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**IDAPA 16
TITLE 03
CHAPTER 17**

16.03.17 - SERVICE COORDINATION

000. LEGAL AUTHORITY.

The Idaho Department of Health and Welfare has authority to promulgate rules governing the administration of public assistance programs, according to Section 56-202(b), Idaho Code. (3-20-04)

001. TITLE AND SCOPE.

01. Title. The title of this chapter is IDAPA 16.03.17, "Service Coordination". (3-20-04)

02. Scope. These rules describe service coordination for participants of the Idaho Medicaid program who are unable, or have limited ability to gain access, coordinate or maintain services on their own or through other means. Unless otherwise provided in this chapter, the requirements of IDAPA 16.03.09, "Rules Governing the Medical Assistance Program," apply. (3-20-04)

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements which pertain to the interpretation of the rules of this chapter. These documents are available for public inspection as described in Section 005 and Subsection 006.02 of these rules. (3-20-04)

003. ADMINISTRATIVE APPEALS.

All contested cases are governed by provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings". (3-20-04)

004. INCORPORATION BY REFERENCE.

The Department has incorporated by reference the following documents: (3-20-04)

01. State Medicaid Manual. Centers for Medicare and Medical Services, Publication No. 45, Sections 1115, 2114, 4302, and 4442.3. (August 28, 2002). This document is available online at <http://www.cms.gov/manuals/cmstoc.asp> or requested by mail at the Centers for Medicare and Medical Services, 7500 Security Boulevard, Baltimore, Maryland 21244. (4-6-05)

02. DSM-IV-TR. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) Washington, DC, American Psychiatric Association, 2000. Copies of the manual are available from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC, 20005. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83720-0036. (3-20-04)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE NUMBER -- INTERNET WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (3-20-04)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (3-20-04)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (3-20-04)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (3-20-04)

05. Internet Website. The Department's internet website is found at

“www.healthandwelfare.idaho.gov”.

(3-20-04)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS ACT COMPLIANCE AND REQUESTS.

01. Confidentiality of Records. Confidential information used or disclosed in the course of the Department's business is subject to the restrictions in state or federal law, federal regulation and Idaho Department of Health and Welfare Rules, IDAPA 16.05.01, “Use and Disclosure of Department Records”. (3-20-04)

02. Public Records Act. Individuals have a right to review and copy records maintained by the Department, subject to the provisions of the Idaho Public Records Act, Title 9, Chapter 3, Idaho Code, these rules, and state and federal laws that make records confidential. The Department’s Administrative Procedures Section (APS) and designated custodians in Department offices receive and respond to public records requests. The APS can be reached at the mailing address for the Department’s business office. Non-identifying or non-confidential information provided to the public by the Department in the ordinary course of business is not required to be reviewed by a public records custodian. Original records must not be removed from the Department by individuals who make public records requests. (3-20-04)

007. LIMITATIONS ON THE PROVISION OF DIRECT SERVICES.

Providers of service coordination services may not provide both service coordination and direct service to the same Medicaid participant except for the following: (3-20-04)

01. Early and Periodic Screening Diagnosis and Treatment (EPSDT). Providers of service coordination to children under the EPSDT option; or (3-20-04)

02. Adults With Severe and Persistent Mental Illness. Providers of service coordination to adults with severe and persistent mental illness. (3-20-04)

008. (RESERVED).

009. MANDATORY CRIMINAL HISTORY CHECK REQUIREMENTS.

01. Compliance With Department Criminal History Check. Service coordination agencies must verify that each service coordinator and paraprofessional they employ or with whom they contract has complied with IDAPA 16.05.06, “Rules Governing Mandatory Criminal History Checks.” (4-6-05)

02. When Employee May Begin Work. Once a service coordinator or paraprofessional has completed a self-declaration form and has been fingerprinted, he may begin working for the service coordination agency on a provisional basis, except if he discloses a designated crime listed in IDAPA 16.05.06, “Rules Governing Mandatory Criminal History Checks,” while awaiting the results of the criminal history check. (4-6-05)

03. Additional Criminal Convictions. Once a service coordinator or paraprofessional has received a criminal history clearance, any additional criminal convictions must be reported by the service coordination agency to the Department or its designee when the agency learns of the conviction. (4-6-05)

010. DEFINITIONS.

01. Agency. An agency is a business entity that provides service coordination and includes at least a supervisor and a service coordinator. (3-20-04)

