules.*~~ ~~*(7-1-11)*~~

~~***11. Intensive Behavioral Intervention***~~~~*. DDA's that choose to offer Intensive Behavioral Intervention (IBI) must provide IBI services in accordance with Sections 656 of these rules.*~~ ~~*(7-1-11)*~~

~~***a.***~~ ~~*IBI is limited to a lifetime limit of thirty-six (36) months.*~~ ~~*(7-1-11)*~~

~~***b.***~~ ~~*The DDA must receive prior authorization from the Department prior to delivering IBI services.*~~ ~~*(7-1-11)*~~

~~***c.***~~ ~~*IBI must only be delivered on an individualized, one-to-one (1 to 1) basis.*~~ ~~*(7-1-11)*~~

~~***d.***~~ ~~*Intensive behavioral intervention services will not be reimbursed if the participant is receiving psychosocial rehabilitation or partial care services as this is a duplication of services.*~~ ~~*(3-29-12)*~~

~~***e.***~~ ~~*After July 1, 2006, agencies must have provided developmental therapy for at least one (1) year*~~

~~*and not be operating under a provisional certification prior to providing IBI services.*~~ ~~*(3-29-12)*~~

~~*f.*~~ ~~*Agencies that were providing IBI services prior to July 1, 2006, are exempt from the requirement under Subsection 651.12.d. of this rule.*~~ ~~*(3-29-12)*~~

~~*g.*~~ ~~*IBI consultation, as described in Section 656 of these rules, is included in the thirty-six (36) month IBI limitation. The DDA must receive prior authorization from the Department prior to providing IBI Consultation.*~~

~~1~~02. **Excluded Services**. The following services are excluded for Medicaid payments: (7-1-11)

a. Vocational services; (7-1-11)

b. Educational services; and (7-1-11)

c. Recreational services. (7-1-11)

~~1~~03. **Limitations on ~~*DDA Services*~~ Developmental Therapy**. ~~*DDA*~~ Developmental therapy ~~*services*~~ may not exceed the limitations as specified below. ~~*(3-29-12)*~~(____)

a. ~~*The combination of therapy services listed in Subsections 651.02 through 651.06, and 651.11 of this rule*~~ Developmental therapy must not exceed twenty-two (22) hours per week. ~~*(3-29-12)*~~(____)

b. Developmental ~~*T*~~therapy ~~*services listed in Subsections 651.02 through 651.06, and 651.11 of this rule,*~~ provided in combination with Community Supported Employment services under Subsection 703.04 of these rules, must not exceed forty (40) hours per week. ~~*(3-29-12)*~~(____)

c. When a~~*n HCBS waiver*~~ participant ~~*under Sections 700 through 719 of these rules*~~ receives adult day ~~*care*~~ health as provided in Subsection 703.12 of these rules, the combination of adult day ~~*care*~~, health and developmental therapy ~~*and Occupational therapy*~~ must not exceed thirty (30) hours per week. ~~*(7-1-11)*~~(____)

d. Only one (1) type of therapy ~~*service*~~ will be reimbursed during a single time period by the Medicaid program. ~~*No*~~ Developmental therapy ~~*services*~~ will not be reimbursed during periods when the participant is being transported to and from the agency. ~~*(7-1-11)*~~(____)

~~***REQUIREMENTS FOR DEVELOPMENTAL DISABILITIES AGENCIES PROVIDING SERVICES***~~
~~***(Sections 652 through 659)***~~

652. DEVELOPMENTAL THERAPY: PROCEDURAL REQUIREMENTS FOR ~~*A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER*~~ INDIVIDUALS WITH AN ISP.
~~*This Section does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, "Medicaid Basic Plan Benefits." DDAs must comply with the requirements under Section 653 of these rules for those adults.*~~ ~~*(7-1-11)*~~

01. **Eligibility Determination**. Prior to the delivery of ~~*any DDA services*~~ developmental therapy, the person must be determined by the Department or its contractor to be eligible as defined under Section 66-402, Idaho Code, ~~*for DDA services*~~ be eighteen (18) years of age or older and live in the community. ~~*(7-1-11)*~~(____)

~~*a.*~~ ~~*For persons seeking Medicaid-funded DDA services who are eighteen (18) years of age or older, the Department or its designee determines eligibility for services.*~~ ~~*(7-1-11)*~~

~~*b.*~~ ~~*For persons eighteen (18) years of age or older who are not Medicaid participants, the DDA must follow the requirements under Subsection 653.01 of these rules.*~~ ~~*(7-1-11)*~~

02. **Intake**. Prior to the delivery of developmental therapy: ~~*(7-1-11)*~~(____)

a. ~~*For Medicaid participants eighteen (18) years of age or older, prior to the delivery of any Medicaid-funded DDA services:*~~ ~~*(7-1-11)*~~

~~*i.*~~ ~~*The Department or its designee will have provided the*~~ A DDA ~~*with*~~ will obtain a participant's current medical, social, and developmental information~~*; and*~~ from the Department or its designee. ~~*(7-1-11)*~~( )

~~*ii*~~**b.** The participant must have an ISP that is authorized in accordance with IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515. Developmental therapy provided by the DDA must be included on the plan of service and be prior authorized by the Department or its designee before a participant can receive the service from the agency. ~~*(7-1-11)*~~( )

~~***b.***~~ ~~*Participants eighteen (18) years of age or older receiving DDA services and who are using the Home and Community Based Services (HCBS) Waiver for the Aged and Disabled (A&D), State Plan PCS, or are living in a nursing facility must:*~~ ~~*(7-1-11)*~~

~~*i.*~~ ~~*Have DDA services prior authorized by the Department or its designee; and*~~ ~~*(7-1-11)*~~

~~*ii.*~~ ~~*DDAs must complete an Individual Program Plan (IPP) that meets the standards described in Subsections 653.04 through 653.06 of these rules. IPPs for these individuals do not require the signature of a physician or other practitioner of the healing arts.*~~ ~~*(7-1-11)*~~

~~***c.***~~ ~~*For participants eighteen (18) years of age or older who are not Medicaid participants, the DDA must follow the requirements under Subsection 653.02 of these rules.*~~ ~~*(7-1-11)*~~

~~***03.***~~ ~~***Assessments**. Requirements for assessments are found under Subsections 655.01 through 655.06 of these rules.*~~ ~~*(7-1-11)*~~

~~***04.***~~ ~~***Individual Service Plan (ISP)**. For participants eighteen (18) years of age or older any services provided by the DDA must be included on the plan of service and be prior authorized by the Department or its designee before a participant can receive the service from the agency.*~~ ~~*(7-1-11)*~~

0~~5~~3. **Documentation of Plan Changes**. Documentation of changes in the required plan of service or Program Implementation Plan must be included in the participant's record. This documentation must include, at a minimum, the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to a Program Implementation Plan that affect the type or amount of service on the plan of service, an addendum to the plan of service must be completed. (7-1-11)

653. ~~***REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM***~~ **DEVELOPMENTAL THERAPY: PROCEDURAL REQUIREMENTS FOR INDIVIDUALS WITH AN IPP.**

01. **Eligibility Determination**. Prior to the delivery of ~~*any DDA services, the DDA must determine and document the participant's eligibility in accordance with*~~ developmental therapy, the person must be determined by the Department or its contractor to be eligible as defined under Section 66-402, Idaho Code, be eighteen (18) years of age or older, and live in the community. ~~*For eligibility determination, the following assessments must be obtained or completed by the DDA:*~~ ~~*(7-1-11)*~~( )

~~***a.***~~ ~~*Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code; or*~~ ~~*(7-1-11)*~~

~~***b.***~~ ~~*Psychological Assessment. If the medical assessment does not establish categorical eligibility, the DDA must obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code.*~~ ~~*(7-1-11)*~~

~~***c.***~~ ~~*Standardized Comprehensive Developmental Assessment. This must contain developmental*~~

~~*information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code.*~~ ~~*(7-1-11)*~~

02. Intake. ~~*The DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services.*~~ Individuals using the Home and Community-Based Services (HCBS) waiver for the Aged and Disabled (A&D) or State Plan Personal Care Services and only requesting DDA services, have the option to access services through an Individual Program Plan. Individuals who select this option are not required to have a plan developer or an Individual Service Plan. Prior to the delivery of developmental therapy, a DDA must complete an Individual Program Plan (IPP) that meets the standards described below. ~~*(7-1-11)*~~(____)

~~***a.***~~ ~~*The person must have been determined by the DDA to be eligible for DDA services.*~~ ~~*(7-1-11)*~~

~~***b.***~~ ~~*The DDA must obtain or complete a comprehensive medical and medical/social history.*~~ ~~*(7-1-11)*~~

~~***03.***~~ ~~***Assessments**. Requirements for assessments are found under Subsections 655.01 through 655.06 of these rules.*~~ ~~*(7-1-11)*~~

0~~4~~3. Individual Program Plan (IPP) Definitions. The delivery of ~~*each service*~~ developmental therapy on a plan ~~*of service*~~ must be defined in terms of the type, amount, frequency, and duration of the service. ~~*(7-1-11)*~~(____)

a. Type of service refers to the kind of service described in terms of: (7-1-11)

~~*i.*~~ ~~*Discipline;*~~ ~~*(7-1-11)*~~

i~~*i*~~. Group, individual, or family; and (7-1-11)

ii~~*i*~~. Whether the service is home, community, or center-based. (7-1-11)

b. Amount of service is the total number of service hours during a specified period of time. This is typically indicated in hours per week. (7-1-11)

c. Frequency of service is the number of times service is offered during a week or month. (7-1-11)

d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-11)

0~~5~~4. Individual Program Plan (IPP). ~~*For participants three (3) through seventeen (17) years of age and for adults receiving EPDST services, the DDA is required to complete an IPP.*~~ ~~*(7-1-11)*~~(____)

a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. (7-1-11)

b. The planning process must include the participant, ~~*and his parent or*~~ his legal guardian if one exists, ~~*if applicable,*~~ and others the participant or his ~~*parent or*~~ legal guardian chooses. The participant~~*'s parent or*~~ and his legal guardian if one exists must sign the IPP indicating ~~*his*~~ participation in its development. The ~~*parent or*~~ participant and his legal guardian if one exists must be provided a copy of the completed IPP by the DDA. If the participant ~~*and his parent*~~ or his legal guardian ~~*are*~~ is unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts, ~~*and the parent or*~~ the participant, and his legal guardian if one exists, must sign the IPP prior to initiation of any services identified within the plan~~*, except as provided under Subsection 652.02.b.ii. of these rules*~~. ~~*(7-1-11)*~~(____)

c. The planning process must occur at least annually, or more often if necessary, to review and update the plan to reflect any changes in the needs or status of the participant. Revisions to the IPP requiring a change in type, amount, or duration of the service provided must be recommended by the physician or other practitioner of the healing arts prior to implementation of the change. Such recommendations ~~*must be signed by the physician or other*~~

~~*practitioner of the healing arts*~~ require written authorization by the participant, his legal guardian if one exists, and must be maintained in the participant's file. ~~*A parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan.*~~ ~~*(7-1-11)*~~(____)

d. The IPP must be supported by the documentation required in the participant's record in accordance with IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)" record requirements. (7-1-11)

e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-11)

i. The participant's name and medical diagnosis; (7-1-11)

ii. The name of the assigned Developmental Specialist, the date of the planning meeting, and the names and titles of those present at the meeting; (7-1-11)

iii. The dated signature of the physician or other practitioner of the healing arts indicating his recommendation of the services on the plan; (7-1-11)

iv. The type, amount, frequency, and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-11)

v. A list of the participant's current personal goals, interests and choices; (7-1-11)

vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-11)

vii. A list of measurable behaviorally stated objectives, which correspond to the list of priority needs. A Program Implementation Plan must be developed for each objective; (7-1-11)

viii. The ~~*discipline professional or*~~ Developmental Specialist responsible for each objective; ~~*(7-1-11)*~~(____)

ix. The target date for completion of each objective; (7-1-11)

x. The review date; and (7-1-11)

xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include ~~*integrated classrooms,*~~ community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. ~~*(7-1-11)*~~(____)

0~~6~~5. Documentation of Plan Changes. Documentation of required ~~*plan of service or*~~ Program Implementation Plan changes must be included in the participant's record. This documentation must include, at a minimum: ~~*(7-1-11)*~~(____)

a. The reason for the change; (7-1-11)

b. Documentation of coordination with other services providers, where applicable; (7-1-11)

c. The date the change was made; and (7-1-11)

d. The signature of the professional making the change complete with date, credential, and title. Changes to the IPP require documented notification of the participant ~~*or the participant's parent or*~~ and his legal guardian~~*, if applicable*~~ if one exists. Changes in type, amount, or duration of services ~~*require written authorization from*~~ must be recommended by a physician or other practitioner of the healing arts. ~~*and*~~ Such recommendations require written authorization by the participant ~~*or the participant's parent or*~~ and his legal guardian if one exists prior to the change. If the signatures of the participant ~~*or the parent*~~ or his legal guardian cannot be obtained, then the agency must document in the participant's record the reason the signatures were not obtained. ~~*(7-1-11)*~~(____)

