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IDAPA 16
TITLE 04
CHAPTER 11

16.04.11 - DEVELOPMENTAL DISABILITIES AGENCIES (DDA)

000. LEGAL AUTHORITY.
The Idaho Board of Health and Welfare is authorized under the "Idaho Developmental Disabilities Services and Facilities Act of 1978," Sections 39-4601 et seq., Idaho Code, to adopt rules governing Developmental Disabilities Agencies in Idaho. (7-1-06)

001. TITLE AND SCOPE.

01. Title. The title of these rules is IDAPA 16.04.11, "Developmental Disabilities Agencies (DDA)." (7-1-06)

02. Scope. These rules govern: (7-1-06)

a. The certification of Developmental Disabilities Agencies providing rehabilitative and habilitative services to persons with developmental disabilities; and (7-1-06)

b. The provision of these services to those eligible under this chapter of rules. (7-1-06)

c. All agencies that meet the definition of a Developmental Disabilities Agency (DDA) in Section 010 of these rules must be certified by the Department in accordance with the requirements in this chapter of rules. Rules regarding Medicaid reimbursement for DDA services are found in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program," Section 120. (7-1-06)

002. WRITTEN INTERPRETATIONS.
There are no written interpretations for this chapter of rules. (7-1-06)

003. ADMINISTRATIVE APPEALS.
Administrative appeals are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (7-1-06)

004. INCORPORATION BY REFERENCE.
There are no documents that have been incorporated by reference into this chapter of rules. (7-1-06)

005. OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- 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. (7-1-06)

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. (7-1-06)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (7-1-06)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (7-1-06)

05. Internet Website. The Department's internet website is found at "http://www.healthandwelfare.idaho.gov." (7-1-06)

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.

01. Confidential Records. Any information about an individual covered by these rules and contained

in the Department's records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." (7-1-06)

02. Public Records. The Department will comply with Sections 9-337 through 9-350, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (7-1-06)

007. -- 008. (RESERVED).

009. MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." (7-1-06)

02. When Agency Employees May Begin Working. Once an employee, subcontractor, agent of the agency, or volunteer delivering DDA services to participants with developmental disabilities has completed a self-declaration form and has been fingerprinted, he may begin working for the agency on a provisional basis while awaiting the results of the criminal history check. (7-1-06)

03. Requirement to Report Additional Criminal Convictions. Once an employee, subcontractor, agent of the agency, or volunteer delivering DDA services to participants with developmental disabilities has received a criminal history clearance, any additional criminal convictions must be reported to the Department or its designee when the agency learns of the conviction. (7-1-06)

04. Requirement to Report Pending Investigations or Charges. Once an employee, subcontractor, agent of the agency, or volunteer delivering DDA services to participants with developmental disabilities has received a criminal history clearance, the agency must immediately report to the Department when any of them is charged with criminal charges, is charged with or is under investigation for abuse, neglect, or exploitation of any vulnerable adult or child, or when an adult protection or child protection complaint against them is substantiated. (7-1-06)

010. DEFINITIONS -- A THROUGH O.
For the purposes of these rules, the following terms are used as defined below: (7-1-06)

01. Adult. A person who is eighteen (18) years of age or older or an Idaho State School and Hospital (ISSH) Waiver participant. (7-1-06)

02. Agency. A developmental disabilities agency (DDA) as defined in Section 010 of this rule. (7-1-06)

03. Annual. Every three hundred sixty-five (365) days except during a leap year which equals three hundred sixty-six (366) days. (7-1-06)

04. Baseline. A baseline is pre-intervention or annual data used to gauge a participant's level of independent performance as a basis for initiating therapeutic intervention. (7-1-06)

05. Board. The Idaho State Board of Health and Welfare. (7-1-06)

06. Communicable Disease. A disease that may be transmitted from one (1) person or an animal to another person either by direct contact or through an intermediate host, vector, inanimate object, or other means that may result in infection, illness, disability, or death. (7-1-06)

07. Comprehensive Assessment. An assessment used for diagnostic and evaluation purposes that contains uniform criteria used to contribute to the determination of a person's eligibility for DDA services and the need for those services. (7-1-06)

08. **Deficiency**. A determination of non-compliance with a specific rule or part of rule. (7-1-06)

09. **Department**. The Idaho Department of Health and Welfare. (7-1-06)

10. **Developmental Disabilities Agency (DDA)**. A DDA is an agency that is: (7-1-06)

a. A type of developmental disabilities facility, as defined in Section 39-4604(7), Idaho Code, that is non-residential and provides services on an outpatient basis; (7-1-06)

b. Certified by the Department to provide DDA services to people with developmental disabilities, in accordance with these rules; (7-1-06)

c. A business entity, open for business to the general public; and (7-1-06)

d. Primarily organized and operated to provide developmental therapy and other DDA services and the corresponding assessments to people with developmental disabilities. (7-1-06)

11. **DDA Services**. A DDA provides services that are rehabilitative and habilitative in nature. DDA services include assessment, diagnostic, and treatment services that are provided on an outpatient basis to persons with developmental disabilities and may be community-based, home-based, or center-based in accordance with the requirements of this chapter. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. A DDA may also opt to provide pharmacological management, psychiatric diagnostic interviews, community crisis supports, collateral contact, and Intensive Behavioral Intervention (IBI). (7-1-06)

12. **Developmental Disability**. 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: (7-1-06)

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, which requires similar treatment or services or is attributable to dyslexia resulting from such impairments; and (7-1-06)