02. Brokerage Model. Referral or arrangement for services identified in an assessment. This model does not include the provision of direct services. (3-20-04)

03. Crisis. An unanticipated event, circumstance or life situation that places a participant at risk of at least one (1) of the following: (3-20-04)

a. Hospitalization; (3-20-04)

- b.** Loss of housing; (3-20-04)
- c.** Loss of employment or major source of income; (3-20-04)
- d.** Incarceration; or (3-20-04)
- e.** Physical harm to self or others, including family altercation or psychiatric relapse. (3-20-04)
- 04. Crisis Service Coordination.** Crisis service coordination services are linking, coordinating and advocacy services provided to assist a participant to access emergency community resources in order to resolve a crisis. Crisis service coordination does not include crisis counseling, transportation to emergency service providers, or direct skill-building services. (3-20-04)
- 05. Current Assessment.** An assessment that accurately reflects the status of the participant. (3-20-04)
- 06. Department.** The Idaho Department of Health and Welfare or its designee. (3-20-04)
- 07. High Cost Services.** As used in Subsection 203.01 of these rules, high cost services are medical services that result in expensive claims payment or significant state general fund expenditure that may include: (3-20-04)

 - a.** Emergency room visits or procedures; (3-20-04)
 - b.** Inpatient medical and psychiatric services; (3-20-04)
 - c.** Nursing home admission and treatment; (3-20-04)
 - d.** Institutional care in jail or prison; (3-20-04)
 - e.** State, local, or county hospital treatment for acute or chronic illness; and (3-20-04)
 - f.** Outpatient hospital services. (3-20-04)
- 08. Human Services Field.** A particular area of academic study in health, social services, education, behavioral science or counseling. (3-20-04)
- 09. Paraprofessional.** An adult who has a minimum of a bachelor's degree in a human services field but no experience with participants, or a person without a degree but with a high school diploma or equivalency who has at least twelve (12) months' experience with the population to whom they will be providing services. (3-20-04)
- 10. Practitioner of the Healing Arts.** For purposes of this rule, a nurse practitioner, physician assistant or clinical nurse specialist. (3-20-04)
- 11. Provider.** Any individual, organization or business entity furnishing medical goods or services in compliance with this chapter and who has applied for and received a provider number and entered into a written provider agreement, under IDAPA 16.03.09 "Rules Governing the Medical Assistance Program," Sections 020 and 040. (4-6-05)
- 12. Service Coordination.** Service coordination is an activity which assists individuals eligible for Medicaid in gaining and coordinating access to necessary care and services appropriate to the needs of an individual. Service coordination is a brokerage model of case management as defined in the State Medicaid Manual referenced in Subsection 004.01 of these rules. (4-6-05)
- 13. Service Coordinator.** An individual who provides service coordination to a Medicaid eligible participant, is employed by a service coordination agency, and meets the training, experience, and other requirements

in Section 700 of these rules. (3-20-04)

14. Supports. Formal and informal services and activities that are not paid for by the Department and that enable an individual to reside safely in the setting of his choice. (3-20-04)

011. -- 014. (RESERVED).

015. HEALTH, SAFETY AND FRAUD REPORTING.

Service coordinators are required to report any concerns about health and safety to the appropriate governing agency and to the Department. Service coordinators must also report fraud, including billing of services that were not provided, to the Department unit responsible for authorizing the service; and to the Surveillance and Utilization Review Unit (SUR) within the Department or its toll-free Medicaid fraud hotline. (3-20-04)

016. -- 099. (RESERVED).

100. PRIOR AUTHORIZATION FOR SERVICE COORDINATION SERVICES.

All service coordination services must be prior authorized by the Department, except the following adult mental health service coordination services: initial assessment for services; five (5) hours of ongoing service coordination per month; and the first three (3) hours of crisis service coordination per month. For adults with mental illness, crisis service coordination over three (3) hours per month must be prior authorized. (3-20-04)

101. -- 199. (RESERVED).

