

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-1202

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

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

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202, 56-203, 56-250 through 56-257, and 56-260 through 56-266, Idaho Code.

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

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

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

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

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

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

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

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

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

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

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

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

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Mark Wasserman at (208) 287-1156.

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

DATED this 10th day of September, 2012.

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

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

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

(3-19-07)

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

(3-19-07)

03. Providers Subject to Criminal History and Background Check Requirements. The following providers are required to have a criminal history and background check:

(3-19-07)

a. Adult ~~Day Care~~ ~~health~~ Providers. The criminal history and background check requirements applicable to providers of adult day ~~care~~ ~~health~~ as provided in Sections 329 and 705 of these rules.

~~(4-2-08)~~(10-1-12)T

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

(4-2-08)

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

(4-2-08)

d. Behavior Consultation or Crisis Management Providers. The criminal history and background check requirements applicable to behavior consultation or crisis management providers as provided in Section ~~329~~ ~~and~~ 705 of these rules.

~~(4-2-08)~~(10-1-12)T

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

(4-2-08)

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

(4-2-08)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

010. DEFINITIONS: A THROUGH D.

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

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

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

03. Activities of Daily Living (ADL). The performance of basic self-care activities in meeting an individual's needs for sustaining him in a daily living environment, including, but not limited to, bathing, washing, dressing, toileting, grooming, eating, communication, continence, mobility, and associated tasks. (3-19-07)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(BREAK IN CONTINUITY OF SECTIONS)

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

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

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

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

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

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

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

322. AGED OR DISABLED WAIVER SERVICES: ELIGIBILITY.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- c. Moderate assistance with mobility. (4-2-08)
- d. Moderate assistance with medications. (4-2-08)
- e. Moderate assistance with toileting. (4-2-08)
- f. Total, extensive, or moderate assistance with dressing. (4-2-08)
- g. Total, extensive or moderate assistance with bathing. (4-2-08)
- h. Extensive or moderate assistance with supervision from Section II No. 18 of the UAI. (4-2-08)

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

- a. One (1) or more critical indicators = Twelve (12) points. (4-2-08)
- b. Two (2) or more high indicators = Twelve (12) points. (4-2-08)
- c. One (1) high and two (2) medium indicators = Twelve (12) points. (4-2-08)
- d. Four (4) or more medium indicators = Twelve (12) points. (4-2-08)

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

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

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

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

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

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

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

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

(BREAK IN CONTINUITY OF SECTIONS)

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

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

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

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

- ~~a~~i. Medication management; (3-19-07)
- ~~b~~ii. Assistance with activities of daily living; (3-19-07)
- ~~c~~iii. Meals, including special diets; (3-19-07)
- ~~d~~iv. Housekeeping; (3-19-07)
- ~~e~~v. Laundry; (3-19-07)
- ~~f~~vi. Transportation; (3-19-07)
- ~~g~~vii. Opportunities for socialization; (3-19-07)
- ~~h~~viii. Recreation; and (3-19-07)
- ~~i~~ix. Assistance with personal finances. (3-19-07)
- ~~j~~x. Administrative oversight must be provided for all services provided or available in this setting. (3-19-07)

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

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

- i. Monitoring of medications management; (10-1-12)T
- ii. Assistance with activities of daily living; (10-1-12)T
- iii. Meals, including special diets; (10-1-12)T
- iv. Housekeeping; (10-1-12)T

- v. Laundry; (10-1-12)T
- vi. Transportation; (10-1-12)T
- vii. Recreation; and (10-1-12)T
- viii. Assistance with personal finances. (10-1-12)T
- ix. Administrative oversight must be provided for all services provided or available in this setting. (10-1-12)T
- x. A written individual service plan must be negotiated between the participant or his legal representative, and a facility representative. (10-1-12)T

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

- a. Specialized medical equipment and supplies include: (10-1-12)T**
 - i. Devices, controls, or appliances that enable a participant to increase his abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which he lives; and (10-1-12)T
 - ii. Items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. (10-1-12)T
- b. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the Medicaid State plan and exclude those items that are not of direct medical or remedial benefit to the participant. (10-1-12)T**

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

- a. Assisted Non-medical transportation service is offered in addition to medical transportation required in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," ~~Sections 860 through 876,~~ and will not replace it. (3-19-07)(10-1-12)T**
- b. Whenever possible, family, neighbors, friends, or community agencies who can provide this service without charge, or public transit providers will be utilized. (3-19-07)**

