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RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

PAUL J. LEARY - Administrator
DIVISION OF MEDICAID

Agenda

Tuesday, May 13, 2014

10:00AM – 12:00PM (MDT) 9:00AM-11:00AM (PDT)

Teleconferencing Available

Type of Meeting: Negotiated Rulemaking Docket No. 16-0310-1401

Meeting Facilitator: Matt Wimmer

Open to the General Public

Call to Order and Roll Call

I. Purpose of Meeting

The 2014 Legislature passed two bills that amended Section 56-255, Idaho Code, governing services provided through the Medicaid Program. The Department is holding negotiations to meet legislative intent for the following bills:

- House Bill 395 (2014) restored services related to preventive dental services to adults with disabilities or special health needs.
- House Bill 476 (2014) directed the Department to develop rules that allow for developmental disability budget modifications when needed for a participant to obtain or maintain employment.

II. Discussion Points

- Review of proposed rules related to House Bill 395
- Review of proposed rules related to House Bill 476

III. Follow Up

Written comments for Docket No. 16-0310-1401 are to be submitted on or before May 20, 2014 to the following contact:

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**IDAPA 16
TITLE 03
CHAPTER 10**

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

000. LEGAL AUTHORITY.

01. Rulemaking Authority. The Idaho Department of Health and Welfare has the authority to promulgate public assistance rules under Section 56-202(b), 56-264, and 56-1610, Idaho Code. (3-21-12)

02. General Administrative Authority. Title XIX and Title XXI, of the Social Security Act, as amended, and the companion federal regulations, are the basic authority for administration of the federal program. General administrative duties for the Department are found under Section 56-202, Idaho Code. (3-19-07)

03. Administration of the Medical Assistance Program. (3-19-07)

a. Section 56-203(7), Idaho Code, empowers the Department to define persons entitled to medical assistance. (3-19-07)

b. Section 56-203(9), Idaho Code, empowers the Department to identify the amount, duration, scope of care, and services to be purchased as medical assistance on behalf of individuals eligible to receive benefits under the Medical Assistance Program. (3-19-07)

c. Sections 56-250 through 56-257, and 56-260 through 56-266, Idaho Code, establish minimum standards that enable these rules. (3-21-12)

04. Fiscal Administration. (3-19-07)

a. Fiscal administration of these rules is authorized by Title XIX and Title XXI of the Social Security Act, as well as 42 CFR Part 447 and the Provider Reimbursement Manual (PRM) Part I and Part II found in CMS Publication 15-1 and 15-2. Provisions of the PRM, as incorporated by reference in Section 004 of these rules, apply unless otherwise provided for in these rules. (3-19-07)

b. Title 56, Chapter 1, Idaho Code, establishes standards for provider payment for certain Medicaid providers. (3-19-07)

001. TITLE AND SCOPE.

01. Title. The title of these rules is IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." (3-19-07)

02. Scope. These rules establish the Medicaid Enhanced Plan Benefits covered under Title XIX and Title XXI. Participants who are eligible for Enhanced Plan Benefits are also eligible for benefits under IDAPA 16.03.09, "Medicaid Basic Plan Benefits," ~~with the exception of coverage for dental services.~~ Dental services for the

060. CRITERIA FOR PARTICIPATION IN THE IDAHO TITLE XIX AND TITLE XXI PROGRAMS.

01. Application for Participation and Reimbursement. Prior to participation in the Medical Assistance Program, facilities must be licensed or certified by the Bureau of Facility Standards, Medicaid Division, Department of Health and Welfare. The Bureau's recommendations are forwarded to the Division of Medicaid for approval for a signed provider agreement. The Department issues a provider number to the facility which becomes the primary provider identification number. The Division of Medicaid will establish an interim rate for the new applicant facility. This facility is now authorized to offer services at the level for which the provider agreement was issued. (3-19-07)

02. Reimbursement. The reimbursement mechanism for payment to provider facilities is specified in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," and in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." The Medical Assistance Program will not reimburse a facility until it is certified, has a signed agreement for participation and an established interim per diem rate. (3-19-07)

061. -- 069. (RESERVED)

070. EXCEPTION TO THE RELATED ORGANIZATION PRINCIPLE.

An exception is provided to the general rule applicable to related organizations. The exception applies if the provider demonstrates by convincing evidence to the satisfaction of the intermediary: (3-19-07)

