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Children's Habilitation Intervention Services

This chapter of the Idaho Medicaid Provider Handbook describes all Medicaid services provided by providers of Children's Habilitation Intervention Services (CHIS).This handbook does not represent all available services to children with disabilities. The Home and Community-Based Services (HCBS) and Long-Term Support Services (LTSS), Idaho Medicaid Provider Handbook contains information on other Idaho Medicaid covered services that may be available to children with disabilities.

Standards of practice require the coordination of care with other agencies operating within the same service area and are not expected to replace or substitute services already provided by other agencies.

Should the handbook ever appear to contradict relevant provisions of Idaho or federal regulations, the regulations prevail. Any paper or digital copy of these documents is considered out of date except the version appearing on Gainwell Technologies' Idaho Medicaid website. Sections of the Idaho Medicaid Provider Handbook applicable in specific situations are listed throughout the handbook for provider convenience. Handbook chapters which always apply include the following:

- General Billing Instructions;
- General Information and Requirements for Providers; and
- Glossary.

Handbooks can only be used properly in context. Providers must be familiar with the handbooks that affect them and their services. The numbering in handbooks is also important to make note of as subsections rely on the content of the sections above them.

Example

Section 1.2.3.a The Answer requires the reader to have also read Section 1, Section 1.2 and Section 1.2.3 to be able to properly apply Section 1.2.3.a.

References are included throughout the handbook for provider and staff convenience. Not all applicable references are incorporated into the handbook. Not all references provided are equal in weight.

- **Case Law:** Includes references to court cases that established interpretations of law that states and providers are required to follow.
- **CMS Guidance:** These references reflect various Centers for Medicare and Medicaid Services (CMS) publications that Idaho Medicaid reviewed in the formulation of policies. The publications themselves are not required to be followed for Idaho Medicaid services unless otherwise specified.
- **Federal Regulations:** These references are regulations from the federal level that affected policy development. Usually these include the Code of Federal Regulations, the Social Security Act and other statutes. Providers are required follow these.
- **Idaho Medicaid Publications:** These are communications from Idaho Medicaid to providers that were required to be followed when published. These are included in the handbook for historical reference. The provider handbook supersedes other communications unless the documents are listed in the Rules, Policies, Procedures, and Waivers webpage under Medicaid Policies in the Policies & Standards Library.
- **Idaho State Plan:** The State Plan is the agreement between the State of Idaho and the Centers for Medicare and Medicaid Services (CMS) on how the State will administer its medical assistance program. Unless otherwise stated, services can only be reimbursed when in compliance with the agreement.
- **Idaho Waivers:** A waiver is a deviation, or an expansion of benefits, of federal requirements approved by the Centers for Medicare and Medicaid Services (CMS). Waiver services can only be reimbursed as detailed in an approved waiver.
- **Professional Organizations:** These references reflect various publications of professional organizations that Idaho Medicaid reviewed in the formulation of policies. Providers may or may not

be required to follow these references, depending on the individual reference and its application to a provider's certification, licensure or scope of practice.

- **Scholarly Work:** These references are publications that Idaho Medicaid reviewed in the formulation of policies. The publications themselves are not required to be followed for Idaho Medicaid services.
- **State Regulations:** These references are regulations from the state level that affected policy development. They usually include statute and IDAPA. They are required to be followed.

Some citations may not be available on the internet. Copies of the documents may be requested with a public records request. Guidance for public records requests is available on the department's website.

1. Important Contacts

The Directory, Idaho Medicaid Provider Handbook contains a comprehensive list of contacts. The following contacts are presented here for provider convenience.

1.1. Gainwell Technologies

Gainwell Technologies is Idaho Medicaid's fiscal agent that handles all claims processing and customer service issues for participants not receiving services through a managed care plan.

Gainwell Technologies Contact Information
Gainwell Technologies Provider Services P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 661-0974 IDProviderServices@gainwelltechnologies.com The Medicaid Automated Call Service (MACS) is available 24 hours a day, seven days a week. Provider service representatives are available Monday through Friday, 7:00 A.M.-7:00 P.M. MT.
Provider Enrollment P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2041 IDProviderEnrollment@gainwelltechnologies.com
Technical Services Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2040 IDEDISupport@gainwelltechnologies.com

1.2. Provider Relations Consultants

Gainwell Technologies Provider Relations Consultants help keep providers up to date on billing changes required by program policy changes implemented by the Division of Medicaid. Provider Relations Consultants accomplish this by:

- Conducting provider workshops;
- Conducting live meetings for training;
- Visiting a provider's site to conduct training; and
- Assisting providers with electronic claims submission.

Region 1 and the state of Washington
1 (208) 202-5735
Region.1@gainwelltechnologies.com

Region 2 and the state of Montana
1 (208) 202-5736
Region.2@gainwelltechnologies.com

Region 3 and the state of Oregon
1 (208) 202-5816
Region.3@gainwelltechnologies.com

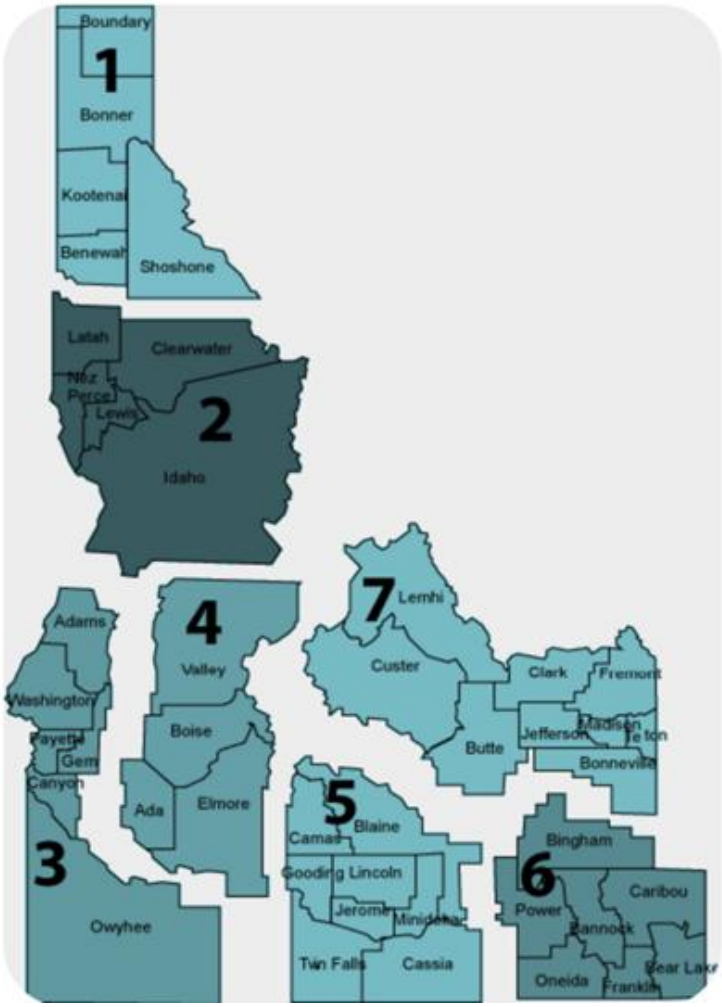
Region 4
1 (208) 202-5843
Region.4@gainwelltechnologies.com

Region 5 and the state of Nevada
1 (208) 202-5963
Region.5@gainwelltechnologies.com

Region 6 and the state of Utah
1 (208) 593-7759
Region.6@gainwelltechnologies.com

Region 7 and the state of Wyoming
1 (208) 609-5062
Region.7@gainwelltechnologies.com

Region 9 and other states (not bordering Idaho)
1 (208) 609-5115
Region.9@gainwelltechnologies.com



1.3. Medicaid

Children's habilitation intervention services are administered by the Bureau of Developmental Disability Services (BDDS) – Children's Program at the Idaho Department of Health and Welfare.

BDDS – Children's Program
3402 Franklin Rd
Caldwell, ID 83605
208-334-6500
E-mail: Children'sDDIntake@dhw.idaho.gov

1.4. Telligen, Inc.

Telligen, Inc. is Idaho Medicaid's quality improvement organization (QIO) that reviews Prior Authorization (PA) requests for some services as listed in the handbook.

Telligen, Inc.
670 E Riverpark Ln. Suite 120
Boise, ID 83706
Phone: 1 (866) 538-9510
E-mail: idmedicaidsupport@telligen.com

See the QIO Provider Manual for a listing of diagnoses and procedures that require PA and details regarding review processes. The status of a PA request submitted to Telligen, Inc. may be checked online via the Telligen Qualitrac portal or the Gainwell Technologies portal under "Authorization Status", using your National Provider Identifier (NPI). If you have questions on a Denial in the Gainwell Technologies portal, click on the Notes, which will explain the reason for the Denial. See the General Billing Instructions, Idaho Medicaid Provider Handbook for more information on billing and requesting prior authorized services.