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 (7-1-06)

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. (7-1-06)

13. **Developmental Specialist**. A person qualified to conduct developmental assessments and developmental therapy under these rules. (7-1-06)

14. **Developmental Therapy**. Developmental therapy is the use of therapeutic intervention and positive behavioral techniques that result in measurable skill acquisition or prevent regression where documentation shows that regression is anticipated in the following areas: (7-1-06)

a. Self-care; (7-1-06)

b. Receptive and expressive language; (7-1-06)

c. Learning; (7-1-06)

d. Mobility; (7-1-06)

e. Self-direction; (7-1-06)

f. Capacity for independent living; and (7-1-06)

g. Economic self-sufficiency. (7-1-06)

15. **Habilitation**. The process of developing skills and abilities. (7-1-06)

16. **Individualized Family Service Plan (IFSP)**. An initial or annual plan of service, developed by the Department or its designee, for providing early intervention services to children birth to age three (3). This plan must meet the provisions of the Individuals with Disabilities Education Act (IDEA), Part C. (7-1-06)

17. **Individual Program Plan (IPP)**. An initial or annual plan of service developed by the DDA for providing DDA services to: (7-1-06)

a. Children from three (3) through seventeen (17) years of age; (7-1-06)

b. Participants up to age twenty-one (21) who are receiving IBI or additional DDA services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program; or (7-1-06)

c. Participants eighteen (18) years of age or older receiving DDA services and who are using the Home and Community Based Services (HCBS) Waiver for the Aged and Disabled (A&D), State Plan PCS, or are living in a nursing facility. (7-1-06)

18. **Individual Service Plan (ISP)**. An initial or annual plan of service, for persons eighteen (18) years of age or older or ISSH waiver participants, that identifies all services and supports developed under a person-centered planning process. The Department authorizes each ISP at least once every three hundred sixty-five (365) days. This type of plan is referred to as the "plan of service" in IDAPA 16.03.13, "Prior Authorization for Behavioral Health Services." (7-1-06)

19. **Integration**. The process of promoting a life for individuals with developmental disabilities that is as much as possible like that of other citizens of the community, including living in the community and having access to community resources. A further goal of this process is to enhance the social image and personal competence of individuals with developmental disabilities. (7-1-06)

20. **Intensive Behavioral Intervention (IBI)**. Individualized, comprehensive interventions that have been shown to be effective and are used on a short term, one-to-one basis that: (7-1-06)

a. Produce measurable outcomes that diminish behaviors that interfere with the development and use of language and appropriate social interaction skills; or (7-1-06)

b. Broaden an otherwise severely restricted range of interest; and (7-1-06)

c. Increase the child's ability to participate in other therapies and environments. (7-1-06)

21. **Medical/Social History**. An assessment completed by a licensed social worker or other qualified professional working within the scope of his license. This assessment of the participant's history, home, family, and physical environment is part of the process used to determine his treatment needs. (7-1-06)

22. **Medical, Social, and Developmental Assessment Summary**. A form used by the Department to gather a participant's medical, social and developmental history and other summary information. It is required for all participants receiving DDA services under an ISP. The information is used in the assessment and authorization of a participant's services. (7-1-06)

23. **Objective**. A behavioral outcome statement developed to address a particular need identified for a participant. An objective is written in measurable terms that specify a target date for completion, no longer than one (1) year in duration, and include criteria for successful attainment of the objective. (7-1-06)

011. DEFINITIONS -- P THROUGH Z.

For the purposes of these rules, the following terms are used as defined below: (7-1-06)

01. Paraprofessional. A person, such as an aide or therapy technician, who is qualified to assist a qualified professional in providing services to persons with developmental disabilities. (7-1-06)

02. Participant. A person who has been identified as having a developmental disability as defined in this chapter, and who is receiving services through a DDA. (7-1-06)

03. Person-Centered Planning Process. A meeting facilitated by the plan developer, comprised of family and individuals significant to the participant who collaborate with the participant to develop the plan of service. (7-1-06)

04. Person-Centered Planning Team. The group who develops the plan of service. This group includes, at a minimum, the participant and the service coordinator or plan developer chosen by the participant. The person-centered planning team may include others identified by the participant or agreed upon by the participant and the Department as important to the process. (7-1-06)

05. Plan Developer. A paid or nonpaid person identified by the participant who is responsible for developing an ISP and subsequent addenda that covers all services and supports, based on a person-centered planning process. (7-1-06)

06. Plan Monitor. A person who oversees the provision of services on the ISP on a paid or non-paid basis. The plan developer is the plan monitor unless there is a Service Coordinator, in which case the Service Coordinator assumes both roles. (7-1-06)

07. Plan of Service. An initial or annual plan that identifies services and supports. Plans are developed annually. In this chapter of rules, “plan of service” may refer to any of the following: IFSP, IPP, or ISP. (7-1-06)

08. Practitioner of the Healing Arts, Licensed. A licensed physician, physician assistant, or nurse practitioner. (7-1-06)

09. Prior Authorization (PA). A process for determining a participant's eligibility for services and medical necessity prior to the delivery or payment of services in accordance with IDAPA 16.03.13, “Prior Authorization for Behavioral Health Services.” (7-1-06)

10. Probe. A probe is data gathered on an intermittent basis, after a baseline is established, to measure a participant's level of independent performance as related to an identified objective. (7-1-06)