01. Supplying Organization. That the supplying organization is a bona fide separate organization; (3-19-07)

02. Nonexclusive Relationship. That a substantial part of the supplying organization's business activity of the type carried on with the provider is transacted with other organizations not related to the provider and the supplier by common ownership or control and there is an open, competitive market. (3-19-07)

03. Sales and Rental of Extended Care Facilities. The exception is not applicable to sales, lease or rentals of nursing homes or extended care facilities. These transactions would not meet the requirement that there be an open, competitive market for the facilities furnished. See PRM, Sections 1008 and 1012. (3-19-07)

a. Rental expense for transactions between related entities will not be recognized. Costs of ownership will be allowed. (3-19-07)

b. When a facility is purchased from a related entity, the purchaser's depreciable basis will not exceed the seller's net book value. See PRM, Section 1005. (3-19-07)

071. -- 074. (RESERVED)

COVERED SERVICES
(Sections 075 - 799)

075. ENHANCED PLAN BENEFITS: COVERED SERVICES.

Individuals who are eligible for the Medicaid Enhanced Plan Benefits are eligible for all benefits covered under IDAPA 16.03.09, "Medicaid Basic Plan Benefits," ~~with the exception of coverage for dental services.~~ In addition to those benefits, individuals in the enhanced plan are eligible for the following enhanced benefits as provided for in

076. -- 079. (RESERVED)

080. DENTAL SERVICES: SELECTIVE CONTRACT FOR DENTAL COVERAGE.

All participants who are eligible for Medicaid's Enhanced Plan dental benefits are covered under a selective contract for a dental insurance program called Idaho Smiles at <http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCare/DentalServices/tabid/696/Default.aspx>.(3-29-12)

081. DENTAL SERVICES: DEFINITIONS.

For the purposes of dental services covered in Sections 080 through 087 of these rules, the following definitions apply: (3-29-12)

01. Adult. A person who is past the month of his twenty-first birthday. (3-29-12)

02. Child. A person from birth through the month of his twenty-first birthday. (3-29-12)

03. Idaho Smiles. A dental insurance program provided to eligible Medicaid participants through a selective contract between the Department and a dental insurance carrier. (3-29-12)

04. ~~Medicare/Medicaid Coordinated Plan (MMCP).~~ ~~Medical assistance in which Medicaid purchases services from a Medicare Advantage Organization (MAO) and provides other Medicaid-only services covered under the Medicaid Enhanced Plan in accordance with IDAPA 16.03.17, "Medicare/Medicaid Coordinated Plan Benefits."~~ (3-29-12)

082. DENTAL SERVICES: PARTICIPANT ELIGIBILITY.

~~All children and, adults, and pregnant women on Medicaid's Pregnant Woman (PW) Program who meet the eligibility criteria for participating in Medicaid's Enhanced Plan are eligible for Idaho Smiles dental benefits described in Section 083 of these rules. Adults who are eligible for Medicaid's HCBS Aged and Disabled (A&D) Waiver or Developmental Disabilities (DD) Waiver are eligible for Idaho Smiles adult dental benefits and additional dental services described in Section 326.09 and Section 703.13 of these rules. Participants who are over age twenty-one (21), who are eligible for both Medicare A and Medicare B, and who have chosen to enroll in a Medicare/Medicaid Coordinated Plan (MMCP) under IDAPA 16.03.17, "Medicare/Medicaid Coordinated Plan Benefits," Section 100, receive dental benefits from the MMCP insurance carrier and not from Idaho Smiles.~~(4-4-13)

083. DENTAL SERVICES: COVERAGE AND LIMITATIONS.

Some covered dental services may require authorization from the Idaho Smiles contractor. (3-29-12)

01. Dental Coverage for Children. Children are covered for dental services that include: (3-29-12)

a. Preventative and problem-focused exams, diagnostic, restorative, endodontic, periodontic, prosthodontic, and orthodontic treatments, dentures, crowns and oral surgery; (3-29-12)

b. Other dental services that are determined medically necessary by the Department, as required by the Early and Periodic Screening and Diagnostic Testing (EPSDT) guidelines specified in Section 1905(r) of the Social Security Act, are also covered. (3-29-12)

02. Children's Orthodontics Limitations. Orthodontics are limited to children who meet the Enhanced Plan eligibility requirements, and the Idaho Medicaid Handicapping Malocclusion Index as evaluated by the state Medicaid dental consultant and the dental insurance contractor's dental consultant. The Malocclusion Index is found in Appendix A of these rules. (3-29-12)

03. **Dental Coverage and Limitations for Adults.** Adults who are not pregnant and who are not covered under the A&D or DD Waivers are limited to the dental services coverage using the Current Dental Terminology (CDT) codes listed in the following table; covered by the Medicaid Enhanced Plan are covered for oral exams, diagnostic, restorative, endodontic, periodontics, prosthodontic, oral surgery and adjunctive services.