2. Provider Qualifications

Children's habilitation intervention services (CHIS) are delivered by individuals are employed by a certified developmental disabilities agency (DDA) or enrolled as an independent CHIS provider. The DDA must be certified by the state's licensing agency. Providers must have a National Provider Identifier (NPI) to be eligible for enrollment. Enrollment as an Idaho Medicaid provider and entering into a provider agreement must be completed prior to providing services for Idaho Medicaid participants. Providers of direct care and services must receive an Idaho Department of Health and Welfare background check clearance.

Evidence informed interventions are delivered by qualified individuals not certified or credentialed in an evidence-based model and include the following provider types:

- Crisis Intervention Technician
- Intervention Technician
- Intervention Specialist
- Intervention Professional

Evidence-Based providers include the following provider types:

- Evidence-Based Model Intervention Paraprofessional
- Evidence-Based Model Intervention Specialist
- Evidence-Based Model Intervention Professional

All CHIS providers of direct care services must complete at least 12 hours of training each calendar year. Training must include one hour of ethics and six hours of behavior methodology or evidence-based interventions. Providers who have not worked a full calendar year must have documentation of at least one hour of training per month providing direct services. Prorated training requirements begin the first month the individual begins providing Medicaid reimbursable services.

The training received must be relevant to the service being delivered. Training topics can be repeated, but the training content must be different each calendar year. Staff can obtain training through various formats including in-person, from an agency or an outside source, online, attending a conference or in a classroom.

If the individual has not completed the required training during any calendar year, they can only provide CHIS once the required number of training hours are completed. As training hours are met, they are accounted first to any training-deficient prior calendar year before being applied to the current calendar year's training period. Training hours earned in the current calendar year cannot be applied to a future calendar year.

Information regarding School-based CHIS Providers can be found on the School-Based Medicaid website.

All provider handbook and applicable state and federal regulations must be followed to maintain eligibility for Reimbursement. See the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for more information on enrolling as an Idaho Medicaid provider.

2.1. References: Provider Qualifications

2.1.1. Idaho State Plan

Basic Alternative Benefit Plan. Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-19-0011.pdf.

2.1.2. State Regulations

"CHIS: Provider Qualifications and Duties." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Conditions for Payment." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 025. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Continuing Training Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

Definitions, Idaho Code 39-4604(3) (2010). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title39/t39ch46/sect39-4604.

"Developmental Disability Agencies (DDA)," IDAPA 16.03.21. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160321.pdf.

"Evidence-Based Interventions." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 005.23. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Evidence-Informed Interventions." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 005.24. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Fidelity." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 180.06. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Individual Provider Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 020. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Individuals Subject to a Background Check." IDAPA 16.05.06, "Criminal History and Background Checks," Sec. 100. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160506.pdf.

"Provider." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 007.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Provider Agreements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 022. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Provider Application Process." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 021. Department of Administration, State of Idaho, https://proddfmmainsa.blob.core.windows.net/dfm-admin-website/rules/current/16/160326.pdf.

2.2. Crisis Intervention Technician

A crisis intervention technician is an employee of a developmental disability agency (DDA) that can provide crisis intervention directly to participants. Crisis intervention technicians must meet the provider qualifications for community-based supports staff as follows:

- Be at least 18 years of age;
- Received a clearance from an Idaho Department of Health and Welfare background check;
- Be certified in CPR and first aid prior to delivering services alone;
- Have received instructions on the needs of the participant;
- Demonstrate the ability to provide services according to a service plan;
- Completed coursework approved by the department to demonstrate competencies related to the requirements to provide community-based supports. The coursework is an online competency training course consisting of four modules at the Idaho Center on Disabilities and Human Development website; and
- Have six months supervised experience working with children with developmental disabilities. Individuals providing community-based supports to children from birth to age three must have six months of documented experience with children in that age range with developmental delays or disabilities. Experience can be achieved by one of the following:
    - **Previous Work Experience:** Previous work experience gained through paid employment, university practicum experience, or internship; or
    - **On-the-job Supervision:** On-the-job supervised experience gained through employment with increased supervision. Experience is gained by at least weekly face-to-face supervision with the supervisor for six months while delivering services.

Supervision must occur monthly to ensure staff demonstrate the necessary skills to provide the services correctly. Supervision determines if modification of the methods implemented to address the outcomes identified in the Assessment and Clinical Treatment Plan (ACTP) is needed. Supervision includes face-to-face observation and direction to the staff regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, or generalization of acquired skills for a participant.

2.2.1. References: Crisis Intervention Technician

(a) State Regulations

"Assessment and Clinical Treatment Plan (ACTP)." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 180.01. Department of Administration, State of Idaho https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Community-Based Support." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 585.02. Department of Administration, State of Idaho https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Crisis Intervention Technician." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Individual Provider Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 020. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Individuals Subject to a Background Check." IDAPA 16.05.06, "Criminal History and Background Checks," Sec. 100. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160506.pdf.

"Provider." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 007.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Supervision." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

2.3. Intervention Technician

Intervention technicians can deliver habilitative skill building, behavioral intervention, and crisis intervention. Intervention technician is a provisional position intended to allow an individual to gain the necessary qualifications to qualify as an Evidence-Based Model Intervention Paraprofessional, Intervention Specialist or higher. Provisional status is limited to a single, 18 successive month period, which begins the first day Medicaid covered services are provided as an intervention technician. An individual can no longer provide services as an intervention technician if they do not meet the requirements to become an EBM intervention paraprofessional, intervention specialist, or higher within the provisional period. Intervention technicians must be an employee of a developmental disability agency (DDA) and must be under the supervision of a specialist or professional.

Supervision must occur monthly to ensure staff demonstrate the necessary skills to provide the services correctly. Supervision also informs if any modification for the methods implemented to address the outcomes identified in the Assessment and Clinical Treatment Plan (ACTP) is needed. Supervision includes face-to-face observation and direction to the staff regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, or generalization of acquired skills for a participant.

2.3.1. References: Intervention Technician

(a) State Regulations

"Individual Provider Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 020. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Intervention Technician." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Provider." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 007.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Supervision." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

2.4. Intervention Specialist

An intervention specialist can deliver all Children's Habilitation Intervention Services (CHIS), complete assessments and implementation plans. Intervention specialists must hold a bachelor's degree from an accredited institution in a human services field or a bachelor's degree and a minimum or 24 semester credits, or equivalent, in a human services field. Quarter and trimester credits can be converted to semester credits for determining provider qualification. The number of semester credits needed should be multiplied by 1.5 to determine the number of quarter credits or by 1.2 to determine the number of trimester credits needed to meet the requirement. For example, 24 semester credits are equivalent to 36 quarter credits or 28 trimester credits.

A human services field is a diverse field focused on improving the quality of life for participants. Areas of academic study include, but are not limited to, sociology, special education, counseling, psychology, or other areas of academic study. An Optional Guidelines for Determining Human Services Field for CHIS tool is available to assist with determining if a degree meets the requirements in this paragraph.

An intervention specialist must have 1,040 hours of supervised experience working with participants from birth to 21 years of age who demonstrate functional or behavioral needs. They must meet competency requirements by completing the department-approved Provider Competency Checklist for an Intervention Specialist, or a minimum of 40 hours of applied behavior analysis (ABA) delivered by an individual certified or credentialed to provide the training. Board certified behavior analysts (BCBA's) or board-certified assistant behavior analysts (BCaBAs) meet this requirement. These individuals must provide this training under their Board/Model requirements. The registered behavior technician (RBT) training is an approved 40 hour ABA training. Intervention specialists are not required to obtain the RBT credential.

Individuals who hold a Habilitative Intervention Certificate of Completion in Idaho with an expiration date of July 1, 2019, or later are allowed to continue providing services as an intervention specialist as long as there is not a gap of more than three successive years of employment as an intervention specialist.

All individuals completing assessments must have at least 10 hours of documented training and five hours of supervised experience in completing comprehensive assessments and implementation plans for individuals with functional or behavioral needs. Individuals providing services to children from birth to three years of age must also meet the qualifications in the CHIS for Children Birth to Three Years of Age section of this handbook.

An Optional Intervention Specialist Qualification Worksheet is available to assist with determining provider qualifications.