200. ELIGIBILITY FOR SERVICE COORDINATION SERVICES.

Participants identified in Sections 201 through 204 of these rules, who do not receive hospice services or live in hospitals, nursing facilities, or intermediate care facilities for the mentally retarded, are eligible for service coordination. (3-20-04)

201. ELIGIBILITY - INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY.

Individuals with a developmental disability as defined in Section 66-402, Idaho Code, are eligible for service coordination if they: (3-20-04)

01. Age. Are adults eighteen (18) years of age or older, or adolescents fifteen to eighteen (15-18) years of age who are authorized to receive services through the Idaho State School and Hospital (ISSH) waiver; and (3-20-04)

02. Diagnosis. Are diagnosed with a developmental disability, which means a chronic disability of a person which appears before the age of twenty-two (22) years of age and: (3-20-04)

a. Is attributable to an impairment, such as mental retardation, cerebral palsy, epilepsy, autism or other condition found to be closely related to or similar to one (1) of these impairments that requires similar treatment or services, or is attributable to dyslexia resulting from such impairments; and (3-20-04)

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 (3-20-04)

c. Reflects the need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and individually planned and coordinated; and (3-20-04)

03. Need Assistance. Require and choose assistance to adequately access services and supports necessary to maintain their independence in the community. (3-20-04)

202. ELIGIBILITY - INDIVIDUALS WHO RECEIVE PERSONAL ASSISTANCE SERVICES.

Individuals who receive personal assistance services are eligible for service coordination if they: (3-20-04)

01. Personal Care Services. Are adults or children who have been approved to receive state plan personal care services; or (3-20-04)

02. Waiver Services. Are adults who have been approved to receive Aged and Disabled Home and Community Based Services Waiver; and (3-20-04)

03. Need Assistance. Require and choose assistance to access services and supports necessary to maintain their independence in the community. (3-20-04)

203. ELIGIBILITY - ADULTS WITH SEVERE AND PERSISTENT MENTAL ILLNESS.
Adults with severe and persistent mental illness are eligible for service coordination if they: (3-20-04)

01. Adults Using High Cost Services. Are eighteen (18) years of age or older and using, or have a history of using, high cost medical services associated with periods of increased severity of mental illness; and (3-20-04)

02. Diagnosis of Mental Illness. (3-20-04)

a. Are diagnosed by a licensed physician or other licensed practitioner of the healing arts with a condition of severe and persistent mental illness that is listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) within one (1) of the following classification codes: (3-20-04)

i. Schizophrenia and other psychotic disorders; (3-20-04)

ii. Delirium, dementia, and amnesic disorders; other cognitive disorders; and mental disorders due to a general medical condition; (3-20-04)

iii. Mood disorders - bipolar and depressive; (3-20-04)

iv. Schizoid, schizotypal, paranoid or borderline personality disorders; and (3-20-04)

b. If the only diagnosis is mental retardation or is a substance related disorder, then the person is not included in the target population for mental health service coordination. (3-20-04)

03. Need Assistance. Have mental illness of sufficient severity to cause a disturbance in their role performance or coping skills in at least two (2) of the following areas, on either a continuous (more than one (1) year) or an intermittent (at least once per year) basis: (3-20-04)

a. Vocational or academic: Is unemployed, unable to work or attend school, is employed in a sheltered setting or supportive work situation, or has markedly limited skills and a poor work history. (3-20-04)

b. Financial: Requires public financial assistance for out-of-hospital maintenance and may be unable to procure such assistance without help, or the person is unable to support himself or manage his finances without assistance. (3-20-04)

c. Social and interpersonal: Has difficulty in establishing or maintaining a personal social support system, has become isolated, has no friends or peer group and may have lost or failed to acquire the capacity to pursue recreational or social interests. (3-20-04)

d. Family: Is unable to carry out usual roles and functions in a family, such as spouse, parent, or child, or faces gross familial disruption or imminent exclusion from the family. (3-20-04)

e. Basic living skills: Requires help in basic living skills, such as hygiene, food preparation, or other activities of daily living, or is gravely disabled and unable to meet daily living requirements. (3-20-04)

f. Housing: Has lost or is at risk of losing his current residence. (3-20-04)

g. Community: Exhibits inappropriate social behavior or otherwise causes a public disturbance due to poor judgment, bizarre, or intrusive behavior, which may result in intervention by law enforcement, the judicial system, or both. (3-20-04)

h. Health: Requires substantial assistance in maintaining physical health or in adhering to medically rigid prescribed treatment regimens. (3-20-04)

204. ELIGIBILITY - CHILDREN UP TO THE AGE OF TWENTY-ONE.

To be eligible for service coordination under the Early and Periodic Screening Diagnosis and Treatment program (EPSDT), children must meet the following: (3-20-04)