11. Program Implementation Plan. A plan that details how DDA goals from the plan of service will be accomplished. (7-1-06)

12. Provider. An agency, or an individual working for an agency, that furnishes DDA services under the provisions of these rules. (7-1-06)

13. Provider Status Review. The written documentation that identifies a participant's progress toward goals defined in the ISP. (7-1-06)

14. Provisional Certificate. A certificate issued by the Department to a DDA with deficiencies that do not adversely affect the health or safety of participants. A provisional certificate is issued contingent upon the correction of deficiencies in accordance with an agreed-upon plan. A provisional certificate is issued for a specific period of time, up to, and not exceeding, six (6) months. (7-1-06)

15. Psychotherapy. Treatment methods using a specialized, formal interaction between a qualified professional and an individual, family, or group in which a therapeutic relationship is established, maintained, or sustained to understand unconscious processes, or intrapersonal, interpersonal, and psychosocial dynamics, or the diagnosis and treatment of mental, emotional, and behavioral disorders, conditions, and addictions. (7-1-06)

16. Qualified Professional. A professional delivering services within the scope of his practice and in accordance with the requirements of this chapter. (7-1-06)

17. Rehabilitation. The process of improving skills or level of adjustment to increase the person's ability to maintain satisfactory independent or dependent functioning. (7-1-06)

18. Repeat Deficiency. A violation or deficiency found on a resurvey or revisit to a DDA that was also found during the previous survey or visit. (7-1-06)

19. Service. Assessment, diagnosis, therapy, training, assistance, or support provided to a person with a developmental disability by a DDA. (7-1-06)

20. Service Coordination. Service coordination is an activity that assists individuals eligible for Medicaid in gaining and coordinating access to necessary care and services appropriate to the needs of an individual. The delivery of service coordination is governed by IDAPA 16.03.17, "Service Coordination." (7-1-06)

21. 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 under IDAPA 16.03.17, "Service Coordination." (7-1-06)

22. Specific Skill Assessment. A type of assessment used to determine the baseline or the need for further intervention for the discipline area being assessed. (7-1-06)

23. Staff. Employees or contractors of an agency who provide services, including those persons with whom the agency has a formal, written agreement. (7-1-06)

24. Supervision. Initial direction and procedural guidance by a qualified professional and periodic inspection of the actual work performed at the service delivery site. (7-1-06)

25. Supportive Counseling. A method used by qualified professionals to assist individuals with developmental disabilities to learn how to solve problems and make decisions about personal, social, relationship, and other interpersonal concerns. Supportive counseling does not seek to reach unconscious material. (7-1-06)T

26. Supports. Formal or informal services and activities, not paid for by the Department, that enable the individual to reside safely and effectively in the setting of his choice. (7-1-06)

012. -- 199. (RESERVED).

CERTIFICATION REQUIREMENTS FOR DEVELOPMENTAL DISABILITIES AGENCIES

(Sections 200 Through 299)

200. DDA CERTIFICATION.

01. Application for Certification. All DDAs must apply for certification under these rules. (7-1-06)

02. Restriction on Certification. A business entity established by a parent for the sole purpose of providing DDA services to his own child cannot be certified as a DDA. (7-1-06)

03. Effect of Previous Revocation or Denial of a Certificate or License. The Department is not required to consider the application of any operator, administrator, or owner of an agency who has had his license or certification denied or revoked until five (5) years have lapsed from the date of denial or revocation. (7-1-06)

04. Accessible Records. The DDA and records required under these rules must be accessible to the Department during normal operations of the agency for the purpose of inspection and copying, with or without prior

notification, under Sections 39-4605(4), Idaho Code. (7-1-06)

201. APPLICATION FOR INITIAL CERTIFICATION.

01. Certification Required. Before any agency can operate as a DDA, it must obtain DDA certification from the Department. No agency may provide DDA services until the Department has approved the application for certification. No agency may provide DDA services without a current certificate. (7-1-06)

02. Open Application. Application for certification from new agencies will be accepted on an open and continuous basis. (7-1-06)

03. National Accreditation. The Department may adopt the policy of accepting national accreditation in lieu of state certification for developmental disabilities agencies. (7-1-06)

04. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Section 005 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-06)

a. Name, address, and telephone number of the agency; (7-1-06)

b. Types of services to be provided by the agency and the anticipated capacity of each service; (7-1-06)

c. The geographic service area of the agency; (7-1-06)

d. The anticipated date for the initiation of services; (7-1-06)

e. An accurate and complete statement of all business names of the agency as filed with the Secretary of State, whether an assumed business name, partnership, corporation, limited liability company or other entity, that identifies each owner with more than five percent (5%) interest in the agency, and the management structure of the agency; (7-1-06)

f. A statement that the agency is in compliance with these rules and all other applicable local, state and federal requirements, including an assurance that the agency complies with pertinent state and federal requirements governing equal opportunity and nondiscrimination; (7-1-06)

g. Written code of ethics policy adopting a code of ethics relevant to professional activities with participants and colleagues, in practice settings. The policy must articulate basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and inappropriate boundaries in the developmental disabilities agency's relationship with participants and with other agencies. The code of ethics adopted must reflect nationally-recognized standards of practice; (7-1-06)

h. A copy of the proposed organizational chart or plan for staffing of the agency; (7-1-06)

i. Staff qualifications including resumes, job descriptions, evidence of compliance with criminal history and background check requirements in Subsections 009.01 through 009.03 of these rules, and copies of state licenses and certificates for staff when applicable; (7-1-06)