An intervention specialist must be under the supervision of a specialist or professional, who observes and reviews the services provided. Supervision must occur monthly to ensure staff demonstrate the necessary skills to provide the services correctly. Supervision also informs if any modification of the methods implemented to address the outcomes identified in the Assessment and Clinical Treatment Plan (ACTP) is needed. Supervision includes face-to-face observation and direction to the staff regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, or generalization of acquired skills for a participant. Intervention specialists providing services to children from birth to three years old must be supervised by an intervention specialist or intervention professional with the necessary experience for that age range.

2.4.1. References: Intervention Specialist

(a) State Regulations

"Human Services Field." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 005.27. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Individual Provider Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 020. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Intervention Specialist." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Provider." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 007.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Supervision." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

2.5. Intervention Professional

Intervention professionals can deliver all children's habilitation intervention services (CHIS) and complete assessments and implementation plans. Intervention Professionals must hold a master's degree or higher from an accredited institution in psychology, education, applied behavior analysis, or a related discipline with a minimum or 24 upper-division semester credits from an accredited college or university of relevant coursework, training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, psychology, education, or behavior analysis. Upper-division semester credits are 300 level courses and above. They must also have 1,200 hours of relevant experience completing and implementing comprehensive behavioral therapies for participants with functional or behavioral needs. Education and experience requirements may be documented as completed within the individual's degree program, other coursework, or training.

Related disciplines include, but are not limited to, counseling, human services, marriage and family, occupational therapy, and physical therapy, social work, speech-language pathology, and teaching. Disciplines that would not qualify include, but are not limited to, biology, business, chemistry, engineering, human resources and information technology.

Quarter and trimester credits can be converted to semester credits for determining provider qualification. The number of semester credits needed should be multiplied by 1.5 to determine the number of quarter credits or by 1.2 to determine the number of trimester credits needed to meet the requirement. For example, 24 semester credits are equivalent to 36 quarter credits or 28 trimester credits.

Individuals providing services to children from birth to three years of age must also meet the qualifications in the CHIS for Children Birth to Three Years of Age section of this handbook.

An Optional Intervention Professional Qualification Worksheet is available to assist with determining provider qualifications.

2.5.1. References: Intervention Professional

(a) State Regulations

"Individual Provider Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 020. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Intervention Professional." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Intervention Specialists." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Provider." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 007.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

2.6. Evidence-Based Model Intervention Paraprofessional

Evidence-based model (EBM) intervention paraprofessionals can deliver habilitative skill building, crisis intervention, and behavioral intervention. EBM intervention professionals must have a para-level certification or credential in an evidence-based model approved by the department. An individual who is a registered behavior technician (RBT) meets the requirements of an EBM intervention paraprofessional.

Supervision must be provided under the requirements of the EBM to ensure staff demonstrate the necessary skills to provide the services correctly. Supervision also informs if any modification for the methods implemented to address the outcomes identified in the Assessment and Clinical Treatment Plan (ACTP) is needed. Supervision includes face-to-face observation and direction to the staff regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for a participant.

2.6.1. References: Evidence-Based Model Intervention Paraprofessional

(a) State Regulations

"Evidence-Based Model (EBM) Intervention Paraprofessional." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.05. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Individual Provider Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 020. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Provider." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 007.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Supervision." IDAPA 16.03.26, "Medicaid Basic Plan Benefits," Sec. 183.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

2.7. Evidence-Based Model Intervention Specialist

Evidence-based model (EBM) intervention specialists can deliver all children's habilitative intervention services (CHIS) and complete assessments and implementation plans. EBM intervention specialists must have a bachelor's degree from an accredited institution under their certification or credentialing requirements and have a bachelors-level certification or credential in an EBM approved by the department. An individual who is a board-certified assistant behavior analyst (BCaBA) meets the requirements of an EBM intervention specialist.

Supervision is required and must be provided under the requirements of the EBM to ensure staff demonstrate the necessary skills to provide the services correctly. Supervision also informs if any modification for the methods implemented to address the outcomes identified in the Assessment and Clinical Treatment Plan (ACTP) is needed. Supervision includes face-to-face observation and direction to the staff regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for a participant. Intervention specialists providing services to children from birth to three years old must be supervised by an intervention specialist or intervention professional with the necessary experience for that age range.

2.7.1. References: Evidence-Based Model Intervention Specialist

(a) State Regulations

"Evidence-Based Model (EBM) Intervention Specialist." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.06. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Individual Provider Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 020. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Provider." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 007.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Supervision." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

2.8. Evidence-Based Model Intervention Professional

Evidence-based model (EBM) intervention professionals can deliver all children's habilitative intervention services (CHIS) and complete assessments and implementation plans. EBM intervention professionals must have a master's degree or higher from an accredited institution under their certification or credentialing requirements and a masters-level certification or credential in an EBM approved by the department. An individual who is a board-certified behavior analyst (BCBA) or holds a master's level certification in the Early Start Denver Model meets the requirements of an EBM intervention professional.

2.8.1. References: Evidence-Based Model Intervention Professional

(a) State Regulations

"Evidence-Based Model (EBM) Intervention Professional." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.07. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Individual Provider Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 020. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Provider." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 007.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

2.9. CHIS Delivered by an Independent Provider

Independent children's habilitative intervention service (CHIS) providers can deliver all types of CHIS, and complete assessments and implementation plans in accordance with their provider qualification. Independent CHIS Providers must meet the following requirements:

- Sign an independent Medicaid provider agreement through the department and maintain good standing;
- Be CPR and first aid certified;
- Receive a clearance from an Idaho Department of Health and Welfare background check;
- Meet the requirements in the Provider Qualifications section of this handbook under their specific provider type;
- Receive supervision from an individual that they are not directly supervising; and
- Meet the qualifications in the CHIS for Children Birth to Three Years of Age section of this handbook when providing services to children from birth to three years of age.

The following provider types can be enrolled as independent providers:

- Intervention Specialist
- Intervention Professional
- Evidence-Based Model Intervention Specialists
- Evidence-Based Model Intervention Professional

Intervention technicians may not be enrolled as independent CHIS providers.

2.9.1. References: CHIS Delivered by an Independent Provider

(a) Federal Guidance

U.S. Department of the Treasury. Internal Revenue Service. (2026). "Publication 15-A (2026), Employer's Supplemental Tax Guide." https://www.irs.gov/publications/p15a#en_US_2022_publink1000169466.

(b) Professional Organizations

"Behavior Technicians May Not be Independent Contractors in the U.S." *BACB Newsletter, Nov. 2018,* https://www.bacb.com/wp-content/uploads/2020/05/BACB_November2018_Newsletter-200826.pdf.

(c) State Regulations

"Independent CHIS Provider." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.08. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Individual Provider Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 020. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Individuals Subject to a Background Check." IDAPA 16.05.06, *"Criminal History and Background Checks,"* Sec. 100. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160506.pdf.

"Provider." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 007.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Supervision." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

2.10. CHIS for Birth to Three Years of Age

Individuals acting as an intervention specialist or professional and who provide services to children from birth to three years of age must have 240 hours of professionally supervised experience providing assessment or evaluation, curriculum development, and service provision in the areas of communication, cognition, motor, adaptive (self-help), and social-emotional development with children from birth to five years of age with developmental delays or disabilities. Experience may be documented within the supervised experience as an intervention technician. The individual must also have one of the following:

- An elementary education certificate or special education certificate with an endorsement in early childhood special education.
- A blended Early Childhood or Early Childhood Special Education (EC or ECSE) certificate.
- A minimum of 24 semester credits from an accredited college or university, which can be within their bachelor's or master's degree coursework or be in addition to the degree coursework covering the following:
    - Promotion of development and learning for children from birth to five years of age. Course descriptions must provide an overview of typical and atypical infant and young child development and learning and must include physical, social emotional, communication, adaptive (self-help), and cognitive development of infants and toddlers;
    - Assessment and observation methods that are developmentally appropriate for assessment of young children with developmental delays or disabilities. Course descriptions must include the assessment and evaluation process using both formal and informal assessment strategies. Strategies and tools for screening, assessing, and evaluating the development of infants and children birth through five years of age, including typical and atypical development, to support young children and families;
    - Building family and community relationships to support early interventions. Course descriptions must include working with families who have children with developmental disabilities, strengthening and developing family, professional and interagency partnerships, researching and linking families with community resources, parent or teacher or professional, communication, and collaborating with other professionals;
    - Development of appropriate curriculum for young children. Course descriptions must include instructional strategies for working with infants, toddlers, and young children through third grade with developmental delays and disabilities, linking assessment to curriculum and designing instructional programming in natural settings and formal settings for young children with special needs, involving families in the process;
    - Implementation of instructional and developmentally effective approaches for early learning, including strategies for children and their families. Course descriptions must include a focus on implementing strategies to meet outcomes for children with developmental delays and disabilities, and monitoring children's responses and overall progress; and
    - Demonstration of knowledge of policies and procedures in special education and early intervention and demonstration of knowledge of exceptionalities in children's development. Course descriptions include foundations of special education and knowledge and understanding of young children with developmental disabilities (DD).