TABLE 083.03 – ADULT DENTAL SERVICES CODES	
Dental Code	Description
D0140	Limited oral evaluation. Problem focused
D0220	Intraoral periapical film
D0230	Additional intraoral periapical films
D0330	Panoramic film
D7140	Extraction
D7210	Surgical removal of erupted tooth
D7220	Removal of impacted tooth, soft tissue
D7230	Removal of impacted tooth, partially bony
D7240	Removal of impacted tooth, completely bony
D7241	Removal of impacted tooth, with complications
D7250	Surgical removal of residual tooth roots
D7260	Oroantral fistula closure
D7261	Primary closure of sinus perforation
D7285	Biopsy of hard oral tissue
D7286	Biopsy of soft oral tissue
D7450	Excision of malignant tumor <1.25 cm
D7451	Excision of malignant tumor >1.25 cm
D7510	Incision and drainage of abscess
D7511	Incision and drainage of abscess, complicated
D9110	Minor palliative treatment of dental pain
D9220	Deep sedation/anesthesia first 30 minutes
D9221	Regional block anesthesia
D9230	Analgesia, anxiolysis, nitrous oxide
D9241	IV conscious sedation first 30 minutes
D9242	IV conscious sedation each additional 15 minutes
D9248	Non IV conscious sedation
D9420	Hospital call
D9610	Therapeutic parenteral drug single administration
D9630	Other drugs and/or medicaments by report

(4-4-13)

~~04. **Dental Coverage for Pregnant Women.** Pregnant women on Medicaid's Basic, Enhanced, or PW plans are covered for preventative and problem-focused exams, diagnostic, restorative, endodontic, periodontic, and oral surgery benefits. Specific information about pregnant women is available online at <http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCare/DentalServices/tabid/696/Default.aspx>. (3-29-12)~~

05. Benefit Limitations. The dental insurance contractor may establish limitations and restrictions for benefits according to the terms of its contract with the Department. (3-29-12)

084. DENTAL SERVICES: PROCEDURAL REQUIREMENTS.

Providers must enroll in the Idaho Smiles network with the dental insurance contractor and meet both credentialing and quality assurance guidelines of the contractor. (3-29-12)

01. Administer Idaho Smiles. The contractor is responsible for administering the Idaho Smiles program, including but not limited to dental claims processing, payments to providers, customer service, eligibility verification, and data reporting. (3-29-12)

02. Authorization. The contractor is responsible for authorization of covered dental services that require authorization prior to claim payment. (3-29-12)

03. Complaints and Appeals. Complaints and appeals are handled through a process between Idaho Smiles and the Department that is in compliance with state and federal requirements. (3-29-12)

085. DENTAL SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.

Providers are credentialed by the contractor to ensure they meet licensing requirements of the Idaho Board of Dentistry standards. Providers' duties are based on the contract requirements and are monitored and enforced by the contractor. (3-29-12)

086. DENTAL SERVICES: PROVIDER REIMBURSEMENT.

The Idaho Smiles administrator reimburses dental providers on a fee-for-service basis under a Department approved fee schedule. (3-29-12)

087. DENTAL SERVICES: QUALITY ASSURANCE.

Providers are subject to the contractor's Quality Assurance guidelines including monitoring for potential fraud, overutilization, or abuse of Medicaid. The contractor is required to share such potential cases with the Medicaid Fraud Unit as discovered (3-29-12)

088. -- 089. (RESERVED)

**SUB AREA: ENHANCED HOSPITAL SERVICES
(Sections 090 Through 099)**

090. ORGAN TRANSPLANTS.

The Department may reimburse for organ transplant services for bone marrows, kidneys, hearts, intestines, and livers when provided by hospitals approved by the Centers for Medicare and Medicaid for the Medicare program that have completed a provider agreement with the Department. The Department may reimburse for cornea transplants for conditions where such transplants have demonstrated efficacy. (3-19-07)

c. These services are only available when neither the participant, nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community volunteer, agency, or third-party payer is willing to provide them or is responsible for their provision.(4-4-13)

d. In the case of rental property, the landlord's responsibility under the lease agreement will be examined prior to any authorization of service. Chore services are limited to the services provided in a home rented or owned by the participant. (4-4-13)