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

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

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

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

a. Intermittent Assistance may include the following. (3-19-07)(10-1-12)T

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

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

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

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

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

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

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

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

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

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

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

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

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

07. Adult Companion Services. Companion services include non-medical care, supervision, and socialization provided to a functionally impaired adult. Companion services are 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 ~~major~~ primary responsibility is to provide companionship and be there in case they are needed. (3-19-07)(10-1-12)T

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

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

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

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

- a. Rents or owns ~~their own~~ a home; ~~(3-19-07)(10-1-12)T~~
- b. ~~Are Is~~ alone for significant parts of the day; ~~(3-19-07)(10-1-12)T~~
- c. ~~Have Has~~ no ~~regular~~ caretaker ~~giver~~ for extended periods of time; and ~~(3-19-07)(10-1-12)T~~
- d. ~~Are Is~~ unable to prepare a balanced meal without assistance. ~~(3-19-07)(10-1-12)T~~

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

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

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

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

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

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

participants who:

~~(3-19-07)~~(10-1-12)T

- a. Rent or own ~~their~~ a home, or live with unpaid ~~relatives~~ caregivers; ~~(3-19-07)~~(10-1-12)T
- b. Are alone for significant parts of the day; (3-19-07)
- c. Have no care~~taker~~giver for extended periods of time; and ~~(3-19-07)~~(10-1-12)T
- d. Would otherwise require extensive, routine supervision. (3-19-07)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(BREAK IN CONTINUITY OF SECTIONS)

328. AGED OR DISABLED WAIVER SERVICES: PROCEDURAL REQUIREMENTS.

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

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

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

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

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

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

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

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

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

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

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

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

- ii. The guardian, when appropriate; (3-30-07)
 - iii. The supervising nurse or case manager, when appropriate; and (3-19-07)
 - iv. Others identified by the waiver participant. (3-19-07)
 - b.** The individual service plan must include the following: (3-19-07)
 - i. The specific type, amount, frequency, and duration of Medicaid reimbursed waiver services to be provided; (3-30-07)
 - ii. Supports and service needs that are to be met by the participant's family, friends, neighbors, volunteers, church, and other community services; (3-30-07)
 - iii. The providers of waiver services when known; (3-30-07)
 - iv. Documentation that the participant has been given a choice between waiver services and institutional placement; and (3-19-07)
 - v. The signature of the participant or his legal representative, agreeing to the plan. (3-19-07)
 - c.** The individual service plan must be revised and updated at least annually, based upon treatment results or a change in the participant's needs. (3-19-07)
 - d.** All services reimbursed under the Aged or Disabled Waiver must be authorized by the [RMS Department or its contractor](#) prior to the payment of services. ~~(3-19-07)~~(10-1-12)T
 - e.** The individual service plan, which includes all waiver services, is monitored by the Personal Assistance Agency, participant, family, and the [RMS Department](#) or its contractor. ~~(3-19-07)~~(10-1-12)T
- 05. Service Delivered Following a Written Plan of Care.** All services that are provided must be based on a written plan of care. (3-30-07)
- a.** The plan of care is developed by the plan of care team which includes: (3-30-07)
 - i. The waiver participant with efforts made to maximize his participation on the team by providing him with information and education regarding his rights; (3-30-07)
 - ii. The Department's administrative case manager; (3-30-07)
 - iii. The guardian when appropriate; (3-30-07)
 - iv. Service provider identified by the participant or guardian; and (3-30-07)
 - v. May include others identified by the waiver participant. (3-30-07)
 - b.** The plan of care must be based on an assessment process approved by the Department. (3-30-07)
 - c.** The plan of care must include the following: (3-30-07)
 - i. The specific types, amounts, frequency and duration of Medicaid reimbursed waiver services to be provided; (3-30-07)
 - ii. Supports and service needs that are to be met by the participant's family, friends and other community services; (3-30-07)
 - iii. The providers of waiver services; (3-30-07)