An Optional B-3 Qualification Worksheet is available to assist with determining provider qualifications.

Evidence-based Model providers are qualified to deliver services without these additional qualifications.

2.10.1. References: CHIS for Birth to Three Years of Age

(a) State Regulations

"Intervention Specialist." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184.10. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

3. Participant Eligibility

Children's habilitation intervention services (CHIS) are a benefit of Idaho Medicaid plans. Not all participants are eligible for all services. Services are available based on the participant's enrollment eligibility. Incarcerated individuals or otherwise ineligible non-citizens with Medicaid coverage are not eligible for these services. CHIS are available for eligible participants from birth through the month of their 21st birthday who meet one of the following criteria:

- Demonstrate a functional need or a combination of functional and behavioral needs that require intervention services; or
- Require intervention to correct or ameliorate their condition under Early Periodic Screening, Diagnosis, and Treatment (EPSDT). See the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for more information on EPSDT Services.

Participants must complete a Required Screening, which is used to determine whether they demonstrate functional or behavioral needs. CHIS must be ordered by a healthcare professional within their scope of practice such as a physician, physician assistant and nurse practitioner. This order is only required once and must be received before submitting the initial prior authorization request. CHIS providers cannot seek reimbursement for services more than 30 days before the signed and dated order. A new order is required if the participant has not accessed CHIS for more than 365 days.

Participants 18 to 21 years of age may be able to receive both CHIS and Adult Developmental Disability (DD) Services. Refer to the following CHIS and Adult DD Crosswalk to assist in determining if CHIS can be provided.

CHIS and Adult DD Crosswalk for Individuals 18-21		
Adult Service	**Can Access CHIS?**	**Additional Information**
Adult Day Health	YES	
Behavioral Consultation/Crisis Management	NO	Duplicative of CHIS.
Chore Services	YES	
Developmental Therapy	YES	Only when goals are separate, unique, and distinctly different to each service provided. Services cannot be provided at the same time.
Environmental Accessibility Adaptations	YES	
Home Delivered Meals	YES	
Personal Emergency Response System (PERS)	YES	
Residential Habilitation - Certified Family Home	YES	Only when goals are separate, unique, and distinctly different to each service provided.
Residential Habilitation – Daily Supported Living (High/Intense)	NO	Duplicative of CHIS.
Residential Habilitation - Hourly Supported Living	YES	Only when goals are separate, unique, and distinctly different to each service provided. Services cannot be provided at the same time.
Respite Care	YES	
Service Coordination	YES	Children's Case Management can be accessed until Service Coordination is authorized on the Adult Service Plan.

CHIS and Adult DD Crosswalk for Individuals 18-21		
Adult Service	**Can Access CHIS?**	**Additional Information**
Skilled Nursing	YES	
Supported Employment	YES	
Transition Services	YES	

Before delivery of services, providers must check eligibility on the date of the service to validate coverage. Providers must maintain documentation of the eligibility check. Eligibility can be checked by calling Idaho Medicaid Automated Customer Service (MACS) at 1 (866) 686-4272; or through the Trading Partner Account on Gainwell Technologies Idaho Medicaid website.

See the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook, Section 7.3 Verifying Participant Eligibility for more detail on eligibility checks.

3.1. References: Participant Eligibility

3.1.1. Federal Regulations

Persons to Whom Services will be Provided, 42 CFR §136.12 (1999). Government Printing Office, https://www.ecfr.gov/current/title-42/chapter-I/subchapter-M/part-136/subpart-B/section-136.12.

3.1.2. Idaho State Plan

Basic Alternative Benefit Plan. Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-19-0011.pdf.

3.1.3. State Regulations

"CHIS: Eligibility Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 181. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 005.21. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Order." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 006.21. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Participant Eligibility." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 025.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Required Order." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 182.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Required Screening." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 182.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

3.2. Required Screening

The current department-approved screening tool is the current version of the Vineland Standard Deviations Tool. This tool must be administered under its protocol. This screening using Vineland Adaptive Behavior Scales – III (VABS-III) may be conducted by the family's chosen children's habilitation intervention services (CHIS) provider, the department, or one of the following designees:

- Independent assessment provider;
- School;
- Psychologist;
- Idaho Department of Health and Welfare (IDHW) Crisis Prevention and Court Services (CPCS) team;
- Infant Toddler staff;
- Developmental disability agency (DDA); or
- Independent CHIS provider.

The screening only needs to be completed once before submitting the initial prior authorization request for CHIS. If screening has been completed by the department or its designee, or the participant has been determined eligible by the department, a new screening is not required unless the participant has not accessed CHIS for more than 365 days. An additional screening is not required for participants with an eligibility assessment that are determined to be eligible for Katie Becket or developmental disability services by an Independent Assessment Provider (IAP).

A deficit is 1.5 or more standard deviations below the mean for significant functional limitation areas or above the mean for maladaptive behavior. A functional or behavioral need is determined by the department-approved screening tool when a deficit is identified in three or more of the following areas:

- Self-care;
- Receptive and expressive language;
- Learning;
- Mobility;
- Self-direction;
- Capacity for independent living;
- Economic self-sufficiency; or
- Maladaptive behavior.

Providers can bill for completing the screening once for a maximum of one hour (four units) on the initial Assessment and Clinical Treatment Plan (ACTP). If a screening is completed, but an ACTP is not completed, the provider can submit the completed screening document with a signed order for services by a healthcare provider acting within their scope of practice to request reimbursement. If an additional screening must be completed, the provider must request prior authorization before completion.

3.2.1. References: Required Screening

(a) Idaho State Plan

Basic Alternative Benefit Plan. Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-19-0011.pdf.

(b) State Regulations

"CHIS: Eligibility Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 181. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Required Order." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 182.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Required Screening." IDAPA 16.03.26, "Medicaid Basic Plan Benefits," Sec. 182.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

4. Covered Services and Limitations

Children's habilitation intervention services (CHIS) are covered under the state plan and are not considered Home and Community Based Services (HCBS). CHIS services are evidence-informed or evidence-based therapeutic techniques based on applied behavior analysis principles that are medically necessary.

- Evidence-informed interventions are interventions that use components of evidence-based techniques.
- Evidence-based interventions are scientifically researched and reviewed in peer-reviewed journals, replicated successfully by multiple independent investigators, and shown to produce measurable and substantiated beneficial outcomes. They are delivered with fidelity by certified or credentialed individuals trained in the evidence-based model. To be delivered with fidelity, the services must be consistently and accurately implemented in accordance with the modality, manual, protocol or model. Department-approved evidence-based models include the Early Start Denver Model (ESDM) and the Behavior Analyst Certification Board (BACB). Any other evidence-based models identified to meet IDAPA requirements will be reviewed and may be added to this list.

CHIS consists of the following array of services:

- Behavioral Intervention;
- Children's Habilitation Crisis Intervention;
- Development of the Assessment and Clinical Treatment Plan (ACTP);
- Habilitative Skill Building; and
- Interdisciplinary Training.

Case Management is available through the Bureau of Developmental Disability Services (BDDS) – Children's Program at the Idaho Department of Health and Welfare (IDHW) to assist participants accessing CHIS.

CHIS can be provided in the community, the participant's home, or a developmental disability agency (DDA). A certified residential facility (CRF) is considered a home where CHIS services can be provided. For the purposes of CHIS, a community is a natural, integrated environment outside of the participant's home, outside of DDA center-based settings, or at a school outside of school hours.

Vocational services, educational services, and recreational services are excluded from Medicaid payment.

- Vocational Services are services or programs directly related to the preparation of individuals for paid or unpaid employment.
    - The test of the vocational nature of the service is whether the services are provided with the expectation that the participant will participate in a sheltered workshop or the general workforce within one year.
- Educational services are services that are:
    - Provided in buildings, rooms, or areas designated or used as a school or as educational facilities;
    - Provided during specific hours and time periods in which the educational instruction takes place during the normal school day for the participant;
    - Included in the individual educational plan (IEP) for the participant or are required by federal and state educational statutes or regulations;
    - Provided to school age individuals between three and 21 years of age.
- Recreational Services are activities or services that are generally perceived as recreation, such as, but not limited to, fishing; hunting; camping; attendance or participation in sporting events or practices; attendance at concerts; fairs or rodeos; skiing; sightseeing; boating; bowling; swimming; and special occasion parties.
    - While Medicaid will not pay for the recreational service itself, Medicaid pays for intervention services provided in the community while the participant is participating in these activities.