01. Age. Children from birth through the month in which their twenty first birthday occurs; and (3-20-04)

02. Diagnosis. Must be identified by a physician or other practitioner of the healing arts in an EPSDT screen as having: (3-20-04)

a. Developmental delay or disability: A physical or mental condition which has a high probability of resulting in developmental delay or disability, or children who meet the definition of developmental disability as defined in Section 66-402, Idaho Code; or (3-20-04)

b. Special health care needs: Have special health care needs requiring medical and multidisciplinary habilitation or rehabilitation services to prevent or minimize a disability; or (3-20-04)

c. Severe emotional disorder: Have been diagnosed with a severe emotional disorder under DSM-IV-TR, with an expected duration of at least one (1) year; and (3-20-04)

03. Need Assistance. Have one (1) or more of the following problems associated with their diagnosis: (3-20-04)

a. The condition has resulted in a level of functioning below normal age level in one (1) or more life areas such as school, family, or community; or (3-20-04)

b. The child is at risk of placement in a more restrictive environment or the child is returning from an out of home placement as a result of the condition; or (3-20-04)

c. There is danger to the health or safety of the child or the parent is unable to meet the needs of the child; or (3-20-04)

d. Further complications may occur as a result of the condition without provision of service coordination services; or (3-20-04)

e. The child requires multiple service providers and treatments. (3-20-04)

205. -- 249. (RESERVED).

250. SERVICE COORDINATION FUNCTIONS.

Service coordination consists of the following functions: (3-20-04)

01. Linking the Participant to Needed Services. "Linking" includes: (3-20-04)

a. Finding, arranging and assisting the participant to maintain services, supports, and community resources identified on the service plan; and (3-20-04)

b. Advocating for the unmet needs of the participant and to encourage independence. (3-20-04)

02. Monitoring and Coordination of Services. Monitoring and coordinating services includes:

(3-20-04)

a. Assisting the participant and his family or guardian to coordinate and retain services, and assure consistency and non-duplication between services; and (3-20-04)

b. Assuring that services are satisfactory to the participant and making adjustments in the plan of service when needed. (3-20-04)

251. -- 299. (RESERVED).

300. ASSESSMENT.

Assessment for service coordination includes evaluation of the participant's ability to: gain access to needed services; coordinate or maintain those services; and identify the services and supports the participant needs to maintain his highest level of independence in the community. The assessment is an interactive process with maximum feasible involvement of the participant. (3-20-04)

01. Assessment Content for Developmental Disability. A person with a developmental disability is assessed through the developmental disability eligibility criteria identified in Section 66-402, Idaho Code. The need for assistance, as defined in Subsection 201.03 of these rules, must be determined through the person centered planning process as defined in IDAPA 16.04.11, "Rules Governing Development Disabilities Agencies," Section 011. (3-20-04)

02. Assessment Content for Personal Assistance Services. A comprehensive evaluation of the participant's ability to function in the community including: (3-20-04)

- a.** Medical needs, physical problems and strengths; (3-20-04)
- b.** Mental and emotional problems and strengths; (3-20-04)
- c.** Physical living environment; (3-20-04)
- d.** Vocational and educational needs; (3-20-04)
- e.** Financial and social needs; (3-20-04)
- f.** Evaluation of the community support system including the involvement of family or significant others; (3-20-04)
- g.** Safety and risk factors; and (3-20-04)
- h.** Legal status. (3-20-04)

03. Assessment Content for Mental Health. The assessment must focus on the following areas: (3-20-04)

- a.** Mental status (psychiatric status for individuals with mental illness); (3-20-04)
- b.** Medical history and needs; (3-20-04)
- c.** Vocational status and needs; (3-20-04)
- d.** Financial status and needs; (3-20-04)
- e.** Social relationships and supports; (3-20-04)
- f.** Family status and supports; (3-20-04)

- g.** Basic living skills and needs; (3-20-04)
- h.** Housing status and needs; and (3-20-04)
- i.** Community and legal status and needs. (3-20-04)

04. EPSDT Assessment. The assessment for EPSDT Service Coordination services is completed by the Department or its designee. (3-20-04)

301. -- 399. (RESERVED).