~~***654. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN BIRTH TO THREE YEARS OF AGE (INFANT TODDLER).***~~

~~*Services provided by a DDA to children birth to three (3) years of age 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. These requirements include: adherence to procedural safeguards and time lines, use of multi-disciplinary assessments and Individualized Family Service Plans (IFSPs), provision of early intervention services in the natural environment, transition planning, and program enrollment and reporting requirements. For children birth to age three (3), the IFSP will be used in lieu of the Individual Program Plan (IPP). (7-1-11)*~~

~~***01. Eligibility Determination****. For a child birth to three (3) years of age, prior to the delivery of any DDA services: (7-1-11)*~~

~~***a.*** *In accordance with 34 CFR 303.321(e), the Department's regional Infant Toddler Program will determine eligibility for DDA services in accordance with Section 66-402, Idaho Code. (7-1-11)*~~

~~***b.*** *Upon request from the DDA, and after receiving consent from the parent or legal guardian for release of information, the Department's regional Infant Toddler Program will provide the DDA with documentation of the child's eligibility including a copy of the current IFSP, addendum(a) to the IFSP, assessments, and service records related to current DDA services. (7-1-11)*~~

~~***02. Intake****. Prior to the delivery of DDA services: (7-1-11)*~~

~~***a.*** *The DDA must obtain both a copy of the current IFSP and a copy of all current assessment(s) used by the Department's regional Infant Toddler Program to determine eligibility for DDA services; and (7-1-11)*~~

~~***b.*** *The DDA must conduct a meeting with the child's family, in cooperation with the child's service coordinator, to review the current IFSP and confirm the family's resources, priorities, and concerns with regard to the child's current developmental status and therapeutic needs. (7-1-11)*~~

~~***03. Individualized Family Service Plan (IFSP)****. The Department or its designee will develop the initial IFSP for each eligible child, birth to three (3) years of age. Each DDA that provides DDA services to an eligible child, birth to three (3) years of age, must implement services according to the IFSP for that child as required by the Individuals with Disabilities Education Act, (P.L. 108-446, December 2004), Part C, Section 636 (d) and Title 16, Chapter 1, Idaho Code. The DDA must use the Department-approved IFSP form in accordance with 34 CFR 303.344. The procedures for IFSP development, review, and assessment must be in accordance with 34 CFR 303.342. (7-1-11)*~~

~~***a.*** *Development of the IFSP. For a child who has been evaluated for the first time and has been determined to be eligible for DDA services, the initial IFSP developed by the Department must be completed within a forty-five (45) day time period in accordance with 34 CFR 303.321(e). (7-1-11)*~~

~~***b.*** *Periodic Reviews. In cooperation with the child's service coordinator and other service providers, the DDA must participate in a review of the IFSP to be conducted every six (6) months, or more frequently, if conditions warrant or if the family requests such a review. The purpose of the periodic review is to identify progress made toward each objective and to determine whether these current outcomes and objectives need modification or revision. The review may be carried out in a meeting or by another means that is acceptable to the parent or legal guardian and other participants. These reviews must include the degree to which progress toward achieving the*~~

~~*outcomes is being made.*~~ ~~*(7-1-11)*~~

~~*i. The DDA must provide the child's service coordinator with any current assessments and other information from the ongoing assessment of the child to determine what services are needed and will be provided.*~~ ~~*(7-1-11)*~~

~~*ii. The DDA must identify outcomes and objectives for inclusion in the IFSP for any services to be provided through the DDA.*~~ ~~*(7-1-11)*~~

~~***c.** Participants in the IFSP meetings and periodic reviews must be in accordance with 34 CFR 303.343. IFSP meetings and periodic reviews must include the parent or legal guardian, the service coordinator working with the family, persons providing direct services to the child and family as appropriate, and persons directly involved in conducting the assessments of the child. The family is encouraged to invite any family member, advocate, or friend to the meeting to assist in the planning process.*~~ ~~*(7-1-11)*~~

~~***d.** The IFSP or IFSP addendum must be in accordance with 34 CFR 303.344, and include the following:*~~ ~~*(7-1-11)*~~

~~*i. A statement of the outcome;*~~ ~~*(7-1-11)*~~

~~*ii. Steps to support transitions;*~~ ~~*(7-1-11)*~~

~~*iii. Behaviorally-stated objectives toward meeting that outcome;*~~ ~~*(7-1-11)*~~

~~*iv. Frequency, intensity, and method of delivering a service to meet the outcome;*~~ ~~*(7-1-11)*~~

~~*v. Measurability criteria, strategies, and activities;*~~ ~~*(7-1-11)*~~

~~*vi. Start and end dates;*~~ ~~*(7-1-11)*~~

~~*vii. A description of the natural environments in which early intervention services are appropriately provided, including a justification of the extent, if any, to which services will not be provided in a natural environment; and*~~ ~~*(7-1-11)*~~

~~*viii. A list of who will be involved in the direct intervention.*~~ ~~*(7-1-11)*~~

~~***e.** There must be an order by a physician or other practitioner of the healing arts for all DDA services included on the IFSP.*~~ ~~*(7-1-11)*~~

~~***f.** Transition to preschool programs must be in accordance with 34 CFR 303.148.*~~ ~~*(7-1-11)*~~

~~*i. At the IFSP review closest to the child's second birthday, outcomes must be written to address the steps needed to ensure appropriate services for the child at age three (3).*~~ ~~*(7-1-11)*~~

~~*ii. At least six (6) months prior to the child's third birthday, the DDA must document contact with the child's service coordinator and participation in the transition planning process at the time of referral of the child to his local school district for IDEA, Part B, eligibility determination.*~~ ~~*(7-1-11)*~~

~~***04. Parental Consent and Right to Decline Service**. Written parental consent must be obtained before:*~~ ~~*(7-1-11)*~~

~~***a.** Conducting the assessment of a child; and*~~ ~~*(7-1-11)*~~

~~***b.** Initiating the provision of services.*~~ ~~*(7-1-11)*~~

~~***05. Ongoing Assessment of the Child**. The assessment of each child must:*~~ ~~*(7-1-11)*~~

~~***a.*** *Be conducted by personnel trained to utilize appropriate methods and procedures;* *(7-1-11)*~~

~~***b.*** *Be based on informed clinical opinion; and* *(7-1-11)*~~

~~***c.*** *Include the following:* *(7-1-11)*~~

~~*i.* *A review of pertinent records related to the child's current health status and medical history.* *(7-1-11)*~~

~~*ii.* *An assessment of the child's level of functioning in cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development.* *(7-1-11)*~~

~~*iii.* *An assessment of the unique needs of the child in terms of each of the developmental areas mentioned above in Subsection 654.05.c.ii. of this rule, including the identification of services appropriate to meet those needs.* *(7-1-11)*~~

~~***06.*** ***Services in the Natural Environment****. Natural environments are settings that are natural or normal for the child's age peers who have no disability. To the maximum extent appropriate, in order to meet the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.* *(7-1-11)*~~

~~***07.*** ***Documentation of Program Changes****. Documentation of required plan or Program Implementation Plan changes must be included in the participant's record. This documentation must include, at a minimum, the reason for the change, documentation of coordination with other services providers, where applicable, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to the Program Implementation Plan that affect the IFSP, an addendum to the IFSP must be completed:* *(7-1-11)*~~

~~***a.*** *In cooperation with the service coordinator;* *(7-1-11)*~~

~~***b.*** *With consent of the parent;* *(7-1-11)*~~

~~***c.*** *With an order by the child's physician or other practitioner of the healing arts;* *(7-1-11)*~~

~~***d.*** *With all changes documented on the enrollment form; and* *(7-1-11)*~~

~~***e.*** *A copy of the addendum and the enrollment form must be submitted to the Department.* *(7-1-11)*~~

65~~5~~4. ~~*DDA SERVICES*~~ DEVELOPMENTAL THERAPY: PROCEDURAL REQUIREMENTS.

01. Assessment and Diagnostic Services. DDAs must obtain assessments required under Sections 507 through 515 of these rules. Four (4) hours is the maximum Medicaid reimbursable time allowed for the combination of all assessment, evaluation, or diagnostic services provided in any calendar year. ~~*Psychological assessment benefits are separately limited to four (4) hours annually. Additional hours may be approved for a child through the month of his twenty-first birthday with approval from EPSDT staff in the Division of Medicaid.*~~ The following assessment and diagnostic services are reimbursable when provided in accordance with these rules: ~~*(3-29-12)*~~(____)

a. Comprehensive Developmental Assessment; and ~~*(7-1-11)*~~(____)

b. ~~*Comprehensive Intensive Behavioral Intervention (IBI)*~~ Specific Skill Assessment. ~~*Before conducting the comprehensive IBI assessment, the DDA must receive prior authorization from the Department. The time required to complete this assessment is included in the thirty-six (36) month IBI limitation but does not count against the four (4) hour limitation described in Subsection 655.01 of this rule;*~~ ~~*(3-29-12)*~~(____)

~~***c.*** *Occupational Therapy Assessment;* *(7-1-11)*~~

~~**d.** Physical Therapy Assessment;~~ ~~(7-1-11)~~

~~**e.** Speech and Language Assessment;~~ ~~(7-1-11)~~

~~**f.** Medical/Social History; and~~ ~~(7-1-11)~~

~~**g.** Psychological Assessment. Includes psychological testing and psychiatric diagnostic interview.~~ ~~(7-1-11)~~

02. Comprehensive Developmental Assessments~~**Conducted by the DDA**~~. Assessments must be conducted by qualified professionals defined under Section 65~~7~~5 of these rules~~for the respective discipline or areas of service~~. ~~(7-1-11)~~(   )

a. Comprehensive Assessments. A comprehensive assessment must: (7-1-11)

i. Determine the necessity of the service; (7-1-11)

ii. Determine the participant's needs; (7-1-11)

iii. Guide treatment; (7-1-11)

iv. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-11)

~~v. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs.~~ ~~(7-1-11)~~

~~**b.** Current Assessments Required. When the DDA determines developmental disabilities eligibility, current assessments must be completed or obtained as necessary.~~ ~~(7-1-11)~~

~~c~~b. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-11)

~~**d.** Assessment must be completed within forty-five (45) days.~~ ~~(7-1-11)~~

~~i. With the exception noted under Subsection 655.02.d.ii. of this rule, each assessment must be completed within forty-five (45) calendar days of the date it was recommended by the physician or other practitioner of the healing arts. If the assessment is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay.~~ ~~(7-1-11)~~

~~ii. This forty-five (45) day requirement does not apply to participant plans of service authorized under Sections 507 through 515 of these rules.~~ ~~(7-1-11)~~

~~03~~c. Requirements for Current Assessments. Assessments must accurately reflect the current status of the participant. ~~(7-1-11)~~

~~**a.**~~ To be considered current, assessments must be completed or updated at least every two (2) years for service areas in which the participant is receiving services on an ongoing basis. ~~(3-29-12)~~(   )

~~**b.** Assessments or updates are required in disciplines in which services are being delivered and when recommended by a professional. At the time of the required review of the assessment(s), the qualified professional in the respective discipline must determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participant's current status in that service area. If, during the required review of the assessment(s), the latest assessment accurately represents the status of the participant, the file must contain~~

~~*documentation from the professional stating so.*~~ ~~*(3-29-12)*~~

~~*c.*~~ ~~*Medical/social histories and medical assessments must be completed at a frequency determined by the recommendation of a professional qualified to conduct those assessments.*~~ ~~*(3-29-12)*~~

~~*d.*~~ ~~*Once initial eligibility has been established, annual assessment of IQ is not required for persons whose categorical eligibility for DDA services is based on a diagnosis of mental retardation. IQ testing must be reconducted on a frequency determined and documented by the agency psychologist or at the request of the Department.*~~ ~~*(3-29-12)*~~

~~*e.*~~ ~~*Assessments must be completed or obtained prior to the delivery of therapy in each type of service.*~~ ~~*(3-29-12)*~~

~~*f.*~~ ~~*A current psychological assessment must be updated in accordance with Subsection 655.03.f. of these rules:*~~ ~~*(3-29-12)*~~

~~*i.*~~ ~~*Prior to the initiation of restrictive interventions to modify inappropriate behavior(s);*~~ ~~*(7-1-11)*~~

~~*ii.*~~ ~~*When it is necessary to determine eligibility for services or establish a diagnosis;*~~ ~~*(7-1-11)*~~

~~*iii.*~~ ~~*When a participant has been diagnosed with mental illness; or*~~ ~~*(7-1-11)*~~

~~*iv.*~~ ~~*When a child has been identified to have a severe emotional disturbance.*~~ ~~*(7-1-11)*~~

~~***04.***~~ ~~***Assessments for Adults***~~~~*. DDAs must obtain assessments required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515 of these rules. All specific skill assessments must be conducted in accordance with Subsection 655.06 of these rules.*~~ ~~*(7-1-11)*~~

~~***05.***~~ ~~***Types of Comprehensive Assessments***~~~~*.*~~ ~~*(7-1-11)*~~

~~*a*~~d. Comprehensive Developmental Assessment. A comprehensive developmental assessment must ~~*be conducted by a qualified Development Specialist and*~~ reflect a person's developmental status in the following areas: ~~*(7-1-11)*~~(____)

i. Self-care; (7-1-11)

ii. Receptive and expressive language; (7-1-11)

iii. Learning; (7-1-11)

iv. Gross and fine motor development; (7-1-11)

v. Self-direction; (7-1-11)

vi. Capacity for independent living; and (7-1-11)

vii. Economic self-sufficiency. (7-1-11)