Duplication of services is not reimbursable. Services are considered duplicative when:

- Goals are not separate and unique to each service provided; or
- When more than one service is provided at the same time, unless otherwise authorized.

Two providers can work on similar goals when both providers have separate and unique goals. For example, two providers can both work on a goal of expressive language, with one provider's goal is the participant making eye contact when responding to questions, and another provider's goal is the participant engaging in a simple conversation with a peer.

Behavior Modification and Consultation, previously authorized and reimbursed through Idaho Medicaid's Behavioral Health Managed Care Organization, Magellan Healthcare, has transitioned back to Behavioral Intervention. It is now reimbursed through Idaho Medicaid Fee-for-Service (FFS), Gainwell Technologies and prior authorized through the Quality Improvement Organization, Telligen, Inc.

4.1. References: Covered Services and Limitations

4.1.1. Idaho Medicaid Publications

"Behavior Modification and Consultation (BMC) transition to Behavioral Intervention (BI)." Medicaid Information Release MA25-21, 31 October 2025, https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=35049&dbid=0&repo=PUBLIC-DOCUMENTS.

4.1.2. Idaho State Plan

Basic Alternative Benefit Plan. Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-19-0011.pdf.

4.1.3. Professional Organizations

Behavior Analyst Certification Board (BACB). https://www.bacb.com.

Early Start Denver Model (ESDM). https://www.autismspeaks.org/early-start-denver-model-esdm.

4.1.4. State Regulations

"Children's Habilitation Intervention Services (CHIS)." IDAPA 16.03.026, *"Medicaid Plan Benefits,"* Sec. 005.09. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Community." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 180.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Duplicate Services." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 180.05. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Educational Services." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 005.22. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Recreational Services." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 007.15. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

School Age, Idaho Code 33-201 (1998). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title33/t33ch2/sect33-201.

"Service Categories Not Covered." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 060.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Service Delivery." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 182.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Services." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 182.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Vocational Services." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 007.30. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

4.2. Habilitative Skill Building

Habilitative skill building is a direct intervention service that includes techniques used to develop, improve, and maintain the developmentally appropriate functional abilities and daily living skills needed by a participant. It can be delivered by the following provider types:

- Intervention Technician;
- Intervention Specialist;
- Intervention Professional;
- Evidence-Based Model Intervention Paraprofessional;
- Evidence-Based Model Intervention Specialist; and
- Evidence-Based Model Intervention Professional.

This service may include teaching and coordinating training methods with family members or others who regularly care for the eligible participant. Since this is a direct service, the participant must be present during training with family/caregivers.

Habilitative Skill Building can be provided individually or in a group. Group services are only reimbursed when the participant's objectives relate to benefiting from group interactions. Group services must be provided by one qualified staff providing direct services to two or three participants receiving the service. As the number of services and needs of the participants increase, the participant ratio must be adjusted from three to two.

Agency authorizations for habilitative skill building can be provided by an evidenced-based model (EBM) intervention paraprofessional, an intervention specialist, an EBM intervention specialist, an intervention professional, or an EBM intervention professional and billed off the agency's authorization. Agencies have this flexibility because the reimbursement rate for habilitative skill building is set at one code, with no specific modifier delineating different provider qualifications.

For example, when an agency with an authorization for habilitative skill building who assigned an intervention technician that is out sick for a week may reassign to another employee who meets the requirements of an intervention specialist and seek reimbursement for rendered services.

Covered Habilitative Skill Building Codes		
CPT® Code	**Modifier**	**Description**
H2014		Habilitative Skill Building – Individual, 1 Unit = 15 minutes
	HQ	Habilitative Skill Building – Group, 1 Unit = 15 minutes

4.2.1. References: Habilitative Skill Building

(a) Idaho State Plan

"Children's Habilitative Skill Building," *Basic Alternative Benefit Plan*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-19-0011.pdf.

(b) State Regulations

"CHIS: Provider Qualifications and Duties." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Services." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 182.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

4.3. Behavioral Intervention

Behavioral intervention is a direct intervention service using techniques to produce positive, meaningful behavior changes that incorporate functional replacement behaviors and reinforcement-based strategies while also addressing any identified skill needs. This service is available to participants who exhibit interfering behaviors that impact their independence or abilities, such as social skills, communication, or destructive behaviors. Behavioral intervention can be provided using evidence-based or evidence-informed practices to promote positive behaviors and learning while reducing interfering behaviors. It can be delivered by the following agency or individual provider types unless otherwise indicated:

- Intervention Technician (agency only);
- Intervention Specialist;
- Intervention Professional;
- Evidence-Based Model Intervention Paraprofessional (agency only);
- Evidence-Based Model Intervention Specialist; and
- Evidence-Based Model Intervention Professional.

This service may include teaching and coordinating training methods with family members or others who care for the eligible participant. Since this is a direct service, the participant must be present during training with family/caregivers.

Behavioral intervention can be provided individually or in a group. Group services are only reimbursed when the participant's objectives relate to benefiting from group interactions. Group services must be provided by one qualified staff providing direct services to two or three participants receiving the service. As the number of services and needs of the participants increase, the participant ratio must be adjusted from three to two.

If a 2:1 staffing is needed, the provider may request additional behavioral intervention authorizations to meet this need. The participant's Assessment and Clinical Treatment Plan (ACTP) must include justification for 2:1 staffing for multiple providers to deliver the service at the same time. Only one request should be made for the additional procedure code and modifier needed for the service, and staff qualification. The additional staff should be identified with the procedure code and appropriate modifier, and the Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) modifier (EP). If multiple providers are delivering 2:1 services, the above also applies, and one provider must request the service with the EPSDT modifier.

If a provider has an authorization for behavioral intervention for an intervention specialist (IS), and the IS cannot provide services, the agency can reassign a higher qualified staff (i.e., an EBM intervention specialist, an intervention professional or an EBM intervention professional) to provide the behavioral intervention for that participant and bill at the intervention specialist rate as that is what the authorization is for. The opposite is not allowed. An IS may not seek reimbursement for an authorization of behavioral intervention provided by an intervention professional.

Covered Behavioral Intervention Codes		
CPT® Code	**Modifier**	**Description**
H0004	HA	Behavioral Intervention – Individual – Intervention Technician (Agency Only), 1 Unit = 15 minutes
	HN	Behavioral Intervention – Individual – Intervention Specialist, 1 Unit = 15 minutes
	HO	Behavioral Intervention – Individual – Intervention Professional, 1 Unit = 15 minutes
		Behavioral Intervention – Individual – EBM Intervention Paraprofessional (Agency Only) , 1 Unit = 15 minutes

Covered Behavioral Intervention Codes		
CPT® Code	**Modifier**	**Description**
	TF	Behavioral Intervention – Individual – EBM Intervention Specialist, 1 Unit = 15 minutes
	TG	Behavioral Intervention – Individual – EBM Intervention Professional, 1 Unit = 15 minutes
H0005	HA	Behavioral Intervention – Group – Intervention Technician (Agency Only) , 1 Unit = 15 minutes
	HN	Behavioral Intervention – Group – Intervention Specialist, 1 Unit = 15 minutes
	HO	Behavioral Intervention – Group – Intervention Professional, 1 Unit = 15 minutes
		Behavioral Intervention – Group – EBM Intervention Paraprofessional (Agency Only) , 1 Unit = 15 minutes
	TF	Behavioral Intervention – Group – EBM Intervention Specialist, 1 Unit = 15 minutes
	TG	Behavioral Intervention – Group – EBM Intervention Professional, 1 Unit = 15 minutes

4.3.1. References: Behavioral Intervention

(a) Idaho State Plan

"Behavioral Intervention," Basic Alternative Benefit Plan. Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-19-0011.pdf.

(b) State Regulations

"CHIS: Provider Qualifications and Duties." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Services." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 182.04. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

4.4. Interdisciplinary Training

Interdisciplinary training is a companion service to Habilitative Skill Building and Behavioral Intervention that assists with implementing a participant's health and medication monitoring, positioning and physical transferring, use of assistive equipment, and intervention techniques to meet the participant's needs. It can be delivered by the following agency or individual provider types:

- Intervention Specialist;
- Intervention Professional;
- Evidence-Based Model Intervention Specialist; and
- Evidence-Based Model Intervention Professional.