- iv. Goals to be addressed within the plan year; (3-30-07)
 - v. Activities to promote progress, maintain functional skills, or delay or prevent regression; and (3-30-07)
 - vi. The signature of the participant or his legal representative. (3-30-07)
 - d. The plan must be revised and updated by the plan of care team based upon treatment results or a change in the participant's needs. A new plan must be developed and approved annually. (3-30-07)
 - e. The Department's case manager monitors the plan of care and all waiver services. (3-30-07)
 - f. The plan of care may be adjusted during the year with an addendum to the plan. These adjustments must be based on changes in a participant's need or demonstrated outcomes. Additional assessments or information may be clinically necessary. Adjustment of the plan of care is subject to prior authorization by the Department. (3-30-07)
- 06. Provider Records.** Records will be maintained on each waiver participant. (3-19-07)
- a. Each service provider must document each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07)
 - i. Date and time of visit; (3-19-07)
 - ii. Services provided during the visit; (3-19-07)
 - iii. Provider observation of the participant's response to the service, if appropriate to the service provided, including any changes in the participant's condition; and (3-19-07)
 - iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the [RMS Department](#) or its contractor determines that the participant is unable to do so, the service delivery will be verified by the participant as evidenced by their signature on the service record. ~~(3-19-07)~~(10-1-12)T
 - b. The provider is required to keep the original service delivery record. A copy of the service delivery record will be maintained in the participant's living arrangement unless authorized to be kept elsewhere by the [RMS Department](#). Failure to maintain documentation according to these rules will result in the recoupment of funds paid for undocumented services. ~~(3-19-07)~~(10-1-12)T
 - c. The individual service plan initiated by the [RMS Department](#) or its contractor must specify which waiver services are required by the participant. The plan will contain all elements required by Subsection 328.04.a. of these rules and a copy of the most current individual service plan will be maintained in the participant's home and will be available to all service providers and the Department. A copy of the current individual service plan and UAI will be available from the [RMS Department or its contractor](#) to each individual service provider with a release of information signed by the participant or legal representative. ~~(3-19-07)~~(10-1-12)T
- 07. Provider Responsibility for Notification.** The service provider is responsible to notify the [RMS Department or its contractor](#), physician or authorized provider, or case manager, and family if applicable, when any significant changes in the participant's condition are noted during service delivery. Such notification will be documented in the service record. ~~(3-19-07)~~(10-1-12)T
- 08. Records Retention.** Personal Assistance Agencies, and other providers are responsible to retain their records for five (5) years following the date of service. (3-19-07)
- 09. Requirements for an Fiscal Intermediary (FI).** Participants of PCS will have one (1) year from the date which services begin in their geographic region to obtain the services of an FI and become an employee in fact or to use the services of an agency. Provider qualifications are in accordance with Section 329 of these rules.

(3-19-07)

329. AGED OR DISABLED WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.

Each provider must have a signed provider agreement with the Department for each of the services it provides.

(3-19-07)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~102.~~ **Personal Emergency Response Systems.** Personal emergency response system ~~P~~providers must demonstrate that the devices installed in a waiver participant's home ~~s~~ meet Federal Communications Standards, or Underwriter's Laboratory Standards, or equivalent standards. ~~(3-19-07)~~(10-1-12)T

~~110.~~ **Adult Day Care Health.** ~~Facilities that p~~Providers of adult day care health must ~~be maintained in safe and sanitary manner.~~ meet the following requirements: ~~(3-30-07)~~(10-1-12)T

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

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

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

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

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

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

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

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

~~131.~~ **Assisted Non-Medical Transportation Services.** ~~See Subsection 329.03 of this rule for provider qualifications.~~ Providers of non-medical transportation services must: ~~(3-19-07)~~(10-1-12)T

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

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

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

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

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

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

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

- a.** Direct service staff must meet the following minimum qualifications: (3-30-07)
 - i.** Be at least eighteen (18) years of age; (3-30-07)
 - ii.** Be a high school graduate, or have a GED, or demonstrate the ability to provide services according to a plan of ~~care~~ service; ~~(3-30-07)~~(10-1-12)T
 - iii.** Have current CPR and First Aid certifications; (3-30-07)
 - iv.** Be free from communicable diseases; ~~(3-30-07)~~(10-1-12)T
 - v.** Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other Department-approved training. (3-30-07)
 - vi.** Residential habilitation service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks;" ~~(4-2-08)~~(10-1-12)T
 - vii.** Have appropriate certification or licensure if required to perform tasks which require certification or licensure. Direct service staff must also have taken a traumatic brain injury training course approved by the Department. (3-30-07)

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

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

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

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

- i. Purpose and philosophy of services; (3-30-07)
- ii. Service rules; (3-30-07)
- iii. Policies and procedures; (3-30-07)
- iv. Proper conduct in relating to waiver participants; (3-30-07)
- v. Handling of confidential and emergency situations that involve the waiver participant; (3-30-07)
- vi. Participant rights; (3-30-07)
- vii. Methods of supervising participants; (3-30-07)
- viii. Working with individuals with traumatic brain injuries; and (3-30-07)
- ix. Training specific to the needs of the participant. (3-30-07)

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

- i. Instructional techniques: Methodologies for training in a systematic and effective manner; (3-30-07)
- ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-30-07)
- iii. Feeding; (3-30-07)
- iv. Communication; (3-30-07)
- v. Mobility; (3-30-07)
- vi. Activities of daily living; (3-30-07)
- vii. Body mechanics and lifting techniques; (3-30-07)
- viii. Housekeeping techniques; and (3-30-07)
- ix. Maintenance of a clean, safe, and healthy environment. (3-30-07)