~~*b.*~~ ~~*Comprehensive Intensive Behavioral Intervention (IBI) Assessment. The requirements for the comprehensive IBI assessment are found under Subsection 656.03 of these rules.*~~ ~~*(7-1-11)*~~

~~*c.*~~ ~~*Occupational Therapy Assessment. Occupational therapy assessments must be conducted by an occupational therapist qualified under Section 657 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs.*~~ ~~*(7-1-11)*~~

~~*d.*~~ ~~*Physical Therapy Assessment. Physical therapy assessments must be conducted by a physical therapist qualified under Section 657 of these rules and include gross and fine motor abilities, and recommendation*~~

~~*of therapy necessary to address the participant's needs. (7-1-11)*~~

~~***e.*** *Speech and Language Assessment. Speech and language assessments must be conducted by a Speech-Language Pathologist who is qualified under Section 657 of these rules. (7-1-11)*~~

~~***f.*** *Medical Assessments. Medical assessments must be completed by a physician or other practitioner of the healing arts who is qualified in accordance with Section 657 of these rules and accurately reflects the current status and needs of the person. (7-1-11)*~~

~~***g.*** *Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-11)*~~

~~*i. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-11)*~~

~~*ii. Developmental history including developmental milestones and developmental treatment interventions; (7-1-11)*~~

~~*iii. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-11)*~~

~~*iv. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-11)*~~

~~*v. Educational history including any participation in special education; (7-1-11)*~~

~~*vi. Prevocational or vocational paid and unpaid work experiences; (7-1-11)*~~

~~*vii. Financial resources; and (7-1-11)*~~

~~*viii. Recommendation of services necessary to address the participant's needs. (7-1-11)*~~

~~***h.*** *Hearing Assessment. A hearing assessment must be conducted by an audiologist who is qualified under Section 657 of these rules. (7-1-11)*~~

~~***i.*** *Psychological Assessment. A psychological assessment includes psychological testing for diagnosis and assessment of personality, psychopathology, emotionality, or intellectual abilities (IQ test). The assessment must include a narrative report. Psychological assessment encompasses psychological testing and the psychiatric diagnostic interview. (7-1-11)*~~

~~***j.*** *Psychological Testing. Psychological testing refers to any measurement procedure for assessing psychological characteristics in which a sample of a person's behavior is obtained and subsequently evaluated and scored using a standardized process. This does not refer to assessments that are otherwise conducted by a professional within the scope of his license for the purposes of determining a participant's mental status, diagnoses, or functional impairments. (7-1-11)*~~

~~*i. Psychological testing may be provided when in direct response to a specific assessment question. (7-1-11)*~~

~~*ii. The psychological report must contain the reason for the performance of this service. (7-1-11)*~~

~~*iii. Agency staff may deliver this service if they meet one (1) of the following qualifications: (7-1-11)*~~

~~*(1) Licensed Psychologist; (7-1-11)*~~

~~*(2) Psychologist Extender; or (7-1-11)*~~

~~*(3) A qualified therapist listed in Subsection 651.03.e. of these rules who has documented evidence of education or training qualifying him to administer, score, interpret, and report findings for the psychological test he will be performing.*~~ ~~*(7-1-11)*~~

~~***k.*** *Psychiatric Diagnostic Interview. A psychiatric diagnostic interview must be conducted in accordance with Subsection 651.09 of these rules.*~~ ~~*(7-1-11)*~~

0~~6~~3. ~~***Requirements for***~~ **Specific Skill Assessments**. Specific skill assessments must: ~~*(7-1-11)*~~(____)

a. ~~*Further Assessment.*~~ Further assess an area of limitation or deficit identified on a comprehensive assessment. ~~*(7-1-11)*~~(____)

b. ~~*Related to a Goal.*~~ Be related to a goal on the IPP~~,~~ or ISP~~, or IFSP~~. ~~*(7-1-11)*~~(____)

c. ~~*Conducted by Qualified Professionals.*~~ Be conducted by qualified professionals ~~*for the respective disciplines as defined in this chapter*~~. ~~*(7-1-11)*~~(____)

d. ~~*Determine a Participant's Skill Level.*~~ Be conducted for the purposes of determining a participant's skill level within a specific domain. ~~*(7-1-11)*~~(____)

e. ~~*Determine Baselines.*~~ Be used to determine baselines and develop the program implementation plan. ~~*(7-1-11)*~~(____)

0~~7~~4. DDA Program Documentation Requirements. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-11)

a. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-11)

i. Daily entry of all activities conducted toward meeting participant objectives. (7-1-11)

ii. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-11)

iii. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-11)

iv. ~~*When a participant receives developmental therapy, d*~~Documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and the reason(s) why he continues to need services. ~~*(7-1-11)*~~(____)

b. ~~*Additional Requirements for Participants Eighteen Years or Older. For participant's eighteen (18) years of age or older,*~~ DDAs must also submit provider status reviews to the plan monitor in accordance with Sections 507 through 515 of these rules. ~~*(7-1-11)*~~(____)

~~***c.*** *Additional Requirements for Participants Seven Through Sixteen. For participants ages seven (7) through sixteen (16), the DDA must also document that the child has been referred to the local school district in accordance with the collaboration requirements in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)."*~~ ~~*(7-1-11)*~~

~~***d.*** *Additional Requirements for Participants Birth to Three Years of Age. For participants birth to age three (3), the following are required in addition to those requirements in Subsection 654.01 of these rules:*~~ ~~*(7-1-11)*~~

~~*i. Documentation of the six (6) month and annual reviews;*~~ ~~*(7-1-11)*~~

~~*ii. Documentation of participation in transition planning at the IFSP developed closest to the child's second birthday to ensure service continuity and access to community services as early intervention services end at age three (3);*~~ ~~*(7-1-11)*~~

~~*iii. Documentation that participant rights have been met in accordance with IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)."*~~ ~~*(7-1-11)*~~

~~*iv. Documentation of participation in the transition meeting with the school district; and*~~ ~~*(7-1-11)*~~

~~*v. Documentation of consultation with other service providers who are identified on the IFSP.*~~ ~~*(7-1-11)*~~

0~~8~~5. DDA Program Implementation Plan Requirements. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements: (7-1-11)

a. Name. The participant's name. (7-1-11)

b. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-11)

c. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-11)

d. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement, and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-11)

e. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-11)

f. Target Date. Target date for completion. (7-1-11)

g. Results of the Psychological or Psychiatric Assessment. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to ensure therapies provided in the DDA accommodate the participant's mental health needs and to ensure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. (7-1-11)

~~***656. REQUIREMENTS FOR THE DELIVERY OF INTENSIVE BEHAVIORAL INTERVENTION (IBI).***~~

~~***01. Individualized and Comprehensive Interventions**. IBI consists of individualized, comprehensive interventions that have been shown to be effective and are used on a short term, one-to-one basis. These interventions:*~~ ~~*(7-1-11)*~~

~~***a.** Produce measurable outcomes that diminish behaviors that interfere with the development and use of language and appropriate social interaction skills; or*~~ ~~*(7-1-11)*~~

~~***b.** Broaden an otherwise severely restricted range of interest; and*~~ ~~*(7-1-11)*~~

~~***c.** Increase the child's ability to participate in other therapies and environments.*~~ ~~*(7-1-11)*~~

~~***02.*** ***IBI Authorization and Review****. IBI services must be reviewed and prior authorized for each service year as follows:* *(7-1-11)*~~

~~***a.*** *Initial IBI Authorization. The Department determines IBI eligibility based on information submitted by the DDA and other information gathered by the Department as deemed necessary. At least twenty (20) working days prior to the intended start date of IBI services, the DDA must use Department-approved forms to submit;* *(7-1-11)*~~

~~*i.* *Evidence of the child's eligibility for Intensive Behavioral Intervention;* *(7-1-11)*~~

~~*ii.* *The comprehensive IBI assessments;* *(7-1-11)*~~

~~*iii.* *The Program Implementation Plans;* *(7-1-11)*~~

~~*iv.* *The number of hours of service requested; and* *(7-1-11)*~~

~~*v.* *Measurable objectives.* *(7-1-11)*~~

~~***b.*** *Three- (3) Month Review. The agency must conduct and document a formal review of therapy objectives and direction for future therapy for each objective.* *(7-1-11)*~~

~~***c.*** *Six- (6) Month Review and Authorization. At least fifteen (15) working days prior to the expiration of prior authorized IBI services the agency must submit:* *(7-1-11)*~~

~~*i.* *The three- (3) month review;* *(7-1-11)*~~

~~*ii.* *Documentation of the child's progress on IBI goals and outcomes of the IBI objectives for those six (6) months; and* *(7-1-11)*~~

~~*iii.* *When continuing IBI services are requested, the Program Implementation Plans, the number of hours of service requested, and the measurable objectives, using Department-approved forms. Continued services will not be authorized when little or no progress has been documented and justification is inadequate to continue IBI services.* *(7-1-11)*~~

~~***d.*** *Nine- (9) Month Review. The agency must conduct and document a formal review of therapy objectives and direction for future therapy for each objective.* *(7-1-11)*~~

~~***e.*** *Annual Review and Authorization. At least fifteen (15) working days prior to the expiration of prior authorized IBI services the agency must submit:* *(7-1-11)*~~

~~*i.* *The nine- (9) month review;* *(7-1-11)*~~

~~*ii.* *Documentation of the child's progress on IBI goals and outcomes of the IBI objectives for that year; and* *(7-1-11)*~~

~~*iii.* *When continuing IBI services are requested:* *(7-1-11)*~~

~~*(1)* *A new SIB-R that reflects the child's current status and any additional information required to establish continuing eligibility;* *(7-1-11)*~~

~~*(2)* *The Program Implementation Plans; and* *(7-1-11)*~~

~~*(3)* *The number of hours of service requested and the measurable objectives, using Department-approved forms. Continued services will not be authorized when little or no progress has been documented and justification is inadequate to continue IBI services.* *(7-1-11)*~~

~~***03.*** ***Comprehensive IBI Assessment****. A comprehensive IBI assessment must be completed by a certified*~~

~~*IBI professional prior to the initial provision of IBI or IBI Consultation. The results of the assessment must form the basis for planning interventions. The assessment must include the following:*~~ ~~*(7-1-11)*~~

~~***a.***~~ ~~*Review of Assessments and Relevant Histories.*~~ ~~*(7-1-11)*~~

~~*i.*~~ ~~*Medical history, medications, and current medical status;*~~ ~~*(7-1-11)*~~

~~*ii.*~~ ~~*Medical/social history that includes a developmental history and onset of developmental disability;*~~ ~~*(7-1-11)*~~

~~*iii.*~~ ~~*Comprehensive developmental assessment reflecting the child's current status;*~~ ~~*(7-1-11)*~~

~~*iv.*~~ ~~*Specific skill assessment, when such an assessment is completed;*~~ ~~*(7-1-11)*~~

~~*v.*~~ ~~*SIB-R Maladaptive Index and a list of the child's maladaptive behaviors;*~~ ~~*(7-1-11)*~~

~~*vi.*~~ ~~*Baseline of the child's maladaptive behavior(s), if available;*~~ ~~*(7-1-11)*~~

~~*vii.*~~ ~~*Psychological assessments and results of psychometric testing, or for very young children, a developmental assessment with equivalent age-appropriate social-emotional status, if available;*~~ ~~*(7-1-11)*~~

~~*viii.*~~ ~~*A mental health or social and emotional assessment, such as the Child and Adolescent Functional Assessment Scale (CAFAS), when one has been completed;*~~ ~~*(7-1-11)*~~

~~*ix.*~~ ~~*Public school or Infant Toddler Program records including relevant birth records, multidisciplinary team assessments, recommendations, and Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs); and*~~ ~~*(7-1-11)*~~

~~*x.*~~ ~~*Other relevant assessments that may be available, including those for speech and hearing and physical and occupational therapy.*~~ ~~*(7-1-11)*~~

~~***b.***~~ ~~*Interviews. Interviews must be conducted with the child, if possible, and to the extent of the child's abilities; the child's parent or legal guardian, or the primary care provider; and any other individuals who spend significant amounts of time with the child. These interviews must result in a written summary of the findings of each interview and include the following:*~~ ~~*(7-1-11)*~~

~~*i.*~~ ~~*Description of the child's desired and problem behaviors;*~~ ~~*(7-1-11)*~~

~~*ii.*~~ ~~*Opinion about environmental stimuli that appear to precede problem behaviors;*~~ ~~*(7-1-11)*~~

~~*iii.*~~ ~~*Opinion about the internal states or setting events that precede desired and problem behaviors;*~~ ~~*(7-1-11)*~~

~~*iv.*~~ ~~*Opinion about identification of stimuli that maintain the desired or problem behaviors; and*~~ ~~*(7-1-11)*~~

~~*v.*~~ ~~*Opinion about factors that alleviate problem behaviors and increase desired behaviors.*~~ ~~*(7-1-11)*~~