400. SERVICE PLAN DEVELOPMENT.

A written service coordination plan must be developed and implemented within sixty (60) days after the participant chooses a service coordination agency except in the case of adults with severe and persistent mental illness; in which case the time limit is thirty (30) days. The plan must be updated at least annually. The plan must address the service coordination needs of the participant as identified in the assessment. (4-6-05)

01. Service Plan Content for Individuals With Developmental Disabilities. The service coordination plan for individuals with developmental disabilities is incorporated into the participant's plan of service. The content is identified in IDAPA 16.03.13, "Prior Authorization For Behavioral Health Services," Section 310. (3-20-04)

02. Service Plan Content for Individuals Receiving Personal Assistance Services. The individual's service plan must contain at least the following: (3-20-04)

- a.** Problems identified during the assessment; (3-20-04)
- b.** Overall goals to be achieved; (3-20-04)
- c.** Reference to all services and contributions provided by the informal support system including the actions, if any, taken by the service coordinator to develop the support system; (3-20-04)
- d.** Documentation of who has been involved in the service planning, including the participant's involvement; (3-20-04)
- e.** Schedules for service coordination monitoring and reassessment; (3-20-04)
- f.** Documentation of unmet needs and service gaps; and (3-20-04)
- g.** References to any formal services arranged including costs, specific providers, schedules of service initiation, frequency or anticipated dates of delivery. (3-20-04)

03. Service Plan Content for Individuals With Severe And Persistent Mental Illness. The service coordination plan must include the following: (3-20-04)

- a.** A list of problems and needs identified during the assessment; (3-20-04)
- b.** Concrete measurable goals and objectives to be achieved by the service coordinator; (3-20-04)
- c.** Time frames for achievement of the goals and objectives; (3-20-04)
- d.** Reference to any formal services arranged including specific providers; (3-20-04)
- e.** Frequency of services initiated; and (3-20-04)
- f.** Documentation of who was involved in the service planning. (3-20-04)

04. Service Plan Development for EPSDT Service Coordination. The initial plan for EPSDT service coordination is completed by the Department or designee. An EPSDT service coordination agency selected by the family develops an annual service coordination plan and submits it to the Department for prior authorization of continued service coordination. (3-20-04)

401. -- 499. (RESERVED).

500. SERVICE COORDINATOR CONTACT AND AVAILABILITY.

01. Contact With Participant. At least every thirty (30) days, service coordinators must have contact with the participant, legal guardian or provider who can verify the participant's well being and whether services are being provided according to the written plan. The frequency, mode of contact, and person being contacted must be identified in the plan. (3-20-04)

a. The mode and frequency of contact for developmental disability service coordination must be identified in the plan and must meet the needs of the participant. Service coordinators must have face-to-face contact with each participant at least every ninety (90) days. (4-6-05)

b. The mode and frequency of contact for mental health service coordination must be identified in the plan and must meet the needs of the participant. Mental health service coordinators must have face-to-face contact every month with each participant. (4-6-05)

c. The mode and frequency of contact for Early and Periodic Screening and Diagnosis and Treatment (EPSDT) service coordination must be identified in the plan and must meet the needs of the child. EPSDT service coordinators must have face to face contact with the child and the child's family at least every ninety (90) days. (4-6-05)

d. The mode and frequency of contact for Personal Care Service (PCS) service coordination must be identified in the plan and must meet the needs of the participant. PCS service coordinators must have face to face contact with the participant and others at least every ninety (90) days as necessary to coordinate and monitor the progress of the existing individual service plan. (4-6-05)

02. Hours of Availability. Service coordinators do not have to be available on a twenty-four (24) hour basis, but must include on the plan what the participant, families, and providers should do in an emergency situation. (3-20-04)

501. -- 549. (RESERVED).

550. PARTICIPANT CHOICE OF SERVICE COORDINATION PROVIDERS.

Eligible participants have the option to select service coordinators. A participant must have free choice of a service coordination provider. (4-6-05)

551. -- 599. (RESERVED).