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

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

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

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

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

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

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

c. Be free of communicable disease; and

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

2018. ~~Supported Employment-Service Providers.~~ Supported employment services must be provided by an agency ~~capable of that~~ supervises the direct service and ~~be is~~ accredited by the Commission on Accreditation of Rehabilitation Facilities; or other comparable standards; or meet State requirements to be a State-approved provider; ~~and have taken a traumatic brain injury training course approved by the Department.~~ Supported employment service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." Providers must also take a traumatic brain injury training course approved by the Department. ~~(4-2-08)~~(10-1-12)T

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

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

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

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

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

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

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

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

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

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

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

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

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

330. AGED OR DISABLED WAIVER SERVICES: PROVIDER REIMBURSEMENT.

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

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

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

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

(BREAK IN CONTINUITY OF SECTIONS)

703. ADULT DD WAIVER SERVICES: COVERAGE AND LIMITATIONS.

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

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

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

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

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

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

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

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

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

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

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

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

- a. Intermittent Assistance may include the following:** (10-1-12)T
 - i. Yard maintenance:** (10-1-12)T
 - ii. Minor home repair:** (10-1-12)T
 - iii. Heavy housework:** (10-1-12)T
 - iv. Sidewalk maintenance; and** (10-1-12)T
 - v. Trash removal to assist the participant to remain in the home.** (10-1-12)T
- b. Chore activities may include the following:** (10-1-12)T
 - i. Washing windows:** (10-1-12)T
 - ii. Moving heavy furniture:** (10-1-12)T

- iii. Shoveling snow to provide safe access inside and outside the home; (10-1-12)T
- iv. Chopping wood when wood is the participant's primary source of heat; and (10-1-12)T
- v. Tacking down loose rugs and flooring. (10-1-12)T

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. ~~R~~ents or owns ~~their own a~~ home; (10-1-12)T

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

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

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

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

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

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

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

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

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

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

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

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

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

- c. Residential Care or Assisted Living Facility. (3-19-07)
- d. Additional limitations to specific services are listed under that service definition. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

705. ADULT DD WAIVER SERVICES: PROVIDER QUALIFICATIONS AND DUTIES.

All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07)

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

- a. Direct service staff must meet the following minimum qualifications: (3-19-07)
 - i. Be at least eighteen (18) years of age; (3-19-07)
 - ii. Be a high school graduate, or have a GED, or demonstrate the ability to provide services according to a plan of service; ~~(3-19-07)~~(10-1-12)T
 - iii. Have current CPR and First Aid certifications; (3-19-07)
 - iv. Be free from communicable diseases; ~~(3-19-07)~~(10-1-12)T
 - v. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other Department-approved training. ~~Staff previously trained on assistance with medications by a licensed nurse but who have not completed this course must meet this requirement by July 1, 2007.~~ ~~(3-19-07)~~(10-1-12)T
 - vi. Residential habilitation service providers who provide direct care or services must satisfactorily complete a criminal background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-2-08)
 - vii. Have appropriate certification or licensure if required to perform tasks which require certification or licensure. (3-19-07)
- b. All skill training for agency direct service staff must be provided by a Qualified Intellectual Disabilities Professional (QIDP) who has demonstrated experience in writing skill training programs. (3-29-12)
- c. Prior to delivering services to a participant, agency direct service staff must complete an orientation program. The orientation program must include the following subjects: (3-29-12)
 - i. Purpose and philosophy of services; (3-19-07)
 - ii. Service rules; (3-19-07)
 - iii. Policies and procedures; (3-19-07)
 - iv. Proper conduct in relating to waiver participants; (3-19-07)