~~***c.***~~ ~~*Observation of the Child. Observations of the child must occur in environments in which the child spends significant amounts of time and where problem behaviors have been reported. Results of the observations must include the following:*~~ ~~*(7-1-11)*~~

~~*i.*~~ ~~*Specific descriptions and frequencies of problem behaviors;*~~ ~~*(7-1-11)*~~

~~*ii.*~~ ~~*Identification of environmental stimuli that appear to precede problem behaviors;*~~ ~~*(7-1-11)*~~

~~*iii.*~~ ~~*Identification of internal states or setting events that appear to precede problem behaviors;*~~

~~*(7-1-11)*~~

~~*iv. Identification of stimuli that maintain the desired or problem behaviors; and (7-1-11)*~~

~~*v. Identification of factors that alleviate problem behaviors and increase desired behaviors. (7-1-11)*~~

~~*d. Clinical Opinion. Clinical opinion about the underlying causes, antecedents, motivations, and communicative intent of desired and problem behaviors. (7-1-11)*~~

~~***04. IBI Program Implementation Plans Requirements**. In addition to the requirements under Subsections 655.08.a. through 655.08.g. of these rules, the following are also required for IBI Implementation Plans: (7-1-11)*~~

~~*a. All IBI Implementation Plans must be completed on the Department-approved form. (7-1-11)*~~

~~*b. On all IBI Implementation Plan cover sheets, the signature of a parent or legal guardian is required. If the signatures of the parent or legal guardian cannot be obtained, then the agency must document in the participant's record the reason the signatures were not obtained. (7-1-11)*~~

~~***05. IBI Transition Plan**. An IBI transition plan must be developed when it is anticipated that IBI services will be terminated within the next Department or agency review period and the child will be moving into natural learning environments or less intensive therapy settings. The IBI transition plan may not be used as a substitute for, nor does it replace the transition plans required under Sections 653 and 654 of these rules. IBI transition plans must include the following steps to support the transition and the timelines for those steps: (7-1-11)*~~

~~*a. Setting. The setting to which the child will be moving and the therapists or persons who will be interacting with the child; and (7-1-11)*~~

~~*b. Training of New Therapists or Other Persons. How behavioral intervention techniques will be shared with new therapists or other persons in the new environments to encourage generalization and maintenance of appropriate behavior and action to be taken if the child demonstrates regression in the new setting in skills learned through IBI. (7-1-11)*~~

~~***06. IBI Consultation**. Professionals may provide IBI consultation to parents and other family members, professionals, paraprofessionals, school personnel, child care providers, or other caregivers who provide therapy or care for an IBI eligible child in other disciplines to ensure successful integration and transition from IBI to other therapies, services, or types of care. IBI consultation objectives and methods of measurement must be developed in collaboration with the person receiving IBI consultation. (7-1-11)*~~

~~*a. Service Delivery Qualification. IBI consultation must be delivered by an IBI professional who meets the requirements in Section 657 of these rules. (7-1-11)*~~

~~*b. Measurable Progress. IBI consultation must result in measurable improvement in the child's behavior. It is not intended to be used for educational purposes only. (7-1-11)*~~

~~*c. Evidence of Progress. Persons who receive IBI consultation must meet with the IBI professional, agree to follow an IBI Implementation Plan, and provide evidence of progress. (7-1-11)*~~

~~*d. Individualized. IBI consultation may not be reimbursed when it is delivered to a group of parents. IBI consultation is specific to the unique circumstances of each child. (7-1-11)*~~

65~~7~~5. ~~*DDA SERVICES*~~ DEVELOPMENTAL THERAPY: ~~*DDA*~~ PROVIDER QUALIFICATIONS AND DUTIES.

~~***01. Audiologist, Licensed**. A person licensed to conduct hearing assessment and therapy, in accordance with the Speech and Hearing Services Practice Act, Title 54, Chapter 29, Idaho Code, who either possesses a certificate of clinical competence in audiology from the American Speech, Language and Hearing*~~

~~*Association (ASHA) or will be eligible for certification within one (1) year of employment. The agency's personnel records must reflect the expected date of certification.*~~ ~~*(7-1-11)*~~

~~***02. Counselor, Licensed Clinical Professional**. A person licensed to practice as a clinical professional counselor in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists."*~~ ~~*(7-1-11)*~~

~~***03. Counselor, Licensed Professional**. A person licensed to practice as a professional counselor in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists."*~~ ~~*(7-1-11)*~~

~~***04. Marriage and Family Therapist**.*~~ ~~*(7-1-11)*~~

~~***a.** Licensed Marriage and Family Therapist. A person licensed to practice as a marriage and family therapist in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists."*~~ ~~*(7-1-11)*~~

~~***b.** Registered Marriage and Family Therapist Intern. A person registered to practice as a marriage and family therapist intern under the direct supervision of a Licensed Marriage and Family Therapist, in accordance with Title 54, Chapter 34, Idaho Code, and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists."*~~ ~~*(7-1-11)*~~

0~~5~~1. Developmental Specialist for Adults. To be qualified as a Developmental Specialist for adults, a person must have a minimum of two hundred forty (240) hours of professionally-supervised experience with individuals who have developmental disabilities and either: (7-1-11)

a. Possess a bachelor's or master's degree in special education, early childhood special education, speech and language pathology, applied behavioral analysis, psychology, physical therapy, occupational therapy, social work, or therapeutic recreation; or (7-1-11)

b. Possess a bachelor's or master's degree in an area not listed above in Subsection 657.05.a. of this rule and have: (7-1-11)

i. Completed a competency course jointly approved by the Department and the Idaho Association of Developmental Disabilities Agencies that relates to the job requirements of a Developmental Specialist; and (7-1-11)

ii. Passed a competency examination approved by the Department. (7-1-11)

c. Any person employed as a Developmental Specialist in Idaho prior to May 30, 1997, unless previously disallowed by the Department, will be allowed to continue providing services as a Developmental Specialist as long as there is not a gap of more than three (3) years of employment as a Developmental Specialist. (7-1-11)

~~***06. Developmental Specialist for Children Three Through Seventeen**. A Developmental Specialist providing developmental assessment and therapy services to children ages three (3) through seventeen (17) must meet the requirements for a Developmental Specialist for adults, and must also meet the following requirements:*~~ ~~*(7-1-11)*~~

~~***a.** Successfully complete a competency course approved by the Department that relates to developmental assessment and therapy for children; and*~~ ~~*(7-1-11)*~~

~~***b.** Pass a competency examination approved by the Department.*~~ ~~*(7-1-11)*~~

~~***07. Developmental Therapy Paraprofessionals Delivering Services to Participants Age Three and Older**. Paraprofessionals, such as aides or therapy technicians, may be used by an agency to provide developmental therapy to children age (3) and older if they are under the supervision of a Developmental Specialist. A developmental therapy paraprofessional must be at least seventeen (17) years of age.*~~ ~~*(7-1-11)*~~

~~**08. Developmental Specialist for Children Birth to Three.**~~ ~~(7-1-11)~~

~~**a.** To provide developmental assessments and therapy to children birth to three (3) years of age, a person must have a minimum of two hundred forty (240) hours of professionally-supervised experience with young children who have developmental disabilities and one (1) of the following:~~ ~~(7-1-11)~~

~~i. An Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education; or~~ ~~(7-1-11)~~

~~ii. A Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate;~~ ~~(7-1-11)~~

~~iii. A bachelor's or masters degree in special education, elementary education, speech-language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, or nursing plus a minimum of twenty-four (24) semester credits in Early Childhood/Early Childhood Special Education (EC/ECSE) from an accredited college or university. Courses taken must appear on college or university transcripts and must cover the following standards in their content:~~ ~~(7-1-11)~~

~~(1) Promotion of development and learning for children from birth to three (3) years;~~ ~~(7-1-11)~~

~~(2) Assessment and observation methods for developmentally appropriate assessment of young children;~~ ~~(7-1-11)~~

~~(3) Building family and community relationships to support early interventions;~~ ~~(7-1-11)~~

~~(4) Development of appropriate curriculum for young children, including IFSP and IEP development;~~ ~~(7-1-11)~~

~~(5) Implementation of instructional and developmentally effective approaches for early learning, including strategies for children who are medically fragile and their families; and~~ ~~(7-1-11)~~

~~(6) Demonstration of knowledge of policies and procedures in special education and early intervention and demonstration of knowledge of exceptionalities in children's development.~~ ~~(7-1-11)~~

~~**b.** Electives closely related to the content under Subsection 657.08.a.iii. of this rule may be approved by the Department with a recommendation from an institution of higher education.~~ ~~(7-1-11)~~

~~**c.** A developmental specialist who possesses a bachelor's or master's degree listed above under Subsection 657.08.a.ii. of this rule, must have completed a minimum of twenty (20) semester credits in EC/ECSE, and with Department approval are serving children under three (3) years of age as of July 1, 2005, will be allowed to continue providing services in accordance with his approved, conditional hiring agreement.~~ ~~(7-1-11)~~

~~**d.** When the Department in its role as lead agency for implementation of Part C of the Individuals with Disabilities Education Act (IDEA) has determined that there is a shortage of such qualified personnel to meet service needs in a specific geographic area:~~ ~~(7-1-11)~~

~~i. The Department may approve the most qualified individuals who are demonstrating satisfactory progress toward completion of applicable course work in accordance with the individual's approved plan to meet the required standard within three (3) years of being hired.~~ ~~(7-1-11)~~

~~ii. Satisfactory progress will be determined on an annual review by the Department.~~ ~~(7-1-11)~~

~~iii. An individual who has an approved plan for completion of twenty (20) semester credits in EC/ECSE prior to July 1, 2005, will be allowed to continue providing services so long as he demonstrates satisfactory progress on the plan and complete the requirements on the plan within three (3) years of his date of hire.~~ ~~(7-1-11)~~

~~**09. Developmental Therapy Paraprofessionals Delivering Services to Children Birth to Three.**~~

~~*Paraprofessionals, such as aides or therapy technicians, may be used by an agency to provide developmental therapy to children birth to three (3) years of age if they are under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. Developmental therapy paraprofessionals serving infants and toddlers from birth to three (3) years of age must meet the following qualifications:*~~ ~~*(7-1-11)*~~

~~***a.***~~ ~~*Be at least eighteen (18) years of age;*~~ ~~*(7-1-11)*~~

~~***b.***~~ ~~*Be a high school graduate or have a GED; and*~~ ~~*(7-1-11)*~~

~~***c.***~~ ~~*Have transcripted courses for a minimum of a Child Development Associate degree (CDA) or the equivalent through completion of twelve (12) semester credits from an accredited college or university in child development, special education or closely-related coursework; or*~~ ~~*(7-1-11)*~~

~~***d.***~~ ~~*Have three (3) years of documented experience providing care to infants, toddlers, or children less than five (5) years of age with developmental delays or disabilities under the supervision of a child development professional, certified educator, licensed therapist, or Developmental Specialist.*~~ ~~*(7-1-11)*~~

~~***10.***~~ ~~***Intensive Behavioral Intervention (IBI) Professional Delivering Services to Participants Three to Twenty-One***~~~~*. A person qualified to provide or direct the provision of Intensive Behavioral Intervention (IBI) must meet the following requirements:*~~ ~~*(7-1-11)*~~

~~***a.***~~ ~~*Degree. A qualified IBI professional must hold at least a bachelor's degree in a health, human services, educational, behavioral science, or counseling field from a nationally accredited university or college.*~~ ~~*(7-1-11)*~~

~~***b.***~~ ~~*Experience. An individual applying for IBI paraprofessional or professional certification must be able to provide documentation of one (1) year's supervised experience working with children with developmental disabilities. The year's experience must be gained through paid employment or university practicum experience or internship and be documented to include one thousand (1,000) hours of direct contact or care of children with developmental disabilities in a behavioral context.*~~ ~~*(7-1-11)*~~

~~***c.***~~ ~~*Training and Certification. Qualified IBI professionals and paraprofessionals must comply with the requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 410.*~~ ~~*(7-1-11)*~~

~~***11.***~~ ~~***IBI Paraprofessionals Delivering Services to Participants Three to Twenty-One***~~~~*. A certified IBI paraprofessional may be used to provide IBI under the supervision of a certified IBI professional and must comply with Section 658 of these rules. An IBI paraprofessional must also:*~~ ~~*(7-1-11)*~~

~~***a.***~~ ~~*Be at least eighteen (18) years of age;*~~ ~~*(7-1-11)*~~

~~***b.***~~ ~~*Experience. An individual applying for IBI paraprofessional or professional certification must be able to provide documentation of one (1) year of supervised experience working with children with developmental disabilities. The year of experience must be gained through paid employment or university practicum experience or internship and be documented to include one thousand (1,000) hours of direct contact or care of children with developmental disabilities in a behavioral context.*~~ ~~*(7-1-11)*~~

~~***c.***~~ ~~*Training and Certification. Qualified IBI professionals and paraprofessionals must comply with the requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 410.*~~ ~~*(7-1-11)*~~