07. Companion Services. Companion services include non-medical care, supervision, and socialization provided to a functionally impaired adult. Companion services are in-home services to ensure the safety and well-being of a person who cannot be left alone because of frail health, a tendency to wander, inability to respond to emergency situations, or other conditions that would require a person on-site. The service provider, who may live with the participant, may provide voice cuing and occasional assistance with toileting, personal hygiene, dressing, and other activities of daily living. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. However, the primary responsibility is to provide companionship and be there in case they are needed. (4-4-13)

08. Consultation. Consultation services are services to a participant or family member. Services are provided by a Personal Assistance Agency to a participant or family member to increase their skills as an employer or manager of their own care. Such services are directed at achieving the highest level of independence and self-reliance possible for the participant and the participant's family. Services include consulting with the participant and family to gain a better understanding of the special needs of the participant and the role of the caregiver. (4-4-13)

~~**09. Dental Services.** Dental services include exams, radiographs, diagnostic and preventative services, basic restorations, periodontics, oral surgery, maxillofacial surgery, and adjunctive dental services. These services and the medically necessary dental benefits described in these rules are provided through the Idaho Smiles program. The State's Medicaid dental contract for the Idaho Smiles program includes the complete list of all dental services available to waiver participants. Waiver dental services are limited to participants who are past the month of their twenty-first birthdays. Waiver participants who are under age twenty-one (21) will continue to receive children's dental benefits under the State Plan.~~ (4-4-13)

10. Home Delivered Meals. Home delivered meals are meals that are delivered to the participant's home to promote adequate participant nutrition. One (1) to two (2) meals per day may be provided to a participant who: (4-4-13)

- a. Rents or owns a home; (4-4-13)
- b. Is alone for significant parts of the day; (4-4-13)
- c. Has no caregiver for extended periods of time; and (4-4-13)
- d. Is unable to prepare a meal without assistance. (4-4-13)

11. Homemaker Services. Homemaker services consist of performing for the participant, or assisting him with, or both, the following tasks: laundry, essential errands, meal preparation, and other routine housekeeping duties if there is no one else in the household capable of performing these tasks. (4-4-13)

12. Environmental Accessibility Adaptations. Environmental accessibility adaptations include minor housing adaptations that are necessary to enable the participant to function with greater independence in the home, or without which, the participant would require institutionalization or have a risk to health, welfare, or safety.

other comparable standards, or meet State requirements to be a State-approved provider. Supported employment service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." Providers must also take a traumatic brain injury training course approved by the Department. (4-4-13)

19. Chore Services. Providers of chore services must meet the following minimum qualifications: (4-4-13)

a. Be skilled in the type of service to be provided; and (4-4-13)

b. Demonstrate the ability to provide services according to a plan of service. (4-4-13)

c. Chore service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-4-13)

d. Meet, either by formal training or demonstrated competency, the training requirements in the Idaho provider training matrix and the standards for direct care staff in accordance with Subsection 329.03 of this rule. (4-4-13)

~~**22. Dental Services.** Providers are credentialed by the contractor to ensure they meet the licensing requirements of the Idaho Board of Dentistry. Providers' duties are based on the contract requirements and are monitored and enforced by the contractor. (4-4-13)~~

330. AGED AND DISABLED WAIVER SERVICES: PROVIDER REIMBURSEMENT.

The criteria used in reimbursing providers for waiver services are listed in Subsections 330.01 through 330.03 of these rules. (3-19-07)

01. Fee for Services. Waiver service providers will be paid on a fee for service basis as established by the Department, or as agreed upon by the Department's contractor and the provider, depending on the type of service provided. Adult residential care will be paid on a per diem basis, based on the number of hours and types of assistance required by the participant as identified in the UAI. (4-4-13)

02. Provider Claims. Provider claims for payment will be submitted on claim forms provided or approved by the Department or its contractor. Billing instructions will be provided by the Department's payment system contractor. (4-4-13)

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

331. -- 449. (RESERVED)

SUB AREA: HOSPICE
(Sections 450 Through 459)