j. Written transportation safety policies and procedures in accordance with Section 501 of these rules; (7-1-06)

k. Staff and participant illness policy, communicable disease policy, and other health-related policies and procedures in accordance with Section 510 of these rules; (7-1-06)

l. Written policies and procedures that address special medical or health care needs of participants in accordance with Section 510 of these rules; (7-1-06)

m. Written medication policies and procedures in accordance with Section 511 of these rules; (7-1-06)

n. Written admission and transition policies and procedures; (7-1-06)

o. Written description of the agency's quality assurance program developed in accordance with Section 900 of these rules; (7-1-06)

p. Written participant grievance policies and procedures in accordance with Section 905 of these rules; (7-1-06)

q. Written policies and procedures for reporting incidents to the adult or child protection authority in accordance with Section 910 of these rules; (7-1-06)

r. Written policies and procedures that address the development of participants' social skills and the management of participants' inappropriate behavior in accordance with Section 915 of these rules; (7-1-06)

s. Written description of the program records system including a completed sample of a plan of service for participants, program implementation plan, and a monitoring record; (7-1-06)

t. Written description of the fiscal record system including a sample of program billing; and (7-1-06)

u. Any other information requested by the Department for determining the agency's compliance with these rules or the agency's ability to provide the services for which certification is requested. (7-1-06)

v. When center-based services are to be provided, the following are also required for each service location: (7-1-06)

i. Address and telephone number for each service location; (7-1-06)

ii. A checklist that verifies compliance with the ADA requirements in accordance with Section 500 of these rules; (7-1-06)

iii. Evidence of a local fire safety inspection; (7-1-06)

iv. Evidence of compliance with local building and zoning codes, including occupancy permit; (7-1-06)

v. Written policies and procedures covering the protection of all persons in the event of fire and other emergencies in accordance with Section 500 of these rules; and (7-1-06)

vi. Written policies and procedures regarding emergency evacuation procedures. (7-1-06)

05. Department Review of Application. Upon receipt of the application form and initial application materials, the Department will review the materials to determine if the agency has systems in place, that if properly implemented, would result in regulatory compliance. (7-1-06)

06. Department's Written Decision. A written decision regarding certification will be submitted to the agency by the Department within thirty (30) days of the date the completed application packet is received by the Department. (7-1-06)

202. CHANGES EACH DDA IS REQUIRED TO REPORT.

01. Change of Ownership or Physical Location. (7-1-06)

a. The DDA must notify the Department at least thirty (30) days prior to any anticipated change in ownership or physical location. In order to continue operation after any such anticipated change, the DDA must receive an updated certificate from the Department that reflects the change(s). An agency that fails to notify the Department of such changes is operating without a certificate. (7-1-06)

b. When an agency plans to provide center-based services in a new physical location, on a temporary or permanent basis, the Department will conduct a site review within two (2) weeks of receipt of the notification. Included with the notification required under Subsection 202.01.a. of these rules, the agency must provide: (7-1-06)

i. Evidence of review and approval by the local fire and building authorities, including issuance of occupancy permit; and (7-1-06)

ii. A checklist that verifies compliance with the ADA requirements in accordance with Section 500 of these rules. (7-1-06)

02. Change in Geographic Service Area. The DDA must notify the Department at least thirty (30) days prior to any anticipated change(s) in the geographic service area. In order to continue operation after any such anticipated change, the DDA must receive an updated certificate from the Department that reflects the change(s). An agency that fails to notify the Department of such changes is operating without a certificate. (7-1-06)

203. ISSUANCE OF CERTIFICATE.

01. Certificate. (7-1-06)

a. Initial Certification. When the Department determines that all application requirements have been met, a certificate is issued for a period of up to six (6) months from the initiation of services. During this period, the Department evaluates the agency's ongoing capability to provide services and to meet these rules. The Department will resurvey the agency prior to the end of the initial certification period. (7-1-06)

b. Renewal of Certificate. A certificate is issued by the Department when it determines, in accordance with the provisions of these rules, that the agency requesting certification is in substantial compliance with these rules. Agencies found to be in substantial compliance with these rules may be issued a certificate. A certificate issued on the basis of substantial compliance is contingent upon the correction of deficiencies in accordance with a plan developed by the agency and approved by the Department. (7-1-06)

02. Provisional Certificate. When a DDA is found to be out of substantial compliance with these rules but does not have deficiencies that jeopardize the health or safety of participants, a provisional certificate may be issued by the Department for up to a six (6) month period. A provisional certificate is issued contingent upon the correction of deficiencies in accordance with a plan developed by the agency and approved by the Department. Before the end of the provisional certification period, the Department will determine whether areas of concern have been corrected and whether the agency is in substantial compliance with these rules. If so, then certification will be granted. If not, the certificate will be denied or revoked. (7-1-06)

03. Return of Certificate. The certificate is the property of the state and must be returned to the state if it is revoked or suspended. (7-1-06)

04. Certificate Not Transferable. The certificate is issued only to the agency named thereon, only for the period specified on the certificate, and only to the owners and operators as expressed on the application submitted to the Department, and may not be transferred or assigned to any other person or entity without the written permission of the Department. (7-1-06)

05. Availability of Certificate. The certificate must be posted in a conspicuous location in the DDA where it may be seen readily by the participants and members of the public. (7-1-06)

204. RENEWAL AND EXPIRATION OF THE CERTIFICATE.

01. Renewal of Certificate. The Department issues certificates that are in effect for a period of no

greater than two (2) years. (7-1-06)

a. To ensure that there is no lapse in certification, an agency must request renewal of its certificate no less than ninety (90) days before the expiration date of the certificate. The request must contain any changes in optional services provided and outcomes of the internal quality assurance processes in accordance with Section 900 of these rules. (7-1-06)

b. Each agency seeking renewal of its certificate must be surveyed by the Department. (7-1-06)

c. The Department must find an agency to be in substantial compliance with these rules in order to renew the certificate. (7-1-06)

02. Expiration Without Timely Request for Renewal. Expiration of a certificate without a timely request for renewal automatically rescinds all rights or privileges the agency previously had to deliver services under these rules. (7-1-06)

205. -- 299. (RESERVED).