~~***12.***~~ ~~***IBI Professionals Delivering Services to Children Birth to Three***~~~~*. A person qualified to provide or direct the provision of IBI to children under three (3) years of age must meet the staff qualifications described under Subsections 657.08.a.ii. through 657.08.d. of these rules, 657.10.b. and 657.10.c. of these rules and the certification and training requirements above under Subsections 658.01.e. and 658.01.f. of these rules.*~~ ~~*(7-1-11)*~~

~~***13.***~~ ~~***IBI Paraprofessionals Delivering Services to Children Birth to Three***~~~~*. A paraprofessional serving infants and toddlers from birth to three (3) years of age must meet the following qualifications:*~~ ~~*(7-1-11)*~~

~~*a. Be at least eighteen (18) years of age; (7-1-11)*~~

~~*b. Be a high school graduate or have a GED; and (7-1-11)*~~

~~*c. Have transcripted courses for a minimum of a Child Development Associate degree (CDA) or the equivalent through completion of twelve (12) credits in child development, special education, or closely-related coursework; or (7-1-11)*~~

~~*d. Have three (3) years of documented experience providing care to infants, toddlers or children under five (5) years of age under the supervision of a child development professional, certified educator, or licensed therapist or Developmental Specialist. (7-1-11)*~~

~~*e. Qualified IBI professionals and paraprofessionals must comply with the requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 410, and Subsections 658.01.e. and 658.01.f. of these rules. (7-1-11)*~~

~~***14. Nurse Practitioner**. A licensed professional nurse (RN) who has met 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." (7-1-11)*~~

~~***15. Occupational Therapist**. A person qualified to conduct occupational therapy assessments and therapy in accordance with the requirements in IDAPA 22.01.09, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants." (7-1-11)*~~

~~***16. Physical Therapist**. A person qualified to conduct physical therapy assessments and therapy in accordance with the requirements in IDAPA 22.01.05, "Licensure of Physical Therapists Idaho State Board of Medicine and Physical Therapist Assistants." (7-1-11)*~~

~~***17. Physician**. A person licensed to practice medicine in Idaho in accordance with the provisions of the Medical Practice Act, Title 54, Chapter 18, Idaho Code. (7-1-11)*~~

~~***18. Physician Assistant**. A person who is licensed by the Idaho Board of Medicine and who meets at least one (1) of the following provisions: (7-1-11)*~~

~~*a. Is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians; or (7-1-11)*~~

~~*b. Has satisfactorily completed a program for preparing physician's assistants that: (7-1-11)*~~

~~*i. Was at least one (1) academic year in length; and (7-1-11)*~~

~~*ii. Consisted of supervised clinical practice and at least four (4) months, in the aggregate, of classroom instruction directed toward preparing students to deliver health care; and (7-1-11)*~~

~~*iii. Was accredited by the American Medical Association's Committee on Allied Health Education and Accreditation. (7-1-11)*~~

~~***19. Psychiatric Nurse, Certified**. A licensed professional nurse (RN), licensed in accordance with Title 54, Chapter 14, Idaho Code, or certified by a recognized national certification organization, and have a minimum of a master's degree. (7-1-11)*~~

~~***20. Psychiatrist**. A person licensed to practice medicine in Idaho in accordance with the provisions of the Medical Practice Act, Title 54, Chapter 18, Idaho Code, and who meets the requirements for certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. (7-1-11)*~~

~~***21. Psychologist**. A person licensed to practice psychology in Idaho under Title 54, Chapter 23, Idaho*~~

~~*Code, and as outlined by IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners."*~~ ~~*(7-1-11)*~~

~~***22.*** ***Psychologist Extender****. A person who practices psychology under the supervision of a licensed psychologist as required under Title 54, Chapter 23, Idaho Code, and as outlined by IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners," and who is registered with the Bureau of Occupational Licenses.*~~ ~~*(7-1-11)*~~

~~***23.*** ***Social Worker, Licensed****. A person licensed in accordance with the Social Work Licensing Act, Title 54, Chapter 32, Idaho Code and IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners."*~~ ~~*(7-1-11)*~~

~~***24.*** ***Masters Social Worker, Licensed****. A person who is licensed as a masters social worker (LMSW) in accordance with Title 54, Chapter 32, Idaho Code and IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners."*~~ ~~*(7-1-11)*~~

~~***25.*** ***Clinical Social Worker, Licensed****. A person who is licensed as a clinical social worker (LCSW) in accordance with Title 54, Chapter 32, Idaho Code and IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners."*~~ ~~*(7-1-11)*~~

~~***26.*** ***Speech-Language Pathologist, Licensed****. A person licensed to conduct speech-language assessment and therapy in accordance with the Speech and Hearing Services Practice Act, Title 54, Chapter 29, Idaho Code, who possesses a certificate of clinical competence in speech-language pathology from the American Speech, Language and Hearing Association (ASHA) or who will be eligible for certification within one (1) year of employment. The agency's personnel records must reflect the expected date of certification.*~~ ~~*(7-1-11)*~~

02. **Developmental Therapy Paraprofessionals**. Paraprofessionals, such as aides or therapy technicians, may be used by an agency to provide developmental therapy if they are under the supervision of a Developmental Specialist. A developmental therapy paraprofessional must be at least seventeen (17) years of age. (____)

~~27~~03. **Requirements for Collaboration with Other Providers**. (7-1-12)T

a. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-12)T

b. A participant who is seeking skill training from a PSR agency provider as well as a Developmental Disabilities service provider may receive services from both if the service objectives are not duplicative, and the comprehensive diagnostic assessment described in Section 114 of these rules clearly identifies the participant's need for skill training services that target skill deficits caused by the mental health condition. (7-1-12)T

65~~8~~6. GENERAL STAFFING REQUIREMENTS ~~*FOR AGENCIES*~~.

01. **Standards for Paraprofessionals Providing Developmental Therapy ~~*and IBI*~~**. When a paraprofessional provides ~~*either*~~ developmental therapy ~~*or IBI*~~, the agency must ensure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," Section 410 and must meet the qualifications under Section 65~~7~~5 of these rules. A ~~*paraprofessional providing IBI must be supervised by an IBI professional; a*~~ paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. ~~*Paraprofessionals providing developmental therapy to children birth to three (3) years of age must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group.*~~ For paraprofessionals to provide developmental therapy ~~*or IBI*~~ in a DDA, the agency must adhere to the following standards: ~~*(7-1-11)*~~(____)

a. Limits to Paraprofessional Activities. The agency must ensure that paraprofessionals do not conduct participant assessments, establish a plan of service~~,~~ or develop a Program Implementation Plan~~*, or conduct IBI consultation*~~. These activities must be conducted by a professional qualified to provide the service. ~~*(3-29-12)*~~(____)

b. Frequency of Supervision. The agency must ensure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-11)

i. Give instructions; (7-1-11)

ii. Review progress; and (7-1-11)

iii. Provide training on the program(s) and procedures to be followed. (7-1-11)

c. Professional Observation. The agency must ensure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to ensure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-11)

d. Limitations to Service Provision by an IBI Paraprofessional. IBI provided by a paraprofessional is limited to ninety percent (90%) of the direct intervention time, per individual participant. The remaining ten percent (10%) of the direct intervention time must be provided by the professional qualified to provide and direct the provision of IBI. (7-1-11)

~~***e.*** *Additional Training Requirements for IBI Professionals and IBI Paraprofessionals. Qualified IBI professionals and IBI paraprofessionals must complete and pass a Department-approved training course and examination for certification. The training must include a curriculum that addresses standards of competence for the provision of IBI and ethical standards. Specifically, the curriculum must include: (7-1-11)*~~

~~*i. Assessment of individuals; (7-1-11)*~~

~~*ii. Behavioral management; (7-1-11)*~~

~~*iii. Services or treatment of individuals; (7-1-11)*~~

~~*iv. Supervised practical experience; and (7-1-11)*~~

~~*v. Successful completion of a student project that includes an observation of demonstrated competencies for all individuals applying for initial certification or recertification after July 1, 2003. (7-1-11)*~~

~~***f.*** *Continuing Training Requirements for IBI Professionals and IBI Paraprofessionals. Each IBI professional and IBI paraprofessional, in order to maintain certification, must complete at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions shown to be effective. (7-1-11)*~~

~~*i. The initial IBI certification training meets the yearly training requirement for the calendar year in which the IBI professional or paraprofessional was first certified. (7-1-11)*~~

~~*ii. If the individual has not completed the required training during any yearly training period, he may not provide IBI services beginning with the anniversary date of the following period, and thereafter, until the required number of training hours have accumulated. As training hours accumulate, they will be accounted first to any training-deficient prior yearly period before being applied to the current annual training period. Training hours may not be earned in a current annual training period to be applied to a future training period. (7-1-11)*~~

~~*iii. An individual may remain IBI certified, despite being unable to bill for services, through two (2) consecutive annual training periods during which that individual has deficient training hours. A DDA may begin*~~

~~*billing for the certified IBI Professional or Paraprofessional again after the required training hours are accumulated.*~~ ~~*(7-1-11)*~~

~~*iv.*~~ ~~*If an individual completes three (3) consecutive annual training periods without having accumulated sufficient training to satisfy the training requirement for the first of those periods, that individual's IBI certification is automatically rescinded and will no longer be recognized. To be recertified, the individual must retake the state IBI exam and complete the IBI Student Project, if not previously completed.*~~ ~~*(7-1-11)*~~

02. General Staffing Requirements for Agencies. ~~*(7-1-11)*~~

~~*a.*~~ ~~*Administrative Staffing.*~~ Each DDA must have an agency administrator who is accountable for all service elements of the agency and who must be employed on a continuous and regularly scheduled basis. The agency administrator is accountable for the overall operations of the agency including ensuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. ~~*(7-1-11)*~~(____)

~~*i*~~**a**. When the administrator is not a Developmental Specialist as defined in these rules, the DDA must employ a Developmental Specialist on a continuous and regularly scheduled basis who is responsible for the service elements of the agency; and (7-1-11)

~~*ii*~~**b**. The Developmental Specialist responsible for the service elements of the agency must have two (2) years of supervisory or management experience providing developmental disabilities services to individuals with developmental disabilities. (7-1-11)

~~*b.*~~ ~~*Other required staffing. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 657 of these rules, as employees of the agency or through formal written agreement:*~~ ~~*(7-1-11)*~~

~~*i.*~~ ~~*Speech-language pathologist or audiologist;*~~ ~~*(7-1-11)*~~

~~*ii.*~~ ~~*Developmental Specialist;*~~ ~~*(7-1-11)*~~

~~*iii.*~~ ~~*Occupational therapist;*~~ ~~*(7-1-11)*~~

~~*iv.*~~ ~~*Physical therapist;*~~ ~~*(7-1-11)*~~

~~*v.*~~ ~~*Psychologist; and*~~ ~~*(7-1-11)*~~

~~*vi.*~~ ~~*Social worker, or other professional qualified to provide the required services under the scope of his license.*~~ ~~*(7-1-11)*~~

65~~*9*~~7. ~~*DDA SERVICES*~~ DEVELOPMENTAL THERAPY: PROVIDER REIMBURSEMENT.
~~*For physician services where mid-levels are authorized to administer developmental disability services, the Department reimburses based on the Department's Medical Assistance fee schedule.*~~ Payment for developmental therapy provided by a DDA must be in accordance with rates established by the Department. ~~*(3-21-12)*~~(____)

658. -- 659. (RESERVED)

CHILDREN'S HOME AND COMMUNITY BASED SERVICES (HCBS) STATE PLAN OPTION
(Sections 660 through 669)

660. CHILDREN'S HOME AND COMMUNITY BASED SERVICES (HCBS) STATE PLAN OPTION.
In accordance with 1915i of the Social Security Act, the Department will pay for home and community based services provided by individuals or agencies that have entered into a provider agreement with the Department. Services provided by a developmental disabilities agency or the Infant Toddler Program to children birth to three (3) years of age 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. These requirements include adherence to procedural safeguards and time lines, multi-disciplinary assessments, evaluations, individualized family service plans, provision of early intervention services in the natural environment, transition planning, and enrollment and reporting requirements. ~~(7-1-11)~~(____)

660. CHILDREN'S HOME AND COMMUNITY BASED SERVICES (HCBS) STATE PLAN OPTION.
In accordance with 1915i of the Social Security Act, the Department will pay for home and community based services provided by individuals or agencies that have entered into a provider agreement with the Department. Services provided by a developmental disabilities agency or the Infant Toddler Program to children birth to three (3) years of age 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. These requirements include adherence to procedural safeguards and time lines, multi-disciplinary assessments, evaluations, individualized family service plans, provision of early intervention services in the natural environment, transition planning, and enrollment and reporting requirements. ~~(7-1-11)~~(____)

661. CHILDREN'S HCBS STATE PLAN OPTION: DEFINITIONS.
For the purposes of these rules, the definitions in Section 521 of these rules apply. Additionally, the following terms apply to the Children's Home and Community Based Services State Plan Option: (7-1-11)

01. Agency. A developmental disabilities agency (DDA) as defined in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)." (7-1-11)

02. Annual. Every three hundred sixty-five (365) days except during a leap year which equals three hundred sixty-six (366) days. (7-1-11)

03. Clinical Supervisor. For the purposes of these rules, the clinical supervisor is ~~T~~the professional responsible for the supervision of DDA staff as outlined in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," or is the professional responsible for the child's IFSP as designated by the Infant Toddler Program. ~~(7-1-11)~~(____)