450. HOSPICE.

- i. The participant is eligible to receive the high support daily rate; (3-19-07)
- ii. Community supported employment is included in the plan and is causing the combination to exceed the daily limit; (3-19-07)
- iii. There is documentation that the Person-Centered Planning team has explored other options including using lower cost services and natural supports; and (3-19-07)
- iv. The participant's health and safety needs will be met using hourly services despite having been assessed to qualify for twenty-four (24) hour care. (3-19-07)

515. ADULT DEVELOPMENTAL DISABILITY SERVICES: QUALITY ASSURANCE AND IMPROVEMENT.

01. Quality Assurance. Quality Assurance consists of audits and reviews to assure compliance with the Department's rules and regulations. If problems are identified during the review or audit, the provider must implement a corrective action plan within forty-five (45) days after the results are received. The Department may terminate authorization of service for providers who do not comply with the corrective action plan. (3-19-07)

02. Quality Improvement. The Department may gather and utilize information from providers to evaluate customer satisfaction, participant satisfaction, outcomes monitoring, care management, quality assurance, quality improvement activities, and health and safety. These findings may lead to quality improvement activities to improve provider processes and outcomes for participants. (3-19-07)

03. Exception Review. ~~In order to assure health and safety of the participant, †~~The Department will complete an exception review of plans ~~or addendums of service~~ requesting ~~residential habilitation High or Intense Supported Living when the request~~ services ~~that exceeds~~ the assigned budget authorized by the assessor, ~~and when the services requested on the plan are required, based on medical necessity in accordance with Subsection 012.14 of these rules~~ Requests for the additional services will be authorized when one of the following conditions are met:

a. The additional services are needed to assure health and safety of participants requesting residential high or intense supported living and when the services requested on the plan are required, based on medical necessity in accordance with Subsection 012.14 of these rules.

b. The additional services are needed for the participant to obtain or maintain employment. Exception review requests related to Supported Employment as defined in Subsection 703.04 of these rules will be reviewed and approved based on the following:

i. A Supported Employment service recommendation including the recommended amount of service, level of support needed employment goals and a transition plan. The Supported Employment recommendation shall accompany the Exception Review Request and must be completed by the Idaho Division of Vocational Rehabilitation (IDVR) when the participant is transitioning from IDVR services or by the Supported Employment Agency identified on the plan of service or addendum.

ii. The participant's plan of service has been developed by the participant and their person centered planning team to support employment as a priority. Exception reviews submitted with an addendum should include

service modifications to accommodate the addition or increase of Supported Employment services. If no service modifications are made to accommodate the addition or increase of Supported Employment services, the person centered planning team will identify the reasons for the ongoing need for the requested mix of services.

iii. Acknowledgement that additional budget dollars approved to purchase Supported Employment services may not be reallocated to purchase any other Medicaid service signed by the participant and legal guardian if one exists.

(3-29-12)

04. Concurrent Review. The Department will obtain the necessary information to determine that participants continue to meet eligibility criteria, services continue to be clinically necessary, services continue to be the choice of the participant, and services constitute appropriate care to warrant continued authorization or need for the service. (3-19-07)

05. Abuse, Fraud, or Substandard Care. Reviewers finding suspected abuse, fraud, or substandard care must refer their findings for investigation to the Department and other regulatory or law enforcement agencies for investigation. (3-19-07)

516. -- 519. (RESERVED)

**SUB-PART: CHILDREN'S DEVELOPMENTAL DISABILITIES PRIOR AUTHORIZATION
(Sections 520 through 528)**

520. CHILDREN'S DEVELOPMENTAL DISABILITY PRIOR AUTHORIZATION (PA).

The purpose of the children's DD Prior Authorization is to ensure the provision of the right care, in the right place, at the right price, and with the right outcomes in order to enhance health and safety, and to promote participants' rights, self-determination, and independence. Prior authorization involves the assessment of the need for services, development of a budget, development of a plan of service, prior approval of services, and a quality improvement program. Services are reimbursable if they are identified on the authorized plan of service and are consistent with the purpose and rule for prior authorization as well as rules for the specific service. (7-1-11)