RULE ENFORCEMENT PROCESS AND REMEDIES

(Sections 300 Through 399)

300. ENFORCEMENT PROCESS.

01. Recommendation of Remedy. In determining which remedy or remedies to recommend, the Department will consider the DDA's compliance history, change of ownership, the number of deficiencies, the scope and severity of the deficiencies, the integrity of the program, and the potential risk to participants. Subject to these considerations, the Department may impose, as warranted, any of the remedies described in Subsection 300.02 of this rule. (7-1-06)

02. Enforcement Remedies. If the Department finds that a DDA has not met a rule governing developmental disabilities agencies, it may impose any of the following remedies in accordance with Subsection 300.01 of these rules, independently or in conjunction with others, subject to the provisions of these rules for notice and appeal: (7-1-06)

a. Require the DDA to complete a plan of correction; (7-1-06)

b. Issue a provisional certificate with a specific date for correcting deficient practices; (7-1-06)

c. Ban enrollment of all participants with specified diagnoses; (7-1-06)

d. Ban any new enrollment of participants; (7-1-06)

e. Revoke the DDA's certificate; or (7-1-06)

f. Summarily suspend the certificate and transfer participants. (7-1-06)

03. Immediate Jeopardy. If the Department finds that the DDA's deficiency or deficiencies immediately jeopardize the health or safety of its participants, the Department may summarily suspend the DDA's certificate. (7-1-06)

04. No Immediate Jeopardy. If the Department finds that the DDA's deficiency or deficiencies do not immediately jeopardize participant health or safety, the Department may impose one (1) or more of the remedies specified in Subsections 300.02.a. through 300.02.e. of this rule. (7-1-06)

05. Repeat Deficiencies. If the Department finds a repeat deficiency in a DDA, it may impose any of

the remedies listed in Subsection 300.02 of this rule, as warranted. The Department may monitor the DDA on an "as needed" basis, until the DDA has demonstrated to the Department's satisfaction that it is in compliance with all requirements governing DDAs and that it is likely to remain in compliance. (7-1-06)

06. Failure to Comply. The Department may impose one (1) or more of the remedies specified in Subsection 300.02 of this rule if: (7-1-06)

a. The DDA has not complied with any requirement in these rules within three (3) months after the date it was notified of its failure to comply with such requirement; or (7-1-06)

b. The DDA has failed to correct the deficiencies stated in the DDA's accepted plan of correction and as verified by the Department, via resurveys. (7-1-06)

301. REVOCATION OF CERTIFICATE.

01. Revocation of the DDA's Certificate. The Department may revoke a DDA's certificate when persuaded by the preponderance of the evidence that the DDA is not in substantial compliance with the requirements in this chapter of rules. (7-1-06)

02. Causes for Revocation of the Certificate. The Department may revoke any DDA's certificate for any of the following causes: (7-1-06)

a. The certificate holder has willfully misrepresented or omitted information on the application for certification or other documents pertinent to obtaining a certificate; (7-1-06)

b. The agency is not in substantial compliance with these rules; (7-1-06)

c. When persuaded by a preponderance of the evidence that conditions exist in the agency that endanger the health or safety of any participant; (7-1-06)

d. Any act adversely affecting the welfare of participants is being permitted, aided, performed, or abetted by the person or persons supervising the provision of services in the agency. Such acts may include neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, or exploitation; (7-1-06)

e. The provider has demonstrated or exhibited a lack of sound judgment that jeopardizes the health, safety, or wellbeing of participants; (7-1-06)

f. The agency has failed to comply with any of the conditions of a provisional certificate; (7-1-06)

g. The agency has one (1) or more major deficiencies. A major deficiency is a deficiency that endangers the health, safety, or welfare of any participant; (7-1-06)

h. An accumulation of minor deficiencies that, when considered as a whole indicate that the agency is not in substantial compliance with these rules; (7-1-06)

i. Repeat deficiencies by the agency of any requirement of these rules or of the Idaho Code; (7-1-06)

j. The agency lacks adequate personnel, as required by these rules or as directed by the Department, to properly care for the number and type of participants served at the agency; (7-1-06)

k. The agency is not in substantial compliance with the provisions for services required in this rule or with participants' rights outlined in Section 905; or (7-1-06)

l. The certificate holder refuses to allow the Department or Protection and Advocacy agencies full access to the agency environment, agency records, or the participants. (7-1-06)

302. NOTICE OF ENFORCEMENT REMEDY.
The Department will notify the following of the imposition of any enforcement remedy on a DDA: (7-1-06)

01. Notice to DDA. The Department will notify the DDA in writing, transmitted in a manner that will reasonably ensure timely receipt; (7-1-06)

02. Notice to Public. The Department will notify the public by sending the DDA printed notices to post. The DDA must post all the notices on the premises of the DDA in plain sight in public areas where they will readily be seen by participants and their representatives, including exits and common areas. The notices must remain in place until all enforcement remedies have been officially removed by the Department; and (7-1-06)

03. Notice to the Professional Licensing Boards. The Department will notify professional licensing boards, as appropriate. (7-1-06)

303. HEARING RIGHTS.
A DDA may request a hearing following any enforcement action taken by the Department, in accordance with Section 003 of these rules. (7-1-06)

304. -- 399. (RESERVED).