04. Community. Natural, integrated environments outside of the home, school, or DDA center-based settings. (7-1-11)

05. Developmental Disabilities Agency (DDA). A DDA is an agency that is: (7-1-11)

a. A type of developmental disabilities facility, as defined in Section 39-4604(7), Idaho Code, that is non-residential and provides services on an outpatient basis; (7-1-11)

b. Certified by the Department to provide home and community based services to people with developmental disabilities, in accordance with these rules; (7-1-11)

c. A business entity, open for business to the general public; and (7-1-11)

d. Primarily organized and operated to provide home and community based services and the corresponding assessments to people with developmental disabilities. DDA services include evaluations, diagnostic, treatment, and support services that are provided on an outpatient basis to persons with developmental disabilities and may be community-based, home-based, or center-based in accordance with the requirements of this chapter. (7-1-11)

06. Home and Community Based Services State (HCBS) Plan Option. The federal authority under section 1915(i) of the Social Security Act that allows a state to provide through a state plan amendment, medical assistance for home and community-based services for elderly and individuals with disabilities, without determining that without the provision of services the individuals would require institutional level of care. (7-1-11)

07. Human Services Field. A particular area of academic study in health care, social services, education, behavioral science or counseling. (7-1-11)

08. Infant Toddler Program. The Infant Toddler Program serves children 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. These requirements include: adherence to procedural safeguards and time lines, use of multi-disciplinary assessments and Individualized Family Service Plans (IFSPs), provision of early intervention services in the natural environment, transition planning, and program enrollment and reporting requirements. ( )

0~~8~~9. Integration. The process of promoting a life for individuals with developmental disabilities that is as much as possible like that of other citizens of the community, including living in the community and having access to community resources. A further goal of this process is to enhance the social image and personal competence of individuals with developmental disabilities. (7-1-11)

~~09~~10. Paraprofessional. A person qualified to provide direct support services which include respite and habilitative supports. (7-1-11)

1~~0~~1. Professional. A person qualified to provide direct intervention services which include habilitative intervention, therapeutic consultation, family education, family training, interdisciplinary training, and crisis intervention. (7-1-11)

1~~1~~2. Support Services. Support services may provide supervision for a participant, as well as may provide assistance to a participant by facilitating integration into the community. (7-1-11)

662. CHILDREN'S HCBS STATE PLAN OPTION: PARTICIPANT ELIGIBILITY.

Children's Home and Community Based State Plan Option eligibility will be determined by the Department as described in Section 520 of these rules. HCBS state plan option participants must meet the following requirements: (7-1-11)

01. Age of Participants. Participants eligible to receive children's HCBS must be birth through seventeen (17) years of age. (7-1-11)

02. Eligibility Determinations. The Department must determine that prior to receiving children's HCBS state plan option services, an individual must be determined to have a developmental disability under Sections 500 through 506 of these rules and Section 66-402, Idaho Code, and have a demonstrated need for Children's HCBS state plan option services. (7-1-11)

03. Financial Eligibility. The Department must determine that prior to receiving children's HCBS state plan option services, the individual is in an eligibility group covered under the Title XIX Medicaid State plan, and ~~*meets one (1) of the following criteria:*~~ ~~*(7-1-11)*~~

~~*a.*~~ ~~*H*~~has an income that does not exceed one hundred fifty percent (150%) of the Federal Poverty Level (FPL)~~;~~. ~~*or*~~ ~~*(7-1-11)*~~( )

~~*b. Has an income that does not exceed three hundred percent (300%) of the Supplemental Security Income (SSI) Federal benefit rate (FBR), and is eligible for, but does not have to be enrolled in, HCBS under a 1915(c), (d), or (e) waiver, or 1115 demonstration program.*~~ ~~*(7-1-11)*~~

(BREAK IN CONTINUITY OF SECTIONS)

664. CHILDREN'S HCBS STATE PLAN OPTION: PROCEDURAL REQUIREMENTS.

01. General Requirements for Program Documentation. The provider must maintain records for each participant served. Each participant's record must include documentation of the participant's involvement in and

response to the services provided. For each participant, the following program documentation is required: (7-1-11)

a. Direct service provider information that includes written documentation of the service provided during each visit made to the participant, and contains, at a minimum, the following information: (7-1-11)

i. Date and time of visit; and (7-1-11)

ii. Intervention and support services provided during the visit; and (7-1-11)

iii. A statement of the participant's response to the service; and (7-1-11)

iv. Length of visit, including time in and time out; and (7-1-11)

v. Specific place of service. (7-1-11)

vi. A copy of the above information will be maintained by the independent provider or DDA. Failure to maintain such documentation will result in the recoupment of funds paid for undocumented services. (7-1-11)

02. Habilitative Supports Documentation. In addition to the general requirements listed in Subsection 664.01 of this rule, the following must be completed: (7-1-11)

a. On a monthly basis, the habilitative support staff must complete a summary of the participant's response to the support service and submit the monthly summary to the clinical supervisor. (7-1-11)

b. The clinical supervisor reviews the summary on a monthly basis and when recommendations for changes to the type and amount of support are identified, submits the recommendations to the plan developer. (7-1-11)

03. Family Education Documentation. In addition to the general requirements listed in Subsection 664.01 of this rule, the DDA or Infant Toddler Program must survey the parent or legal guardian's satisfaction of the service immediately following a family education session. *(7-1-11)*(____)

04. Reporting Requirements. The clinical supervisor must complete at a minimum, six- (6) month and annual provider status reviews for habilitative support services provided. These provider status reviews must be completed more frequently, when so required on the plan of service. (7-1-11)

a. Documentation of the six- (6) month and annual reviews must be submitted to the plan monitor. (7-1-11)

b. The provider must use Department-approved forms for provider status reviews. (7-1-11)

665. CHILDREN'S HCBS STATE PLAN OPTION: PROVIDER QUALIFICATIONS AND DUTIES.
All providers of HCBS state plan option services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (7-1-11)

01. Respite. Respite services may be provided by an agency that is certified as a DDA and is capable of supervising the direct services provided, *or* by an independent respite provider, or by the Infant Toddler Program. An independent respite provider is an individual who has entered into a provider agreement with the Department. Providers of respite services must meet the following minimum qualifications: *(7-1-11)*(____)

a. Must be at least sixteen (16) years of age when employed by a DDA or Infant Toddler Program; or *(7-1-11)*(____)

b. Must be at least eighteen (18) years of age and be a high school graduate, or have a GED, to act as an independent respite provider; and (7-1-11)

c. Meet the qualifications prescribed for the type of services to be rendered, or must be an individual

selected by the participant, the family, or the participant's guardian; and (7-1-11)

d. Have received instructions in the needs of the participant who will be provided the service; and (7-1-11)

e. Demonstrate the ability to provide services according to a plan of service; and (7-1-11)

f. Must satisfactorily complete a criminal history background check in accordance with IDAPA 16.05.06 "Criminal History and Background Checks"; and (7-1-11)

g. When employed by a DDA or Infant Toddler Program, must be certified in CPR and first aid in accordance with the general training requirements under IDAPA 16.03.21, "Developmental Disabilities Services (DDA)." Independent respite providers must be certified in CPR and first aid prior to delivering services, and must maintain current certification thereafter. ~~(7-1-11)~~(____)

02. Habilitative Support Staff. Habilitative supports must be provided by an agency certified as a DDA with staff who are capable of supervising the direct services provided, or by the Infant Toddler Program. Providers of habilitative supports must meet the following minimum qualifications: ~~(7-1-11)~~(____)

a. Must be at least eighteen (18) years of age; (7-1-11)

b. Must be a high school graduate or have a GED; (7-1-11)

c. Have received instructions in the needs of the participant who will be provided the service; (7-1-11)

d. Demonstrate the ability to provide services according to a plan of service; (7-1-11)

e. Must have six (6) months supervised experience working with children with developmental disabilities. This can be achieved in the following ways: (7-1-11)

i. Have previous work experience gained through paid employment, university practicum experience, or internship; or (7-1-11)

ii. Have on-the-job supervised experience gained through employment at a DDA or the Infant Toddler Program with increased supervision. Experience is gained by completing at least six (6) hours of job shadowing prior to the delivery of direct support services, and a minimum of weekly face-to-face supervision with the clinical supervisor for a period of six (6) months while delivering services. ~~(7-1-11)~~(____)

f. Must complete competency coursework approved by the Department to demonstrate competencies related to the requirements to provide habilitative supports. (7-1-11)

g. In addition to the habilitative support qualifications listed in Subsections 665.02.a. through f. of this rule, habilitative support staff serving infants and toddlers from birth to three (3) years of age must meet the following qualifications: (7-1-11)

i. Have transcripted courses for a minimum of a Child Development Associate degree (CDA) or the equivalent through completion of twelve (12) semester credits from an accredited college or university in child development, special education, or closely-related coursework; or (7-1-11)

ii. Have three (3) years of documented experience providing care to infants, toddlers, or children less than five (5) years of age with developmental delays or disabilities under the supervision of a child development professional, certified educator, licensed therapist, or Developmental Specialist. (7-1-11)

03. Family Education. Family education must be provided by an agency certified as a DDA with staff who are capable of supervising the direct services provided, or by the Infant Toddler Program. Providers of family education must meet the following minimum qualifications: ~~(7-1-11)~~(____)

a. Must hold at least a bachelor's degree in a human services field from a nationally-accredited university or college, and has: (7-1-11)

i. One (1) year experience providing care to children with developmental disabilities; (7-1-11)

ii. Must complete competency coursework approved by the Department to demonstrate competencies related to the requirements to provide family education; or (7-1-11)

b. Individuals working as Developmental Specialists for children ages birth through three (3) or three (3) through seventeen (17), and individuals certified as Intensive Behavioral Interventionist professionals prior to July 1, 2011, are qualified to provide family education until June 30, 2013. The individual must meet the requirements of the Department-approved competency coursework by June 30, 2013, to maintain his certification. (7-1-11)

c. Each professional providing family education services must complete at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions shown to be effective. If the individual has not completed the required training during any yearly training period, he may not provide family education services beginning with the anniversary date of the following period, and thereafter, until the required number of training hours have accumulated. As training hours accumulate, they will be accounted first to any training-deficient prior yearly period before being applied to the current annual training period. Training hours may not be earned in a current annual training period to be applied to a future training period. (7-1-11)

04. Family Education for Children Birth to Three. In addition to the family education qualifications listed in Subsections 665.03.a. through c. of this rule, family education staff serving infants and toddlers from birth to three (3) years of age must have a minimum of two hundred forty (240) hours of professionally-supervised experience with young children who have developmental disabilities and one (1) of the following: (7-1-11)

a. An Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education; or (7-1-11)

b. A Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate; or (7-1-11)

c. A bachelor's or master's degree in special education, elementary education, speech-language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, or nursing plus a minimum of twenty-four (24) semester credits in Early Childhood/Early Childhood Special Education (EC/ECSE) from an accredited college or university. Courses taken must appear on college or university transcripts and must cover the following standards in their content: (7-1-11)

i. Promotion of development and learning for children from birth to three (3) years; (7-1-11)

ii. Assessment and observation methods for developmentally appropriate assessment of young children; (7-1-11)

iii. Building family and community relationships to support early interventions; (7-1-11)

iv. Development of appropriate curriculum for young children, including IFSP and IEP development; (7-1-11)

v. Implementation of instructional and developmentally effective approaches for early learning, including strategies for children who are medically fragile and their families; and (7-1-11)

vi. Demonstration of knowledge of policies and procedures in special education and early intervention and demonstration of knowledge of exceptionalities in children's development. (7-1-11)

d. Electives closely related to the content under Subsection 665.04.c.iii. of this rule may be approved

by the Department with a recommendation from an institution of higher education. (7-1-11)

e. Developmental specialists who possess a bachelor's or master's degree listed above under Subsection 665.04.c.ii. of this rule, have completed a minimum of twenty (20) semester credits in EC/ECSE, and with Department approval are serving children under three (3) years of age as of July 1, 2005, will be allowed to continue providing services in accordance with their approved, conditional hiring agreement. (7-1-11)

f. When the Department in its role as lead agency for implementation of Part C of the Individuals with Disabilities Education Act (IDEA) has determined that there is a shortage of such qualified personnel to meet service needs in a specific geographic area: (7-1-11)

i. The Department may approve the most qualified individuals who are demonstrating satisfactory progress toward completion of applicable course work in accordance with the individual's approved plan to meet the required standard within three (3) years of being hired. (7-1-11)

ii. Satisfactory progress will be determined on an annual review by the Department. (7-1-11)

iii. Individuals who have an approved plan for completion of twenty (20) semester credits in EC/ECSE prior to July 1, 2005, will be allowed to continue providing services so long as they demonstrate satisfactory progress on the plan and complete the requirements on the plan within three (3) years of their date of hire. (7-1-11)