This service is collaborative, with the participant present, during the provision of services between the Intervention Specialist or Professional and one of the following:

- Behavioral or mental health professional;
- Medical Professional;
- Occupational Therapist (OT);
- Physical Therapist (PT); or
- Speech Language and Hearing Professional (SLP).

Covered Interdisciplinary Training Codes		
CPT® Code	**Modifier**	**Description**
H2019	HT	Interdisciplinary Training, 1 Unit = 15 minutes

4.4.1. References: Interdisciplinary Training

(a) State Regulations

"CHIS: Provider Qualifications and Duties." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Services." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 182.04(c). Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

4.5. Crisis Intervention

Crisis intervention includes providing direct intervention to the participant, training staff related to the participant's needs, or developing a crisis plan and can be delivered by all agency or individual children's habilitative intervention services (CHIS) provider types. Intervention includes decreasing interfering behaviors or increasing skills to reduce further crisis. When providers use crisis for staff training, the participant is not required to be present. During the development of a crisis plan, the intervention specialist or intervention professional can use crisis intervention to update the participant's Assessment and Clinical Treatment Plan (ACTP) or create a crisis plan that addresses the behavior occurring and the necessary intervention strategies to minimize the behavior.

A crisis is an unanticipated event, circumstance, or life situation that places a participant at risk of at least one of the following: hospitalization, out-of-home placement, incarceration, or physical harm to self or others, including family altercation or psychiatric relapse.

The following limitations apply to crisis intervention services:

- Must be provided in the home, school, or community but can be provided in a developmental disability agency (DDA) center environment when unable to meet the needs of the child in the home or community; and
- Provided on a short-term basis of 30 days or less.

Authorization for crisis intervention can be requested due to a crisis when no other means of support is available to the participant. The provider must complete a department approved Crisis Request Form and submit it within 72 hours of service initiation for approval. If the crisis request includes future dates, the request can include 72 hours before the request was submitted.

Providers must use positive behavior interventions before and during the implementation of any restrictive intervention. Any aversive or restrictive interventions must be documented on the participant's implementation plan(s) and meet the requirements for review and approval. Additional information can be found in the implementation plan section below.

If the participant is not currently accessing intervention services and needs to access crisis intervention, an ACTP is not required. The participant must have a completed screening submitted for review with the crisis intervention authorization request along with an order from a healthcare provider acting within the scope of their practice, such as a physician.

Crisis intervention is an eligible virtual care service. If crisis intervention is provided via virtual care, all requirements must be followed under the Virtual Care Services section of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook.

Covered Crisis Intervention Codes		
CPT® Code	**Modifier**	**Description**
H2011	HA	Crisis Intervention Technician (Agency Only), 1 Unit = 15 minutes
	HM	Intervention Technician (Agency Only), 1 Unit = 15 minutes
	HN	Intervention Specialist, 1 Unit = 15 minutes
	HO	Intervention Professional, 1 Unit = 15 minutes
		EBM Intervention Paraprofessional (Agency Only) , 1 Unit = 15 minutes
	TF	EBM Intervention Specialist, 1 Unit = 15 minutes
	TG	EBM Intervention Professional, 1 Unit = 15 minutes

4.5.1. References: Crisis Intervention

(a) Idaho State Plan

"Children's Habilitation Crisis Intervention," Basic Alternative Benefit Plan. Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-19-0011.pdf.

(b) State Regulations

"CHIS: Provider Qualifications and Duties." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Services." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 182.04(d). Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

4.6. Assessment and Clinical Treatment Plan

The Assessment and Clinical Treatment Plan (ACTP) is a comprehensive assessment that guides the formation of the implementation plan(s) and includes developmentally appropriate objectives and strategies related to identified needs. A qualified provider conducts an assessment to evaluate the participant's strengths, needs, and functional abilities across environments. This process guides the development of intervention strategies and recommendations for services related to the participant's identified needs. The ACTP can be completed by the following provider types:

- Intervention Specialist also qualified to complete assessments as required in the Intervention Specialist section of this chapter;
- Intervention Professional;
- Evidence-Based Model Intervention Specialist;
- Evidence-Based Model Intervention Professional; or
- Independent Providers who meet the qualification types above.

The ACTP must be monitored and adjusted to reflect the participant's current needs. The children's habilitative intervention services (CHIS) provider must document that a copy of the ACTP was offered to the participant or legal guardian. It must be completed on a department-approved form such as the Assessment and Clinical Treatment Plan form and meet the following standards:

- Contain the following:
    - Clinical interview(s) completed with the parent, legal guardian, or individual with parental power of attorney;
    - An objective and validated comprehensive skills or developmental assessment approved by the department. The ACTP Tools form lists the current department-approved assessments. The most current version of the assessment tool must be used. The assessment be completed within the last 365 days;
    - Review of assessments, reports, and relevant history;
    - Observations in at least one environment;
    - Clinical summary and recommendations;
    - A reinforcement inventory or preference assessment; and
    - A transition plan.
- Be signed by the individual completing the assessment and the parent or legal guardian. A related or unrelated individual with parental power of attorney may sign in place of the parent or legal guardian.

The ACTP must be submitted to the department, or its contractor, by the CHIS provider before delivering services. If the ACTP spans multiple days, the earliest a claim can be submitted is the date it was completed and signed.

Covered Screening and Assessment Codes		
CPT® Code	**Modifier**	**Description**
H2000	HN	Eligibility Screening – Intervention Specialist, 1 Unit = 15 minutes
	HO	Eligibility Screening – Intervention Professional, 1 Unit = 15 minutes
	TF	Eligibility Screening – EBM Intervention Specialist, 1 Unit = 15 minutes
	TG	Eligibility Screening – EBM Intervention Professional, 1 Unit = 15 minutes
H0032	HN	Assessment and Clinical Treatment Plan - Intervention Specialist, 1 Unit = 15 minutes

Covered Screening and Assessment Codes		
CPT® Code	**Modifier**	**Description**
	HO	Assessment and Clinical Treatment Plan - Intervention Professional, 1 Unit = 15 minutes
	TF	Assessment and Clinical Treatment Plan - EBM Intervention Specialist, 1 Unit = 15 minutes
	TG	Assessment and Clinical Treatment Plan - EBM Intervention Professional, 1 Unit = 15 minutes

4.6.1. References: Assessment and Clinical Treatment Plan

(a) State Regulations

"Assessment and Clinical Treatment Plan (ACTP)." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 180.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"CHIS: Provider Qualifications and Duties." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 184. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Delegation of Powers by Parent or Guardian." Idaho Code 15-5-104 (2003). Idaho State Legislature, https://legislature.idaho.gov/wp-content/uploads/statutesrules/idstat/Title15/T15CH5/SECT15-5-104.pdf.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3) (2018). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 006.15. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Services." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 182.04(e). Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

5. Quality Assurance

Quality assurance consists of reviews to assure compliance with regulations for children's habilitative intervention services (CHIS). Quality assurance activities may include the observation of service delivery with participants, face-to-face visits to review program protocol, and review of participant records maintained by the provider. All CHIS providers must grant the department immediate access to all information requested to review compliance with state rules. The department reviews providers to monitor outcomes, assure treatment fidelity, and assure health and safety. The department also gathers information to assess family and participant satisfaction with services. These findings may lead to quality improvement activities that enhance provider processes and outcomes for the participant. Quality improvement activities may include consultation, technical assistance and recommendations, or a corrective action.

If problems are identified that impact health and safety or are not resolved through quality improvement activities, implementation of a corrective action process occurs. A corrective action is a formal department process used by the department to address significant, ongoing, or unresolved deficiencies identified during a review. A corrective action includes issuance of a corrective action plan, reporting to the Medicaid Program Integrity Unit, or action against a provider agreement.

5.1. References: Quality Assurance

5.1.1. State Regulations

"CHIS: Quality Assurance." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 186. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Fidelity." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 180.06. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

6. Prior Authorization

All children's habilitative intervention services (CHIS) identified on the participant's Assessment and Clinical Treatment Plan (ACTP) must be prior authorized (PA) by the department or its contractor. The ACTP must be maintained in each participant's file. The initial ACTP does not need a PA before being completed.

The provider is responsible for documenting and submitting the ACTP for PA before delivering any CHIS. The PA process is intended to ensure the provision of medically necessary services. It includes review and approval or denial of authorization requests. Decisions are sent to the provider and the parent, legal guardian, or individual with parental power of attorney.

Providers can request flexibility to allow the total number of clinically recommended hours per week to be prior authorized for use interchangeably between multiple clinically recommended provider qualification types from week to week. Providers may not seek reimbursement for more than the total number of units/hours of authorized services per week.