- v. Handling of confidential and emergency situations that involve the waiver participant; (3-19-07)
- vi. Participant rights; (3-19-07)
- vii. Methods of supervising participants; (3-19-07)
- viii. Working with individuals with developmental disabilities; and (3-19-07)
- ix. Training specific to the needs of the participant. (3-19-07)
- d.** Additional training requirements must be completed within six (6) months of employment with the residential habilitation agency and include at a minimum: (3-29-12)
 - i. Instructional techniques: Methodologies for training in a systematic and effective manner; (3-19-07)
 - ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-19-07)
 - iii. Feeding; (3-19-07)
 - iv. Communication; (3-19-07)
 - v. Mobility; (3-19-07)
 - vi. Activities of daily living; (3-19-07)
 - vii. Body mechanics and lifting techniques; (3-19-07)
 - viii. Housekeeping techniques; and (3-19-07)
 - ix. Maintenance of a clean, safe, and healthy environment. (3-19-07)
- e.** The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed. (3-19-07)
- 02. Residential Habilitation -- Certified Family Home (CFH).** (3-29-12)
 - a.** An individual who provides direct residential habilitation services in his own home must be certified by the Department to operate a certified family home under IDAPA 16.03.19, "Rules Governing Certified Family Homes," and must receive residential habilitation program coordination services provided through the Department, or its contractor, for the residential habilitation services he provides. (3-29-12)
 - b.** CFH providers providing residential habilitation services as a DD Waiver provider must meet the following minimum qualifications: (3-29-12)
 - i. Be at least eighteen (18) years of age; (3-29-12)
 - ii. Be a high school graduate, have a GED, or demonstrate the ability to provide services according to a plan of service; (3-29-12)
 - iii. Have current CPR and First Aid certifications; (3-29-12)
 - iv. Be free from communicable diseases; ~~(3-29-12)~~(10-1-12)T
 - v. Each CFH provider of residential habilitation services assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

iii. Feeding; (3-29-12)

iv. Communication; (3-29-12)

v. Mobility; (3-29-12)

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

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

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

- ix. Maintenance of a clean, safe, and healthy environment. (3-29-12)
- f. The Department or its contractor will be responsible for providing on-going training to the CFH provider of residential habilitation specific to the needs of the participant as needed. (3-29-12)
- 03. Chore Services.** Providers of chore services must meet the following minimum qualifications: (3-19-07)
- a. Be skilled in the type of service to be provided; and (3-19-07)
- b. Demonstrate the ability to provide services according to a plan of service. (3-19-07)
- c. Chore service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-2-08)
- 04. Respite Care.** Providers of respite care services must meet the following minimum qualifications: ~~(3-19-07)~~(10-1-12)T
- ~~a. Meet the qualifications prescribed for the type of services to be rendered or must be an individual selected by the waiver participant, the family or his guardian;~~ (3-19-07)
- ~~ba.~~ Have received care giving instructions in the needs of the person who will be provided the service; (3-19-07)
- ~~eb.~~ Demonstrate the ability to provide services according to a~~n~~ plan of service; ~~(3-19-07)~~(10-1-12)T
- ~~d. Have good communication and interpersonal skills and the ability to deal effectively, assertively and cooperatively with a variety of people;~~ (3-19-07)
- ~~e. Be willing to accept training and supervision by a provider agency or the primary caregiver of services; and~~ (3-19-07)
- ~~fe.~~ Be free of communicable diseases; ~~and~~ (3-19-07)(10-1-12)T
- ~~gd.~~ Respite care service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-2-08)
- 05. Supported Employment.** Supported employment services must be provided by an agency ~~capable of that~~ supervises the direct service and ~~be is~~ accredited by the Commission on Accreditation of Rehabilitation Facilities; or other comparable standards; ~~or meets~~ State requirements to be a State-approved provider. Supported employment service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." ~~(4-2-08)~~(10-1-12)T
- 06. Non-Medical Transportation.** Providers of non-medical transportation services must: ~~(3-19-07)~~(10-1-12)T
- a. Possess a valid driver's license; and (3-19-07)
- b. Possess valid vehicle insurance. (3-19-07)
- 07. Environmental Accessibility Adaptations.** ~~Environmental accessibility adaptations services must:~~ All services must be provided in accordance with applicable state or local building codes and meet state or local building, plumbing, and electrical requirements for certification. ~~(3-19-07)~~(10-1-12)T

- ~~a. Be done under a permit, if required; and (3-19-07)~~
- ~~b. Demonstrate that all modifications, improvements, or repairs are made in accordance with local and state housing and building codes. (3-19-07)~~

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

- ~~a. Meet Underwriter's Laboratory, FDA, or Federal Communication Commission standards where applicable; and (3-19-07)~~
- ~~b. Be obtained or provided by authorized dealers of the specific product where applicable. This may include medical supply businesses or organizations that specialize in the design of the equipment. (3-19-07)~~

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

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

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

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

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

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

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

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

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

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

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

- c. Be a licensed pharmacist; or (3-19-07)
- d. Be a Qualified Intellectual Disabilities Professional (QIDP). (3-19-07)
- e. Emergency back-up providers must meet the minimum residential habilitation provider qualifications described under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies." (3-19-07)
- f. Behavior consultation or crisis management providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (4-2-08)

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

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

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

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

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

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

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

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

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

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