05. Requirements for Clinical Supervision. All DDA services must be provided under the supervision of a clinical supervisor. The clinical supervisor must meet the qualifications to provide habilitative intervention as defined in Section 685 of these rules. Clinical supervisor(s) are professionals employed by a DDA or the Infant Toddler Program on a continuous and regularly scheduled basis. ~~(7-1-11)~~(____)

a. The clinical supervisor is responsible for the oversight and supervision of service and support elements of the agency, including face-to-face supervision of agency staff providing direct services. (7-1-11)

b. The clinical supervisor must observe and review the direct services performed by all paraprofessional and professional staff on a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the services and support. (7-1-11)

c. Each DDA and the Infant Toddler Program must employ an adequate number of clinical supervisors to ensure quality service delivery and participant satisfaction. ~~(7-1-11)~~(____)

06. Requirements for Collaboration. Providers of home and community based services must coordinate with the family-centered planning team as specified on the plan of service. (7-1-11)

07. Requirements for Quality Assurance. Providers of children’s home and community based state plan option services must demonstrate high quality of services through an internal quality assurance review process. (7-1-11)

08. DDA Services. In order for a DDA to provide respite, habilitative supports, and family education the DDA must be certified to provide support services. Each DDA is required to provide habilitative supports. (7-1-11)

(BREAK IN CONTINUITY OF SECTIONS)

680. CHILDREN’S WAIVER SERVICES.

01. Purpose of and Eligibility for Waiver Services. Under 42 CFR Section 440.180, it is the intention of the Department to provide waiver services to eligible children to prevent unnecessary institutional placement, provide for the greatest degree of independence possible, enhance the quality of life, encourage individual choice,

and achieve and maintain community integration. For a participant to be eligible, the Department must find that the participant requires services due to a developmental disability that impairs his mental or physical function or independence, is capable of being maintained safely and effectively in a non-institutional setting, and would, in the absence of such services, need to reside in an ICF/ID. ~~(7-1-11)~~(____)

02. Waiver Services Provided by a DDA or the Infant Toddler Program. Services provided by a developmental disabilities agency or the Infant Toddler Program to children birth to three (3) years of age 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. These requirements include adherence to procedural safeguards and time lines, multi-disciplinary assessments, evaluations, individualized family service plans, provision of early intervention services in the natural environment, transition planning, and enrollment and reporting requirements. (____)

(BREAK IN CONTINUITY OF SECTIONS)

684. CHILDREN'S WAIVER SERVICES: PROCEDURAL REQUIREMENTS.

01. Authorization of Services on a Written Plan. All children's waiver services must be identified on the plan of service and authorized by the Department. The plan of service must be reviewed by a plan developer at least every six (6) months or at a frequency determined by the family-centered planning team. (7-1-11)

02. General Requirements for Program Documentation. Children's waiver providers must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. For each participant the following program documentation is required: (7-1-11)

a. Direct service provider information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (7-1-11)

i. Date and time of visit; and (7-1-11)

ii. Services provided during the visit; and (7-1-11)

iii. A statement of the participant's response to the service, including any changes in the participant's condition; and (7-1-11)

iv. Length of visit, including time in and time out; and (7-1-11)

v. Specific place of service. (7-1-11)

b. A copy of the above information will be maintained by the independent provider, Infant Toddler Program, or DDA. Failure to maintain such documentation will result in the recoupment of funds paid for undocumented services. ~~(7-1-11)~~(____)

03. Program Implementation Plan Requirements. For each participant receiving intervention and family training services, the DDA or the Infant Toddler Program must develop a program implementation plan to determine objectives to be included on the participant's required plan of service. ~~(7-1-11)~~(____)

a. All program implementation plan objectives must be related to a goal on the participant's plan of service. (7-1-11)

b. The program implementation plan must be written, implemented, and submitted to the plan developer within fourteen (14) days after the first day of ongoing programming and be revised whenever participant

needs change. If the program implementation plan is not completed within this time frame, the participant's records must contain documented participant-based ~~*documentation justifying*~~ justification for the delay. ~~*(7-1-11)*~~( )

c. The program implementation plan must be completed by the habilitative interventionist, and must include the following requirements: (7-1-11)

i. The participant's name. (7-1-11)

ii. A baseline statement. (7-1-11)

iii. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-11)

iv. Written instructions to the staff that may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-11)

v. Identification of the type of environment(s) and specific location(s) where services will be provided. (7-1-11)

vi. A description of the evidence-based treatment approach used for the service provided. (7-1-11)

vii. When the child has a current positive behavior support plan, it must be incorporated into the program implementation plan. (7-1-11)

viii. When interdisciplinary training is provided, identification of the type of interdisciplinary training and the objectives related to the training must be included on the program implementation plan. (7-1-11)

ix. Target date for completion, not to exceed one (1) year. (7-1-11)

x. The program implementation plan must be reviewed and approved by the ~~*DDA*~~ clinical supervisor, as indicated by signature, credential, and date on the plan. ~~*(7-1-11)*~~( )

04. Reporting Requirements. The clinical supervisor must complete, at a minimum, six- (6) month and annual provider status reviews for habilitative intervention and family training services provided. These provider status reviews must be completed more frequently when so required on the plan of service. (7-1-11)

a. Documentation of the six (6) month and annual reviews must be submitted to the plan developer. (7-1-11)

b. The provider must use Department-approved forms for provider status reviews. (7-1-11)

05. Provider Responsibility for Notification. It is the responsibility of the service provider to notify the plan developer when any significant changes in the participant's condition, as defined by the family-centered planning team, are noted during service delivery. Such notification will be documented in the service record. (7-1-11)

06. Records Maintenance. When a participant leaves the waiver services program, the records will be retained by the Department as part of the participant's closed case record. Provider agencies will be responsible to retain their participant's records for five (5) years following the date of service. (7-1-11)

685. CHILDREN'S WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.

01. Family Training. Providers of family training must meet the requirements for habilitative intervention providers defined in Subsections 685.03 and 685.04 of this rule. (7-1-11)

02. Interdisciplinary Training. Providers of interdisciplinary training must meet the following

requirements: (7-1-11)

a. Occupational Therapist, as defined in Section 734 under IDAPA 16.03.09, "Medicaid Basic Plan Benefits"; (7-1-11)

b. Physical Therapist, as defined in Section 734 under IDAPA 16.03.09, "Medicaid Basic Plan Benefits"; (7-1-11)

c. Speech-Language Pathologist, as defined in Section 734 under IDAPA 16.03.09, "Medicaid Basic Plan Benefits"; (7-1-11)

d. Practitioner of the healing arts; (7-1-11)

e. Habilitative intervention provider as defined in Subsections 685.03 and 685.04 of this rule; or (7-1-11)

f. Therapeutic consultation provider as defined in Subsection 685.05 of this rule. (7-1-11)

03. Habilitative Intervention. Habilitative intervention must be provided by a DDA certified to provide both support and intervention services under IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)," and is capable of supervising the direct services provided, or by the Infant Toddler Program. Providers of habilitative intervention must meet the following minimum qualifications: ~~(7-1-11)~~(____)

a. Must hold at least a bachelor's degree in a human services field from a nationally-accredited university or college; (7-1-11)

b. Must be able to provide documentation of one (1) year's supervised experience working with children with developmental disabilities. Experience must be gained through paid employment or university practicum experience or internship; (7-1-11)

c. Must complete competency coursework approved by the Department to demonstrate competencies related to the requirements to provide habilitative intervention; or (7-1-11)

d. Individuals working as Developmental Specialists for children age birth through three (3) or three (3) through 17, and individuals certified as Intensive Behavioral Intervention professionals prior to July 1, 2011, are qualified to provide habilitative intervention until June 30, 2013. The individual must meet the requirements of the Department-approved competency coursework by June 30, 2013 to maintain his certification. (7-1-11)

04. Habilitative Intervention for Children Birth to Three. In addition to the habilitative intervention qualifications listed in Subsections 685.04.a. through d. of this rule, habilitative intervention staff serving infants and toddlers from birth to three (3) years of age must have a minimum of two hundred forty (240) hours of professionally-supervised experience with young children who have developmental disabilities and one (1) of the following: (7-1-11)

a. An Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education; or (7-1-11)

b. A Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate; or (7-1-11)

c. A bachelor's or master's degree in special education, elementary education, speech-language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, or nursing plus a minimum of twenty-four (24) semester credits in Early Childhood/Early Childhood Special Education (EC/ECSE) from an accredited college or university. Courses taken must appear on college or university transcripts and must cover the following standards in their content: (7-1-11)

i. Promotion of development and learning for children from birth to three (3) years; (7-1-11)

ii. Assessment and observation methods for developmentally appropriate assessment of young children; (7-1-11)

iii. Building family and community relationships to support early interventions; (7-1-11)

iv. Development of appropriate curriculum for young children, including IFSP and IEP development; (7-1-11)

v. Implementation of instructional and developmentally effective approaches for early learning, including strategies for children who are medically fragile and their families; and (7-1-11)

vi. Demonstration of knowledge of policies and procedures in special education and early intervention and demonstration of knowledge of exceptionalities in children's development. (7-1-11)

d. Electives closely related to the content under Subsection 685.04.c.iii. of this rule may be approved by the Department with a recommendation from an institution of higher education. (7-1-11)

e. Developmental specialists who possess a bachelor's or master's degree listed above under Subsection 685.04.c.ii. of this rule, have completed a minimum of twenty (20) semester credits in EC/ECSE, and with Department approval are serving children under three (3) years of age as of July 1, 2005, will be allowed to continue providing services in accordance with their approved, conditional hiring agreement. (7-1-11)

f. When the Department in its role as lead agency for implementation of Part C of the Individuals with Disabilities Education Act (IDEA) has determined that there is a shortage of such qualified personnel to meet service needs in a specific geographic area: (7-1-11)

i. The Department may approve the most qualified individuals who are demonstrating satisfactory progress toward completion of applicable course work in accordance with the individual's approved plan to meet the required standard within three (3) years of being hired. (7-1-11)

ii. Satisfactory progress will be determined on an annual review by the Department. (7-1-11)

iii. Individuals who have an approved plan for completion of twenty (20) semester credits in EC/ECSE prior to July 1, 2005, will be allowed to continue providing services so long as they demonstrate satisfactory progress on the plan and complete the requirements on the plan within three (3) years of their date of hire. (7-1-11)

05. Therapeutic Consultation. Therapeutic consultation may be provided by a DDA certified to provide both supports and intervention services under IDAPA 16.03.21, "Developmental Disabilities ~~*Services*~~ Agencies (DDA)," ~~*or*~~ by an independent Medicaid provider under agreement with the Department, or by the Infant Toddler Program. Providers of therapeutic consultation must meet the following minimum qualifications: ~~*(7-1-11)*~~(   )

a. Doctoral or Master's degree in psychology, education, applied behavioral analysis, or have 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 (7-1-11)

b. Two (2) years relevant experience in designing and implementing comprehensive behavioral therapies for children with DD and challenging behavior. (7-1-11)

c. Therapeutic consultation providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)

d. Therapeutic consultation providers employed by a DDA or the Infant Toddler Program must be certified in CPR and first aid in accordance with the general training requirements under IDAPA 16.03.21

"Developmental Disabilities Services (DDA)." Independent therapeutic consultation providers must be certified in CPR and first aid prior to delivering services, and must maintain current certification thereafter. ~~*(7-1-11)*~~(____)

06. Crisis Intervention. Crisis intervention may be provided by a DDA certified to provide support and intervention services under IDAPA 16.03.21, "Developmental Disabilities Services (DDA)," ~~*or*~~ by an independent Medicaid provider under agreement with the Department, or by the Infant Toddler Program. Providers of crisis intervention must meet the following minimum qualifications: ~~*(7-1-11)*~~(____)

a. Crisis Intervention professionals must meet the minimum therapeutic consultation provider qualifications described in Subsection 685.04 of this rule. (7-1-11)

b. Emergency intervention technician providers must meet the minimum habilitative support provider qualifications described under Subsection 665.02 of these rules. (7-1-11)

c. Crisis intervention providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-11)

07. Continuing Training Requirements for Professionals. Each professional providing waiver services must complete at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions shown to be effective. If the individual has not completed the required training during any yearly training period, he may not provide waiver services beginning with the anniversary date of the following period, and thereafter, until the required number of training hours have accumulated. As training hours accumulate, they will be accounted first to any training-deficient prior yearly period before being applied to the current annual training period. Training hours may not be earned in a current annual training period to be applied to a future training period. (7-1-11)

08. Requirements for Clinical Supervision. All DD~~*A*~~ services must be provided under the supervision of a clinical supervisor. The clinical supervisor must meet the qualifications to provide habilitative intervention as defined in this rule. Clinical supervisor(s) are professionals employed by a DDA or the Infant Toddler Program on a continuous and regularly scheduled basis. ~~*(7-1-11)*~~(____)

a. The clinical supervisor is responsible for the oversight and supervision of service and support elements of the agency, including face-to-face supervision of agency staff providing direct services. (7-1-11)

b. The clinical supervisor must observe and review the direct services performed by all paraprofessional and professional staff on a monthly basis, or more often as necessary, to ensure staff demonstrate the necessary skills to correctly provide the services and support. (7-1-11)

c. Each DDA and the Infant Toddler Program must employ an adequate number of clinical supervisors to ensure quality service delivery and participant satisfaction. ~~*(7-1-11)*~~(____)