600. CRISIS ASSISTANCE.

01. Crisis Assistance. Crisis assistance, including services to prevent hospitalization or incarceration, may be provided before the completion of assessment and development of a plan of service. (3-20-04)

02. Crisis Assistance for Children Receiving EPSDT Service Coordination. Additional crisis hours may be authorized for service coordination for children receiving EPSDT service coordination if at least four (4) hours of service coordination have already been provided in the month. (3-20-04)

03. Crisis Assistance for Adults With a Developmental Disability. Crisis assistance for adults with a developmental disability may be authorized under community crisis supports as found in IDAPA 16.03.13, "Prior Authorization For Behavioral Health Services," Section 400. (3-20-04)

04. Crisis Assistance for Adults With Severe and Persistent Mental Illness. Crisis assistance may be delivered prior to, or after, the completion of the assessment and individual service plan. Without authorization by the Department or its designee crisis assistance is limited to a total of three (3) hours per calendar month. The Department may authorize additional crisis case management services beyond the three (3) hour limit if a recipient still has severe or prolonged crisis case management needs that meet all of the following criteria: (3-20-04)

a. The service recipient is at imminent risk (within fourteen (14) days) of hospitalization or institutionalization, including jail or nursing home; and (3-20-04)

b. The service recipient is experiencing symptoms of psychiatric decompensation; and (3-20-04)

c. The service recipient has already received the maximum number of monthly hours of ongoing case management and crisis case management services; and (3-20-04)

d. No other crisis assistance services are available to the recipient under other Medicaid mental health option services, including Psychosocial Rehabilitation Services (PSR). (3-20-04)

05. Crisis Assistance for Individuals Who Receive Personal Assistance Services. Additional hours for crisis assistance may be authorized for individuals who receive personal assistance services, if at least eight (8) hours of service coordination have already been provided in the month. (3-20-04)

601. -- 699. (RESERVED).

700. SERVICE COORDINATOR QUALIFICATIONS.

01. Provider Agreements. Service coordinators must be employees or contractors of an agency that has a valid provider agreement with the Department. (3-20-04)

02. Work Experience And Supervision. All service coordinators must have at least twelve (12) months' experience working with the population they will be serving or be supervised by a qualified service coordinator. (3-20-04)

03. Minimum Education Requirements. All service coordinators must have a minimum of a bachelor's degree in a human services field from a nationally accredited university or college; or be a licensed professional nurse, also referred to as a registered nurse (RN). (3-20-04)

701. -- 724. (RESERVED).

725. PARAPROFESSIONALS.

Under the supervision of a qualified service coordinator, paraprofessionals may be used to assist in the implementation of a service coordination plan except for plans of participants with a mental illness. Paraprofessionals must be able to read and write at a level equal with the paperwork and forms involved in the provision of service. (4-6-05)

726. -- 749. (RESERVED).

750. SUPERVISION OF SERVICE COORDINATION.

Service coordination agencies must provide supervision to qualified service coordinators and paraprofessionals employed by the agency. (3-20-04)

01. Supervisor Qualifications. Agency supervisors must have the following qualifications: (3-20-04)

a. Master's degree in a human services field and one (1) year's experience with the population for whom they will be supervising services. For supervisors of service coordination for participants with mental illness, this experience must be in a mental health service setting; or (3-20-04)

b. Bachelor's degree in a human services field or RN degree and two (2) years' experience with the

population for whom they will be supervising services. For supervisors of service coordination to participants with mental illness, this experience must be in a mental health service setting. (3-20-04)

751. INDIVIDUAL SERVICE COORDINATOR CASE LOADS.

The total caseload of a service coordinator must assure quality service delivery and client satisfaction. (4-6-05)

752. DOCUMENTATION OF SERVICE COORDINATION.

Agencies must maintain records that contain documentation describing the services provided, review of the continued need for service coordination and progress toward each service coordination goal. Documentation must be completed as required in Section 56-209(h), Idaho Code. All active records must be immediately available. Documentation must include all of the following: (3-20-04)