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

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

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

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

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

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

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

- d. Would otherwise require extensive, routine supervision. (4-4-13)
- 09. Home Delivered Meals.** Home delivered meals are meals that are delivered to a participant's home to promote adequate participant nutrition. One (1) to two (2) meals per day may be provided to a participant who: (4-4-13)
- a. Rents or owns a home; (4-4-13)
- b. Is alone for significant parts of the day; (4-4-13)
- c. Has no caregiver for extended periods of time; and (4-4-13)
- d. Is unable to prepare a meal without assistance. (4-4-13)
- 10. Skilled Nursing.** Skilled nursing includes intermittent or continuous oversight, training, or skilled care that is within the scope of the Nurse Practice Act. Such care must be provided by a licensed registered nurse, or licensed practical nurse, under the supervision of a registered nurse licensed to practice in Idaho. (4-4-13)
- 11. Behavior Consultation/Crisis Management.** Behavior Consultation/Crisis Management services which provide direct consultation and clinical evaluation of participants who are currently experiencing or may be expected to experience, a psychological, behavioral, or emotional crisis. This service may provide training and staff development related to the needs of a participant. These services also provide emergency back-up involving the direct support of the participant in crisis. (3-19-07)
- 12. Adult Day Health.** Adult day health is a supervised, structured service generally furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week. It is provided outside the home of the participant in a non-institutional, community-based setting, and it encompasses health services, social services, recreation, supervision for safety, and assistance with activities of daily living needed to ensure the optimal functioning of the participant. Adult day health services provided under this waiver will not include room and board payments. Adult day health cannot exceed thirty (30) hours per week, either alone or in combination with developmental therapy and occupational therapy. (4-4-13)
- ~~**13. Dental Services.** Dental services include exams radiographs, diagnostic and preventative services, basic restorations, periodontics, oral surgery, maxillofacial surgery, and adjunctive dental services. These services and the medically necessary dental benefits described in these rules are provided through the Idaho Smiles program. The State's Medicaid dental contract for the Idaho Smiles program includes the complete list of all dental services available to waiver participants. Waiver dental services are limited to participants who are past the month of their twenty-first birthdays. Waiver participants who are under age twenty-one (21) will continue to receive children's dental benefits under the State Plan. (4-4-13)~~
- 14. Self Directed Community Supports.** Participants eligible for the DD Waiver may choose to self-direct their individualized budget rather than receive the traditional waiver services described in this section of rule. The requirements for this option are outlined in IDAPA 16.03.13, "Consumer Directed Services." (3-19-07)
- 15. Place of Service Delivery.** Waiver services may be provided in the participant's personal residence, a certified family home, day habilitation/supported employment program, or community. The following living situations are specifically excluded as a place of service for waiver services: (3-19-07)
- a. Licensed skilled, or intermediate care facilities, certified nursing facility (NF) or hospital; and

- b. Must have a Master's Degree in a behavioral science such as social work, psychology, psychosocial rehabilitation counseling, psychiatric nursing, special education or a closely related course of study; or(3-19-07)
- c. Be a licensed pharmacist; or (3-19-07)
- d. Be a Qualified Intellectual Disabilities Professional (QIDP). (3-19-07)
- e. Emergency back-up providers must meet the minimum residential habilitation provider qualifications described under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies." (3-19-07)
- f. Behavior consultation or crisis management providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-2-08)

13. Adult Day Health. Providers of adult day health must meet the following requirements: (4-4-13)

- a. Services provided in a facility must be provided in a facility that meets the building and health standards identified in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)"; (4-4-13)
- b. Services provided in a home must be provided in a home that meets the standards of home certification identified in IDAPA 16.03.19, "Rules Governing Certified Family Homes"; (4-4-13)
- c. Adult day health providers who provide direct care or services must satisfactorily complete a criminal history check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; (4-4-13)
- d. Providers of adult day health must notify the Department on behalf of the participant, if the adult day health is provided in a certified family home other than the participant's primary residence. The adult day health provider must provide care and supervision appropriate to the participant's needs as identified on the plan. (4-4-13)
- e. Adult day health providers who provide direct care or services must be free from communicable disease. (4-4-13)

~~14. **Dental Services.** Providers are credentialed by the contractor to ensure they meet the licensing requirements of the Idaho Board of Dentistry. Providers' duties are based on the contract requirements and are monitored and enforced by the contractor. (4-4-13)~~

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

706. ADULT DD WAIVER SERVICES: PROVIDER REIMBURSEMENT.

01. Fee for Service. Waiver service providers will be paid on a fee for service basis based on the type of service provided as established by the Department. (3-19-07)

02. Claim Forms. Provider claims for payment will be submitted on claim forms provided or approved by the Department. Billing instructions will be provided by the Department. (3-19-07)

03. Rates. The reimbursement rates calculated for waiver services include both services and mileage. No separate charges for mileage will be paid by the Department for provider transportation to and from the participant's home or other service delivery location when the participant is not being provided transportation.