Providers should submit their ongoing PA requests (reviews) at a minimum of 30 calendar days before the expiration of the authorization to avoid a gap in intervention service authorizations. The department or its contractor reviews the documents submitted within 10 business days. If the reviewer does not have the necessary information to process the request or if documentation is missing, the provider is notified and has 10 business days to submit the requested information/documentation.

If multiple providers are delivering services, then each provider must submit their own PA requests, including all required supporting documentation. In these situations, each provider must only request the units they will be using and not the full units on the individual's ACTP. Each provider receives their own unique PA. One provider cannot request services for both providers on the same request.

Crisis intervention services are retroactively prior authorized up to 72 hours after the service is provided.

Additional information related to competing PA requests and those submissions can be found in the Telligen CHIS FAQ's. See the General Billing Instructions, Idaho Medicaid Provider Handbook, for more information on billing and requesting prior authorized services.

6.1. References: Prior Authorization

6.1.1. Idaho State Plan

Basic Alternative Benefit Plan. Centers for Medicare and Medicaid Services, Department of Health and Human Services, https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-19-0011.pdf.

6.1.2. State Regulations

"CHIS: Procedural Requirements." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Delegation of Powers by Parent or Guardian." Idaho Code 15-5-104 (2003). Idaho State Legislature, https://legislature.idaho.gov/wp-content/uploads/statutesrules/idstat/Title15/T15CH5/SECT15-5-104.pdf.

"Prior Authorization (PA) Request." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183.01(d)(iii). Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

6.2. Initial Prior Authorization Requirements

Once the initial request for prior authorization (PA) is submitted, children's habilitative intervention services (CHIS) may be delivered for a maximum of 24 total hours for up to 30 calendar days or until the PA is approved, whichever comes first. This must be requested retrospectively on the initial Assessment and Clinical Treatment Plan (ACTP). An initial request is any time a participant has never accessed CHIS or has not accessed those services in over 365 days. Initial PA requests must include the following:

- An order from a healthcare professional within their scope of practice such as a physician, physician assistant, or nurse practitioner;
- The Assessment and Clinical Treatment Plan (ACTP);
- A list of implementation plan objectives and
- A list of all requested CHIS hours and the qualification of the individual(s) who will provide them.

The initial ACTP can be requested retroactively for the dates and time it took the provider to complete.

6.2.1. References: Initial Prior Authorization Requirements

(a) State Regulations

"Prior Authorization (PA) Request." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Required Order." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 182.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

6.3. Ongoing Prior Authorization Requirements

Prior authorizations (PA) occur every six months and are not required to be submitted on a department-approved form. An Optional Ongoing Review Template form is available to assist with submitting ongoing PA requests.

Six month ongoing PA requests must include the following:

- A list of the participant's current and new goals and objectives;
- Graphs showing change lines;
- A written summary of data regarding progress or lack of progress in meeting each objective;
- A list of all requested children's habilitative intervention services (CHIS) hours and the qualification of the individual(s) who will provide them;
- Request for the annual Assessment and Clinical Treatment Plan (ACTP); and
    - Providers may overestimate the number of annual ACTP units needed to complete the service but can only bill for the number of units used and documented to complete the annual ACTP.
    - If the annual ACTP is not requested on the six month ongoing PA request and is later determined to be needed, it must be requested by a PA Amendment.

If the provider identifies at an ongoing PA request that the participant needs to add new services or request an increase in hours of service, the provider also updates the participant's ACTP. The update must justify or demonstrate the need for the requested new services or for the increase in hours of service. The updated ACTP must be submitted to the department or its contractor for review and approval.

A six month ongoing PA request does not need to be submitted by the provider if the participant discontinues services or switches providers.

- If an ongoing PA request was not completed at the six month mark, the participant will experience a lapse in services until a PA is made. A provider must complete the six month ongoing PA request to continue providing services. The dates must align with the previously set authorization date cycle and will not be reset or changed.
- If a participant switches providers and the new provider does not have the data/graphs from the previous provider regarding progress or lack of progress, the provider should state that the participant continues to demonstrate the need for intervention services.

Annual ongoing PA requests must include the following:

- A list of the participant's objectives;
- Graphs showing change lines;
- A brief analysis of data regarding progress or lack of progress in meeting each objective;
- A list of all CHIS hours being requested and the qualification of the individual(s) who will provide them;
- Updated annual ACTP; and
- An annual written summary with an analysis of data regarding the participant's progress or lack of progress. It should include justification for any changes made to the implementation of programming for new objectives, discontinuation of objectives, if applicable, and a summary of parent(s) or caregiver(s) response to teaching of coordinated methods.

The updated annual ACTP requires a PA before providing the service.

6.3.1. References: Ongoing Prior Authorization Requirements

(a) State Regulations

"Prior Authorization (PA) Request." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183.01(c). Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

6.4. Prior Authorization Amendments

If a provider must update a previously approved prior authorization (PA), parents, guardians, or individuals with parental power of attorney and the provider can submit a Prior Authorizations Amendment Form to request an update to the existing PA. The dates for the amendment must align with the current authorization dates. Amendments do not reset or restart the participant's previously established authorization dates. The request must be submitted before the change takes place. Amendments may be requested when a provider is:

- Requesting a new service or an increase in service hours, including an increase in hours for interdisciplinary training or annual Assessment and Clinical Treatment Plan (ACTP) units;
    - The ACTP must be updated to justify the need for the new services or increase in service hours and must be submitted for PA. This request may also require the submission of an additional implementation plan(s).
- Changing providers or splitting an authorization between two providers when only one provider received PA;
- Adjusting hours between staff qualification provider types; or
- Adjusting staff qualifications (requires changing the modifiers associated with the service).

A justification section is included on the form to provide additional information. This section can include information such as identifying sections of the ACTP that have been updated and providing justification for the request.

7. Appeals

See the General Billing Instructions, Idaho Medicaid Provider Handbook for information on appeals for denied claims using the claim review request process. See the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for information on appealing denied prior authorization requests.

8. Documentation

All providers are required to generate records at the time the service is delivered and to maintain documentation that supports reimbursement for services. Individual services may have additional documentation requirements. General requirements for documentation and signatures can be found in General Information and Requirements for Providers, Idaho Medicaid Provider Handbook, including standard retention requirements. Records limited to checklists with attendance/appointments, procedure codes, and units of time are insufficient to meet this requirement. Documentation must be signed and dated by the person delivering the service with their name clearly printed.

Documentation must be made available immediately upon request by department personnel acting in their official capacity. Services delivered without adequate documentation are not eligible for reimbursement. Providers must only submit records for utilization management when requested by the department. Documentation sent unsolicited, or not for a service requiring prior authorization, will not be reviewed by the department. Unreviewed documentation does not constitute approval or authorization of a service.

All children's habilitative intervention services (CHIS) providers must maintain records for each participant served. Failure to maintain documentation may result in the recoupment of funds paid for undocumented services. The following program documentation is required for each visit made or service provided to each participant:

- Date, time, and duration;
- Summary of session or service provided;
    - If interdisciplinary training is provided, documentation must include who the service was delivered to, and the content covered.
- Data documentation that corresponds to the implementation plans for habilitative skill building or behavioral intervention;
- Location of service delivery; and
- Signature of the individual providing the service, date signed, and provider's credentials.

8.1. References: Documentation

8.1.1. Federal Regulations

Disclosure of Information by Providers and Fiscal Agents, 42 CFR §455, Subpart B (2023). Government Printing Office, https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-B.

8.1.2. State Regulations

Administrative Remedies, Idaho Code §56-209h(3) (2016). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-209h.

"Documentation." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183.03. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Documentation of Services and Access to Records." IDAPA 16.05.07, *"The Investigation and Enforcement of Fraud, Abuse, and Misconduct,"* Sec. 101. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160507.pdf.

"Records." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 035. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

8.2. Implementation Plans

Implementation plans provide details on how the intervention will be implemented and must be completed and signed by a qualified provider as identified in the Provider Qualifications section of this handbook. All implementation plan objectives must be related to a need identified in the Assessment and Clinical Treatment Plan (ACTP). An Optional Implementation Plan Template is available in the State Plan Intervention Provider Forms and Templates library of the Medicaid Children's Developmental Disabilities (DD) provider resources.

If the participant receives behavioral intervention and habilitative skill building, the provider must have two separate sets of implementation plans, one for each service provided to ensure no duplication of services since each service must have separate and unique goals.

The provider must document that a copy of the participant's implementation plan(s) was offered to the participant's parent, legal guardian, or individual with parental power of attorney.