- 01. Name.** The name of the eligible participant. (3-20-04)
 - 02. Provider.** The name of the provider agency and the person providing the direct services. (3-20-04)
 - 03. Time and Place of Service.** The date, time and place the service was provided. (3-20-04)
 - 04. Documentation of Eligibility.** A copy of the current assessment or prior authorization from the Department that documents eligibility for service coordination services, and a dated and signed service plan. (3-20-04)
 - 05. Description.** Agency records must contain documentation describing details of the service provided signed by the person who delivered the service. (3-20-04)
 - 06. Progress Review.** Review of participant's continued need for service coordination and progress toward each service coordination goal. A review must be completed at least every one hundred eighty (180) days after the plan development or update. (3-20-04)
 - 07. Satisfaction With Service.** Documentation of the participant's, family's, or guardian's satisfaction with service. (3-20-04)
 - 08. Informed Consent.** A copy of the informed consent form signed by the participant or guardian which documents that the participant has been informed of his rights to refuse service coordination and to choose his providers. (3-20-04)
 - 09. Service Plan.** A service plan that is signed by the participant or his legal representative, and the plan developer. Mental health service coordination plans must also be signed by a physician or other practitioner of the healing arts. The service coordinator must also document that a copy of the plan was given to the participant or his legal representative. The plan must be updated and authorized when required, but at least annually. (3-20-04)
 - 10. Crisis Assistance Documentation for Adults With Severe and Persistent Mental Illness.** Documentation to support authorization of crisis assistance beyond the monthly limitation must be submitted to the Department before such authorization may be granted. Documentation to support delivery of crisis assistance must also be maintained in the recipient's agency record and must include: (3-20-04)
 - a.** A description of the crisis, including identification of unanticipated events that precipitate the need for crisis case management services; (3-20-04)
 - b.** A brief review of case management and other services or supports available to, or already provided to, the participant to resolve the crisis; (3-20-04)
 - c.** A crisis resolution plan; and (3-20-04)
 - d.** Outcomes of crisis assistance service provision. (3-20-04)
- 753. -- 799. (RESERVED).**

800. LIMITATIONS ON SERVICE COORDINATION.

When an assessment indicates the need for medical, psychiatric, social, educational, or other services, referral or arrangement for such services may be included as service coordination services. Service coordination is limited to the following: (3-20-04)

01. Service Coordination for Persons With Mental Illness. Five (5) hours per month for participants with mental illness. (3-20-04)

02. Service Coordination for Personal Assistance Services. Up to eight (8) hours per month for participants who have been approved to receive personal assistance services, as prior authorized by the Department. (3-20-04)

03. Other Populations. Service coordination services to participants with developmental disabilities and children under the EPSDT option are prior authorized by the Department on a monthly basis. (3-20-04)

04. Assessment and Plan Development. Assessment and plan development are reimbursable except for the initial plan development for EPSDT service coordination. (3-20-04)

05. Initial Plan Development. Reimbursement for the initial evaluation and individual service plan development will be paid based on an hourly rate, not to exceed six (6) hours. (3-20-04)

801. LIMITATIONS ON PAYMENT FOR SERVICE COORDINATION.

01. Duplication. Participants are only eligible for one (1) type of service coordination. If they qualify for more than one (1) type, the participant must choose one (1). Service coordination payment must not duplicate payment made to public or private sector entities under other program authorities for this same purpose. (3-20-04)

02. Payment for Service Coordination. Subject to the service limitations in Subsection 801.06 of this rule, only the following services are reimbursable: (3-20-04)

a. Face to face contact as required in Section 500 of these rules. (3-20-04)

b. Telephone contact between the service coordinator and the participant, participant's service providers, family members, primary care givers, legal representative, or other interested persons; or (3-20-04)

c. Face to face contact between the service coordinator and the participant's family members, legal representative, primary caregivers, providers, or other interested persons. (3-20-04)

d. Paperwork that is associated with obtaining certain needed services such as food stamps, energy assistance, emergency housing, or legal services. (3-20-04)

03. Service Coordination During Institutionalization. Service coordination is reimbursable on the day a participant is admitted to a medical institution if the service is provided prior to admission. Service coordination is reimbursable on the day of discharge from a medical institution if the service is provided after discharge. Service coordination may be provided during the last thirty (30) days of an inpatient stay, or if the stay is not expected to last longer than thirty (30) days, when the service does not duplicate the discharge responsibilities of the facility. (3-20-04)

04. Incarceration. Service coordination is not reimbursable when the recipient is incarcerated. (3-20-04)

05. Services Delivered Prior to Assessment. Payment for on-going service coordination will not be made prior to the completion of the assessment and service plan. (3-20-04)

06. Payment Limitations. Reimbursement is not allowed for missed appointments, attempted contacts, travel to provide the service, leaving messages, scheduling appointments with the Medicaid service

coordinator, transporting participants, or documenting services. For service coordination paid at an hourly rate, providers will not be reimbursed for more than one (1) contact during a single fifteen (15) minute time period. (3-20-04)

07. Healthy Connections. If the participant is enrolled in Healthy Connections, the referral for assessment and provision of services must be authorized by a physician or other practitioner of the healing arts, except for participants who receive personal care services or aged and disabled waiver services. (3-20-04)

08. Group Service Coordination. Payment is not allowed for service coordination provided to a group of participants. (3-20-04)

802. -- 999. (RESERVED).

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