STAFFING REQUIREMENTS AND PROVIDER QUALIFICATIONS

(Sections 400 Through 499)

400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES.

01. Administrative Staffing. Each DDA must have an agency administrator who is accountable for all service elements of the agency and who must be employed on a continuous and regularly scheduled basis. The agency administrator is accountable for the overall operations of the agency including assuring compliance with this chapter of rules, overseeing and managing staff, developing and implementing written policies and procedures, and overseeing the agency's quality assurance program. (7-1-06)

a. When the administrator is not a Developmental Specialist as defined in these rules, the DDA must employ a Developmental Specialist on a continuous and regularly scheduled basis who is responsible for the service elements of the agency; and (7-1-06)

b. The Developmental Specialist responsible for the service elements of the agency must have two (2) years of supervisory or management experience providing developmental disabilities services to individuals with developmental disabilities. (7-1-06)

02. Professionals. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 420 of these rules, as employees of the agency or through formal written agreement: (7-1-06)

a. Speech-language pathologist or audiologist; (7-1-06)

b. Developmental Specialist; (7-1-06)

c. Occupational therapist; (7-1-06)

d. Physical therapist; (7-1-06)

e. Psychologist; and (7-1-06)

f. Social worker, or other professionals qualified to provide the required services under the scope of their license. (7-1-06)

03. Records of Licenses or Certifications. The agency must maintain documentation of the staff qualifications required under Section 420 of these rules, including copies of applicable licenses and certificates. (7-1-06)

04. Parents of Participants. A DDA may not hire the parent of a participant to provide services to the parent's minor or adult child. (7-1-06)

401. -- 404. (RESERVED).

405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI.

When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06)

01. Limits to Paraprofessional Activities. The agency must assure that paraprofessionals do not conduct participant assessments, establish a plan of service, develop a Program Implementation Plan, or conduct collateral contact or IBI consultation. These activities must be conducted by a professional qualified to provide the service. (7-1-06)

02. Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06)

a. Give instructions; (7-1-06)

b. Review progress; and (7-1-06)

c. Provide training on the program(s) and procedures to be followed. (7-1-06)

03. Professional Observation. The agency must assure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-06)

04. Limitations to Service Provision by an IBI Paraprofessional. IBI provided by a paraprofessional is limited to ninety percent (90%) of the direct intervention time, per individual participant. The remaining ten percent (10%) of the direct intervention time must be provided by the professional qualified to provide and direct the provision of IBI. (7-1-06)

406. -- 414. (RESERVED).

415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.

01. Yearly Training. The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06)

a. Each agency employee providing services to participants must participate in fire and safety training upon employment and at least yearly thereafter; and (7-1-06)

b. Each agency employee providing services to participants must be certified in CPR and first aid

within ninety (90) days of hire and maintain current certification thereafter. (7-1-06)

i. The agency must assure that CPR and first aid trained staff are present or accompany participants when services or DDA-sponsored activities are being provided. (7-1-06)

ii. Each agency staff person must have the appropriate CPR and first aid certification for the participants he serves. (7-1-06)

c. Direct service staff must be trained to meet any special health or medical requirements of the participants they serve. (7-1-06)

02. Sufficient Training. Training of all professional and direct service staff and volunteers must include the following as applicable to their work assignments and responsibilities: (7-1-06)

a. Correct and consistent implementation of all participants' individual program plans and implementation plans, to achieve individual objectives; (7-1-06)

b. Optimal independence of all participants is encouraged, supported and reinforced through appropriate activities, opportunities, and training; (7-1-06)

c. Correct and appropriate use of assistive technology used by participants; (7-1-06)

d. Accurate record keeping and data collection procedures; (7-1-06)

e. Consistent use of behavioral and developmental programming principles and the use of positive behavioral intervention techniques; (7-1-06)

f. Adequate observation, review and monitoring of staff, volunteer and participant performance to promote the achievement of participant objectives; (7-1-06)

g. Each participant's rights, advocacy resources, confidentiality, safety and welfare; and (7-1-06)

h. The proper implementation of all policies and procedures developed by the agency. (7-1-06)

03. Additional Training Requirements for IBI Professionals and IBI Paraprofessionals. Qualified IBI professionals and IBI paraprofessionals must complete and pass a Department-approved training course and examination for certification. The training must include a curriculum that addresses standards of competence for the provision of IBI and ethical standards. Specifically, the curriculum must include: (7-1-06)

a. Assessment of individuals; (7-1-06)

b. Behavioral management; (7-1-06)

c. Services or treatment of individuals; (7-1-06)

d. Supervised practical experience; and (7-1-06)

e. Successful completion of a student project that includes an observation of demonstrated competencies for all individuals applying for initial certification or recertification after July 1, 2003. (7-1-06)