8.2.1. References: Implementation Plans

(a) State Regulations

"Aversive Intervention." *IDAPA 16.03.26, "Medicaid Plan Benefits,"* Sec. 180.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Delegation of Powers by Parent or Guardian." Idaho Code 15-5-104 (2003). Idaho State Legislature, https://legislature.idaho.gov/wp-content/uploads/statutesrules/idstat/Title15/T15CH5/SECT15-5-104.

"Implementation Plan(s)." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 183.02. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Service Delivery." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 182.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

9. Reimbursement

Providers must be enrolled to receive reimbursement from Idaho Medicaid. Providers have the burden of proof to establish entitlement to payment. Idaho Medicaid reimburses children's habilitative intervention services (CHIS) providers on a fee-for-service basis. Usual and customary fees are paid up to the Medicaid maximum allowance listed in the Numerical Fee Schedule. Reimbursement rates calculated for CHIS include both services and mileage. No separate charges for mileage are paid by the department for provider transportation to and from the participant's home or another service delivery location.

For CHIS agency provider types, the department conducts cost survey and reviews reimbursement rates at least every five years, in the order and schedule established by the department. The department prepares an annual trigger analysis and publishes the report in the Information Releases library of the Idaho Medicaid Providers webpage. This annual report describes the triggers for interim rate review, a summary of the data reviewed for each trigger, and the department's determination and rationale of whether each trigger was met. The department conducts an interim rate review upon the occurrence of one or more of the following triggers:

- When substantiated participant complaints or critical incidents related to a lack of qualified providers indicate an emerging access issue;
- When quality reports prepared by the department, or substantiated participant complaints and critical incidents related to the quality of services provided, indicate an emerging quality issue; or
- When the federal or Idaho state minimum wage requirement in effect at the time of the standard rate review significantly increases or decreases.

The department surveys all CHIS providers, and providers who refuse or fail to respond to periodic cost surveys can be disenrolled as a Medicaid provider. The cost survey is customized for each provider type. The department engages an independent cost survey consultant with expertise and experience with services for individuals with developmental disabilities. The department establishes reimbursement advisory workgroups to advise on matters related to the specialized reimbursement, including notice and development of cost surveys, recommendation of Bureau of Labor and Statistics (BLS) occupation profile or profiles used to set new reimbursement rates, and other reimbursement-related matters presented by the department. The department retains final decision-making authority over all matters presented to or reviewed by the workgroups. The department provides reasonable prior notice of pending cost surveys to impacted providers and provides technical assistance to providers during the cost survey response period.

The department is not required to revise reimbursement rates each time a rate review or cost survey is conducted. The results of a rate review or cost survey do not guarantee a change to the reimbursement rate. Rate changes require legislative approval.

Providers must demonstrate that the average percent of wage and benefits paid to their direct care staff meets or exceeds the percent of wages and employee-related expenses used to establish the reimbursement rate for each service type. The department uses the Reimbursement Advisory Workgroup to collaboratively develop monitoring and enforcement procedures for this minimum allocation requirement. The cost components and new reimbursement rates are established in accordance with direct care staff wages, employee related expenses (ERE) incurred by the provider, program related expenses (PRE), and general and administrative (G&A) expenses.

Direct Care Staff wages are wages paid to agency employees or contractors who perform duties described in the applicable service description for at least 75% of the total annual amount of time compensated. The wage component (Wage) used to establish the new reimbursement rate is set using the mean hourly wage of one or more occupation profiles from the most current BLS State Occupational Employment and Wage Estimates table for Idaho that most closely aligns with the duties, education level, and supervision requirements of the staff providing the service is used. If more than one occupation profile aligns, then a weighted average of the mean hourly wage of multiple BLS occupation profiles is used. When no comparable occupation profile exists, then the wage component to establish the new rate is set using the weighted

average hourly rate (WAHR) of surveyed wages included in the final cost survey results. The department makes the final determination of BLS occupation profiles after consideration of advice from the Reimbursement Advisory Workgroup and evaluates an appropriate wage inflation factor based on the economic data available at the time the reimbursement rate is set.

ERE incurred by an agency to benefit direct care staff fall under these categories: paid leave, supplemental pay, payroll taxes, workers' compensation, insurance coverage, and retirement contributions. The ERE component percentage (ERE%) to establish a new rate is set using the cumulative percentage of employer costs for compensation from the most current BLS Employer Costs for Employee Compensation table for the West Region in the Mountain Division and IRS Publication 15.

PRE are wages and other expenses supporting the objectives and provision of a service but are not tied to any individual receiving a service. Regulatory requirements related to service delivery are PRE. Program-related staff are individuals employed by an agency who perform program-related duties required by statute or rule for at least 75% of the total annual amount of time they are compensated. Using data in the final cost survey results, each agency's PRE component percentage (PRE%) is calculated by dividing the agency's total PRE by the agency's total wages. Each agency's PRE% is ranked, and the PRE% used to calculate the new reimbursement rate is set at the mean of the agency PRE%.

G&A expenses are wages and other expenses related to day-to-day operations common across all businesses. G&A staff are individuals employed by an agency who perform administrative duties for at least 75% of the total annual amount of time they are compensated. Using data in the final cost survey results, each agency's G&A component percentage (G&A%) is calculated by dividing the agency's total G&A expenses by the sum of the agency's total wages, plus the total ERE, plus the total PRE, plus the total G&A expenses. Each agency's G&A% is ranked, and the G&A% used to calculate the new reimbursement rate is set at the mean of the agency G&A%. The G&A% used to calculate the new reimbursement rate will not exceed 10% percent of the total reimbursement rate per staff hour.

Total Reimbursement Rate Per Staff Hour of Service = [(Wage + (ERE% x Wage) + (PRE% x Wage)) /(1- (G&A%)]. The department is not obliged to make budget requests based on the total rate per staff hour and takes into consideration factors of efficiency, economy, quality of care, and access to care when determining rates. Rates may be set at a percentage of the total rate per staff hour and are subject to approval by the Idaho Legislature.

See the Children's DDA Fee Schedule and the Children's DD Independent Providers Fee Schedule available on the department's Fee Schedules library in the Provider Reimbursement Rates folder for more information regarding reimbursement rates.

See the *General Billing Instructions*, Idaho Medicaid Provider Handbook regarding billing, prior authorization, and requirements for billing all other third-party resources before submitting claims to Medicaid. See the Participant Financial Responsibility section of the General Information and Requirements for Providers, Idaho Medicaid Provider Handbook for information on when billing a participant is allowable including co-payment.

9.1. References: Reimbursement

9.1.1. Idaho Medicaid Publications

"New Procedure Codes Effective January 1, 2020." Information Release MA19-18 (December 24, 2019). Division of Medicaid, Department of Health and Welfare, State of Idaho, https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=3375&dbid=0&repo=PUBLIC-DOCUMENTS.

"Provider Reimbursement Rate Increases for SFY 2025." Information Release MA24-17 (July 1, 2024). Division of Medicaid, Department of Health and Welfare, State of Idaho,

https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=30371&dbid=0&repo=PUBLIC-DOCUMENTS.

9.1.2. State Regulations

"Burden of Proof – Provider Cases." IDAPA 16.05.03, *"Contested Case Proceedings and Declaratory Rulings,"* Sec. 133. Department of Administration, State of Idaho, https://proddfmmainsa.blob.core.windows.net/dfm-admin-website/rules/2023%20Archive/16/160503.pdf.

"Burden of Proof (Rule 477)." IDAPA 62.01.01, *"Idaho Rules of Administrative Procedure,"* Sec. 477. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/62/620101.pdf.

"CHIS: Provider Reimbursement." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 185. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"General Payment Procedures." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec.030. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

"Mandatory Application." IDAPA 62.01.01, *"Idaho Rules of Administrative Procedure,"* Sec. 800.01. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/62/620101.pdf.

Provider Payment, Idaho Code 56-265 (2025). Idaho State Legislature, https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-265.

"Specialized Reimbursement: Certain HCBS and CHIS." IDAPA 16.03.26, *"Medicaid Plan Benefits,"* Sec. 052. Department of Administration, State of Idaho, https://adminrules.idaho.gov/rules/current/16/160326.pdf.

Appendix A. Provider Handbook Modifications

This table lists the last three years of changes to this handbook as of the publication date. Changes to references or of a non-substantive technical nature are not captured.

Provider Handbook Modifications				
Version	**Section/Column**	**Modification Description**	**Date**	**SME**
1.0	All	Published version	08/17/2026	TQD
1.0	All	Created due to CR; formerly part of Home and Community-Based Services (HCBS) and Long-Term Support Services (LTSS).	08/17/2026	K Lolofei W Deseron