09. Requirements for Collaboration with Other Providers. (7-1-12)T

a. Providers of waiver services must coordinate with the family-centered planning team as specified on the plan of service. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to ensure therapies provided ~~*in the DDA*~~ accommodate the participant's mental health needs and to ensure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. ~~*(7-1-11)*~~(____)

b. A participant who is seeking skill training from a PSR agency provider as well as a Developmental Disabilities service provider may receive services from both if the service objectives are not duplicative, and the comprehensive diagnostic assessment described in Section 114 of these rules clearly identifies the participant's need for skill training services that target skill deficits caused by the mental health condition. (7-1-12)T

10. Requirements for Quality Assurance. Providers of children's waiver services must demonstrate high quality of services, including treatment fidelity, through an internal quality assurance review process. (7-1-11)

11. DDA Services. In order for a DDA to provide waiver services, the DDA must be certified to provide both support and intervention services. Each DDA is required to provide habilitative supports. When a DDA opts to provide habilitative intervention services, the DDA must also provide habilitative supports and family training. (7-1-11)

(BREAK IN CONTINUITY OF SECTIONS)

721. SERVICE COORDINATION: DEFINITIONS.
The following definitions apply for Sections 721 through 736 of these rules. (5-8-09)

01. Agency. An agency is a business entity that provides management, supervision, and quality assurance for service coordination and includes at least two (2) individuals, one (1) supervisor and a minimum of one (1) service coordinator. (5-8-09)

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

03. Conflict of Interest. A situation in which an agency or person directly or indirectly influences. or appears to influence the direction of a participant to other services for financial gain. (5-8-09)

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

a. Hospitalization; (3-19-07)

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

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

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

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

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

a. Emergency room visits or procedures; (3-19-07)

b. Inpatient medical and psychiatric services; (3-19-07)

c. Nursing home admission and treatment; (3-19-07)

d. Institutional care in jail or prison; (3-19-07)

e. State, local, or county hospital treatment for acute or chronic illness; and (3-19-07)

f. Outpatient hospital services. (3-19-07)

06. Human Services Field. A particular area of academic study in health care, social services, education, behavioral science or counseling. (5-8-09)

~~***07. Idaho Infant Toddler Program***~~~~*. The Department's program that provides early intervention*~~

~~*services to eligible infants and toddlers, from birth through thirty-six (36) months.*~~ ~~*(5-8-09)*~~

0~~*8*~~7. **Paraprofessional**. An adult with a high school diploma or equivalency who has at least twelve (12) months supervised work experience with the population to whom they will be providing services. (5-8-09)

0~~*9*~~8. **Person-Centered Planning**. A planning process facilitated by the service coordinator that includes the participant and individuals significant to the participant, to collaborate and develop a plan based on the expressed needs and desires of the participant. For children, this planning process must involve the child's family. (5-8-09)

~~*1*~~09. **Practitioner of the Healing Arts**. For purposes of this rule, a nurse practitioner, physician assistant or clinical nurse specialist. (3-19-07)

1~~*1*~~0. **Service Coordination**. Service coordination is a case management activity which assists individuals eligible for Medicaid in gaining and coordinating access to necessary care and services appropriate to the needs of the individual. Service coordination is a brokerage model of case management. (5-8-09)

1~~*2*~~1. **Service Coordination Plan**. The service coordination plan, also known in these rules as the "plan," includes two components: (5-8-09)

a. An assessment that identifies the participant's need for service coordination as described in Section 730 of these rules; and (5-8-09)

b. A plan that documents the supports and services required to meet the service coordination needs of the participant as described in Section 731 of these rules. (5-8-09)

1~~*3*~~2. **Service Coordination Plan Development**. An assessment and planning process performed by a service coordinator using person-centered planning principles that results in a written service coordination plan. The plan must accurately reflect the participant's need for assistance in accessing and coordinating supports and services. (5-8-09)

1~~*4*~~3. **Service Coordinator**. An individual, excluding a paraprofessional, who provides service coordination to a Medicaid eligible participant, is employed by or contracts with a service coordination agency, and meets the training, experience, and other requirements in Section 729 of these rules. (5-8-09)

1~~*5*~~7. **Supports**. Formal and informal services and activities that are not paid for by the Department and that enable an individual to reside safely in the setting of his choice. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

726. SERVICE COORDINATION: ELIGIBILITY: INDIVIDUALS UP TO THE AGE OF TWENTY-ONE.

To be eligible for children's service coordination, a participant must meet the following requirements in Subsections 726.01 through 726.0~~*6*~~5~~*or the requirements in Subsection 726.07 of this rule*~~. Eligibility is determined initially and annually by the Department based on information provided by the service coordination agency or the family. All information necessary to make the eligibility determination must be received by the Department twenty (20) business days prior to the anticipated start date of any service coordination services. The eligibility determination must be made by the Department prior to the initiation of initial and ongoing plan development and services. ~~*(5-8-09)*~~(____)

01. **Age**. From the age of thirty-seven (37) months through the month in which their twenty-first birthday occurs. (5-8-09)

02. **Diagnosis**. Must be identified by a physician or other practitioner of the healing arts as having one (1) of the diagnoses found in Subsections 726.03 through 726.0~~5~~4 of this rule. ~~*(5-8-09)*~~(____)

~~***03. Developmental Delay or Disability***. *A physical or mental condition which has a high probability of resulting in developmental delay or disability, or children who meet the definition of developmental disability as defined in Section 66-402, Idaho Code.* *(3-19-07)*~~

0~~4~~3. Special Health Care Needs. Have special health care needs requiring medical and multidisciplinary habilitation or rehabilitation services to prevent or minimize a disability. (3-19-07)

0~~5~~4. Serious Emotional Disturbance (SED). Have a serious emotional disturbance (SED) with an expected duration of at least one (1) year. The following definition of the SED target populations is based on the definition of SED found in the Children's Mental Health Services Act, Section 16-2403, Idaho Code. (3-19-07)

a. Presence of an emotional or behavioral disorder, according to the DSM-IV-TR or subsequent revisions to the DSM, which results in a serious disability; and (3-19-07)

b. Requires sustained treatment interventions; and (3-19-07)

c. Causes the child's functioning to be impaired in thought, perception, affect, or behavior. (3-19-07)

d. The disorder is considered to be a serious disability if it causes substantial impairment in functioning. Functional impairment must be assessed using the Child and Adolescent Functional Assessment Scale/ Preschool and Early Childhood Functional Assessment Scale (CAFAS/PECFAS). Substantial impairment requires that the child scores in the "moderate" impairment range in at least two (2) of the subscales. One (1) of the two (2) must be from the following: (5-8-09)

i. Self-Harmful Behavior; (3-19-07)

ii. Moods/Emotions; or (3-19-07)

iii. Thinking. (3-19-07)

e. A substance abuse disorder, or conduct disorder, or developmental disorder, alone, does not constitute a serious emotional disturbance, although one (1) or more of these conditions may co-exist with serious emotional disturbance. (3-19-07)

0~~6~~5. Need Assistance. Have one (1) or more of the following problems in Subsection726.0~~6~~5.a. through 726.06.e. of this rule associated with their diagnosis: ~~*(5-8-09)*~~(____)

a. The condition has resulted in a level of functioning below normal age level in one (1) or more life areas such as school, child care setting, family, or community; (5-8-09)

b. The child is at risk of placement in a more restrictive environment or the child is returning from an out of home placement as a result of the condition; (5-8-09)

c. There is danger to the health or safety of the child or the parent is unable to meet the needs of the child; (5-8-09)

d. Further complications may occur as a result of the condition without provision of service coordination services; or (3-19-07)

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

~~***07. Eligibility for Infants and Toddlers***. *(5-8-09)*~~

~~***a.*** *Birth through thirty-six (36) months of age;* *(5-8-09)*~~

~~***b.*** *Must be identified by a physician or other practitioner of the healing arts to have a condition requiring early intervention services; and* *(5-8-09)*~~

~~**e.** *Must meet the eligibility requirements for early intervention services administered by the Idaho Infant Toddler Program.* (5-8-09)~~

(BREAK IN CONTINUITY OF SECTIONS)

729. SERVICE COORDINATION: PROVIDER QUALIFICATIONS.
Service coordination services must be provided by an agency as defined in Section 721 of these rules. (5-8-09)

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

02. Supervision. The agency must provide supervision to all service coordinators and paraprofessionals. The agency must clearly document: (5-8-09)

a. Each supervisor's ability to address concerns about the services provided by employees and contractors under their supervision, and (5-8-09)

b. That a paraprofessional is not a supervisor. (5-8-09)

03. Agency Supervisor Required Education and Experience. (5-8-09)

a. Master's Degree in a a human services field from a nationally accredited university or college, and have twelve (12) months supervised work experience with the population being served; or (5-8-09)

b. Bachelor's degree in a human services field from a nationally accredited university or college, and have twenty-four (24) months supervised work experience with the population being served. (5-8-09)

c. Be a licensed professional nurse (RN), and have twenty-four (24) months supervised work experience with the population being served. (5-8-09)

d. For mental health service coordination, the supervisor must have obtained the required supervised work experience in a mental health treatment setting with the serious and persistent mentally ill population. (5-8-09)

04. Service Coordinator Education and Experience. (5-8-09)

a. Minimum of a Bachelor's degree in human services field from a nationally accredited university or college and have twelve (12) months supervised work experience with the population being served; or (5-8-09)

b. Be a licensed professional nurse (RN); and have twelve (12) months work experience with the population being served. (5-8-09)

c. When an individual meets the education or licensing requirements in Subsections 729.04.a. or 729.04.b. of this rule, but does not have the required supervised work experience, the individual must be supervised by a qualified service coordinator while gaining the required work experience. (5-8-09)

05. Paraprofessional Education and Experience. Under the supervision of a qualified service coordinator, a paraprofessional may be used to assist in the implementation of the plan. Paraprofessionals must have the following qualifications: (5-8-09)

a. Be at least eighteen (18) years of age and have a minimum of a high school diploma or equivalency; (5-8-09)

b. Be able to read and write at an appropriate level to process the required paperwork and forms

involved in the provision of the service; and (5-8-09)

c. Have twelve (12) months supervised work experience with the population being served. (5-8-09)

06. Limitations on Services Delivered by Paraprofessionals. (5-8-09)

a. Paraprofessionals must not conduct assessments, evaluations, person-centered planning meetings, ninety (90) day face-to-face contacts described in Section 728.07 of these rules, one hundred eighty (180) day progress reviews, plan development, or plan changes. Paraprofessionals cannot be identified as the service coordinator on the plan and they cannot supervise service coordinators or other paraprofessionals. (5-8-09)

b. Mental Health Service Coordination does not allow for service provision by paraprofessionals. (5-8-09)

07. Criminal History Check Requirements. Service coordination agencies must verify that each service coordinator and paraprofessional they employ or with whom they contract has complied with IDAPA 16.05.06, "Criminal History and Background Checks." (5-8-09)

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

09. Individual Service Coordinator Case Loads. The total caseload of a service coordinator must assure quality service delivery and participant satisfaction. (5-8-09)

~~***10. Infant Toddler Provider Network****. Service coordination for children from birth through thirty-six (36) months may only be provided through the Infant Toddler network of service coordinators.* (5-8-09)~~

(BREAK IN CONTINUITY OF SECTIONS)

731. SERVICE COORDINATION: PLAN DEVELOPMENT -- WRITTEN PLAN.

The service coordination plan is developed using information collected through the assessment of the participant's service coordination needs. The plan must specify the goals and actions to address the service coordination needs of the participant identified in the assessment process. The plan must include goals developed using the person-centered planning process. (5-8-09)

01. Plan Implementation. The plan must identify activities required to respond to the assessed needs of the participant. (5-8-09)

02. Plan Content. Plans must include the following: (5-8-09)

a. A list of problems and needs identified during the assessment; (5-8-09)

b. Identification of each and any potential risk or substantiation that there are no potential risks. The plan must identify services and actions that will be implemented in case of a participant crisis situation. (5-8-09)

c. Concrete, measurable goals and objectives to be achieved by the participant; (5-8-09)

d. Reference to all services and contributions provided by the participant's supports including the actions, if any, taken by the service coordinator to develop the support system; (5-8-09)

e. Documentation of who has been involved in the service planning, including the participant's

involvement; (5-8-09)

f. Schedules for service coordination monitoring, progress review, and reassessment; (5-8-09)

g. Documentation of unmet needs and service gaps including goals to address these needs or gaps; (5-8-09)

h. References to any formal services arranged including costs, specific providers, schedules of service initiation, frequency or anticipated dates of delivery; and (5-8-09)

i. Time frames for achievement of the goals and objectives. (5-8-09)

03. Adult Developmental Disability Service Coordination Plan. The plan for adults with developmental disabilities must be incorporated into the participant's developmental disability plan of service identified in Section 513 of these rules. (5-8-09)

~~***04. Children Birth Through Thirty-Six Months Service Coordination Plan****. For children from birth through thirty-six (36) months, service coordination outcomes and objectives must be incorporated into an individualized family service plan for the child according to the Individuals with Disabilities Education Act, Part C. The plan must be developed jointly with the family and appropriate multi-disciplinary team. The team consists of the service coordinator, family members, and professionals that conduct evaluations and may include service providers.* *(5-8-09)*~~