04. Continuing Training Requirements for IBI Professionals and IBI Paraprofessionals. As described in Subsection 415.01 of these rules, each IBI professional and IBI paraprofessional, in order to maintain certification, must complete at least twelve (12) hours of yearly training, six (6) hours of which must cover behavior methodology or interventions shown to be effective. (7-1-06)

a. The initial IBI certification training meets the yearly training requirement for the calendar year in which the IBI professional or paraprofessional was first certified. (7-1-06)

b. If the individual has not completed the required training during any yearly training period, he may not provide IBI services beginning with the anniversary date of the following period, and thereafter, until the required number of training hours have accumulated. As training hours accumulate, they will be accounted first to any training-deficient prior yearly period before being applied to the current annual training period. Training hours may not be earned in a current annual training period to be applied to a future training period. (7-1-06)

c. An individual may remain IBI certified, despite being unable to bill for services, through two (2) consecutive annual training periods during which that individual has deficient training hours. A DDA may begin billing for the certified IBI Professional or Paraprofessional again after the required training hours are accumulated. (7-1-06)

d. If an individual completes three (3) consecutive annual training periods without having accumulated sufficient training to satisfy the training requirement for the first of those periods, that individual's IBI certification is automatically rescinded and will no longer be recognized. To be recertified, the individual must retake the state IBI exam and complete the IBI Student Project, if not previously completed. (7-1-06)

416. -- 419. (RESERVED).

420. STAFF WHO ARE QUALIFIED TO PROVIDE SERVICES FOR AGENCIES.

01. Audiologist, Licensed. A person licensed to conduct hearing assessment and therapy, in accordance with the Speech and Hearing Services Practice Act, Title 54, Chapter 29, Idaho Code, who either possesses a certificate of clinical competence in audiology from the American Speech, Language and Hearing Association (ASHA) or will be eligible for certification within one (1) year of employment. The agency's personnel records must reflect the expected date of certification. (7-1-06)

02. Counselor, Licensed Clinical Professional. A person licensed to practice as a clinical professional counselor in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists." (7-1-06)

03. Counselor, Licensed Professional. A person licensed to practice as a professional counselor in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists." (7-1-06)

04. Marriage and Family Therapist. (7-1-06)

a. Licensed Marriage and Family Therapist. A person licensed to practice as a marriage and family therapist in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists." (7-1-06)

b. Registered Marriage and Family Therapist Intern. A person registered to practice as a marriage and family therapist intern under the direct supervision of a Licensed Marriage and Family Therapist, in accordance with Title 54, Chapter 34, Idaho Code, and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists." (7-1-06)

05. Developmental Specialist for Adults. To be qualified as a Developmental Specialist for adults, a person must have a minimum of two hundred forty (240) hours of professionally-supervised experience with individuals who have developmental disabilities and either: (7-1-06)

a. Possess a bachelor's or master's degree in special education, early childhood special education, speech and language pathology, applied behavioral analysis, psychology, physical therapy, occupational therapy, social work, or therapeutic recreation; or (7-1-06)

b. Possess a bachelor's or master's degree in an area not listed above in Subsection 420.05.a. of this rule and have: (7-1-06)

i. Completed a competency course jointly approved by the Department and the Idaho Association of Developmental Disabilities Agencies that relates to the job requirements of a Developmental Specialist; and (7-1-06)

ii. Passed a competency examination approved by the Department. (7-1-06)

c. Any person employed as a Developmental Specialist in Idaho prior to May 30, 1997, unless previously disallowed by the Department, will be allowed to continue providing services as a Developmental Specialist as long as there is not a gap of more than three (3) years of employment as a Developmental Specialist. (7-1-06)

06. Developmental Specialist for Children Three Through Seventeen. A Developmental Specialist providing developmental assessment and therapy services to children ages three (3) through seventeen (17) must meet the requirements for a Developmental Specialist for adults, and must also meet the following requirements: (7-1-06)

a. Successfully complete a competency course approved by the Department that relates to developmental assessment and therapy for children; and (7-1-06)

b. Pass a competency examination approved by the Department. (7-1-06)

07. Developmental Therapy Paraprofessionals Delivering Services to Participants Age Three and Older. Paraprofessionals, such as aides or therapy technicians, may be used by an agency to provide developmental therapy to children age (3) and older if they are under the supervision of a Developmental Specialist. A developmental therapy paraprofessional must be at least seventeen (17) years of age. (7-1-06)

08. Developmental Specialist for Children Birth to Three. (7-1-06)

a. To provide developmental assessments and therapy to children birth to three (3) years of age, a person must have a minimum of two hundred forty (240) hours of professionally-supervised experience with young children who have developmental disabilities and one (1) of the following: (7-1-06)

i. An Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education; or (7-1-06)

ii. A Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate; (7-1-06)

iii. A bachelor's or master's degree in special education, elementary education, speech-language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, or nursing plus a minimum of twenty-four (24) semester credits in Early Childhood/Early Childhood Special Education (EC/ECSE) from an accredited college or university. Courses taken must appear on college or university transcripts and must cover the following standards in their content: (7-1-06)

(1) Promotion of development and learning for children from birth to three (3) years; (7-1-06)

(2) Assessment and observation methods for developmentally appropriate assessment of young children; (7-1-06)

(3) Building family and community relationships to support early interventions; (7-1-06)

(4) Development of appropriate curriculum for young children, including IFSP and IEP development; (7-1-06)

(5) Implementation of instructional and developmentally effective approaches for early learning, including strategies for children who are medically fragile and their families; and (7-1-06)

(6) Demonstration of knowledge of policies and procedures in special education and early intervention

and demonstration of knowledge of exceptionalities in children's development. (7-1-06)

b. Electives closely related to the content under Subsection 420.08.a.iii. may be approved by the Department with a recommendation from an institution of higher education. (7-1-06)

c. Developmental specialists who possess a bachelor's or master's degree listed above under Subsection 420.08.a.ii. of this rule, have completed a minimum of twenty (20) semester credits in EC/ECSE, and with Department approval are serving children under three (3) years of age as of July 1, 2005, will be allowed to continue providing services in accordance with their approved, conditional hiring agreement. (7-1-06)

d. When the Department in its role as lead agency for implementation of Part C of the Individuals with Disabilities Education Act (IDEA) has determined that there is a shortage of such qualified personnel to meet service needs in a specific geographic area: (7-1-06)

i. The Department may approve the most qualified individuals who are demonstrating satisfactory progress toward completion of applicable course work in accordance with the individual's approved plan to meet the required standard within three (3) years of being hired. (7-1-06)

ii. Satisfactory progress will be determined on an annual review by the Department. (7-1-06)

iii. Individuals who have an approved plan for completion of twenty (20) semester credits in EC/ECSE prior to July 1, 2005, will be allowed to continue providing services so long as they demonstrate satisfactory progress on the plan and complete the requirements on the plan within three (3) years of their date of hire. (7-1-06)

09. Developmental Therapy Paraprofessionals Delivering Services to Children Birth to Three. Paraprofessionals, such as aides or therapy technicians, may be used by an agency to provide developmental therapy to children birth to three (3) years of age if they are under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. Developmental therapy paraprofessionals serving infants and toddlers from birth to three (3) years of age must meet the following qualifications: (7-1-06)

a. Be at least eighteen (18) years of age; (7-1-06)

b. Be a high school graduate or have a GED; and (7-1-06)

c. Have transcripted courses for a minimum of a Child Development Associate degree (CDA) or the equivalent through completion of twelve (12) semester credits from an accredited college or university in child development, special education or closely-related coursework; or (7-1-06)

d. Have three (3) years of documented experience providing care to infants, toddlers, or children less than five (5) years of age with developmental delays or disabilities under the supervision of a child development professional, certified educator, licensed therapist, or Developmental Specialist. (7-1-06)

10. Intensive Behavioral Intervention (IBI) Professional Delivering Services to Participants Three to Twenty-One. A person qualified to provide or direct the provision of Intensive Behavioral Intervention (IBI) must meet the following requirements: (7-1-06)

a. Degree. A qualified IBI professional must hold at least a bachelor's degree in a health, human services, educational, behavioral science or counseling field from a nationally accredited university or college. (7-1-06)

b. Experience. An individual applying for IBI paraprofessional or professional certification must be able to provide documentation of one (1) year's supervised experience working with children with developmental disabilities. The year's experience must be gained through paid employment or university practicum experience or internship and be documented to include one thousand (1,000) hours of direct contact or care of children with developmental disabilities in a behavioral context. (7-1-06)

c. Training and Certification. Qualified IBI professionals and paraprofessionals must comply with the

requirements under Section 415 of these rules. (7-1-06)

11. IBI Paraprofessionals Delivering Services to Participants Three to Twenty-One. A certified IBI paraprofessional may be used to provide IBI under the supervision of a certified IBI professional and must comply with Section 405 of these rules. An IBI paraprofessional must also: (7-1-06)

a. Be at least eighteen (18) years of age; (7-1-06)

b. Experience. An individual applying for IBI paraprofessional or professional certification must be able to provide documentation of one (1) year's supervised experience working with children with developmental disabilities. The year's experience must be gained through paid employment or university practicum experience or internship and be documented to include one thousand (1,000) hours of direct contact or care of children with developmental disabilities in a behavioral context. (7-1-06)

c. Training and Certification. Qualified IBI professionals and paraprofessionals must comply with the requirements under Section 415 of these rules. (7-1-06)

12. IBI Professionals Delivering Services to Children Birth to Three. A person qualified to provide or direct the provision of IBI to children under three (3) years of age must meet the staff qualifications described under Subsections 420.08.a.ii through 420.08.d. and 420.10.b. through 420.10.d. of these rules and the certification and training requirements above under Subsections 415.03 and 415.04 of these rules. (7-1-06)

13. IBI Paraprofessionals Delivering Services to Children Birth to Three. Paraprofessionals serving infants and toddlers from birth to three (3) years of age must meet the following qualifications: (7-1-06)

a. Be at least eighteen (18) years of age; (7-1-06)

b. Be a high school graduate or have a GED; and (7-1-06)

c. Have transcripted courses for a minimum of a Child Development Associate degree (CDA) or the equivalent through completion of twelve (12) credits in child development, special education or closely-related coursework; or (7-1-06)

d. Have three (3) years of documented experience providing care to infants, toddlers or children under five (5) years of age under the supervision of a child development professional, certified educator, or licensed therapist or Developmental Specialist. (7-1-06)

e. Qualified IBI professionals and paraprofessionals must comply with the requirements under Section 415 of these rules. (7-1-06)

14. Nurse Practitioner. A licensed professional nurse (RN) who has met all the applicable requirements to practice as nurse practitioner under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (7-1-06)

15. Occupational Therapist. A person qualified to conduct occupational therapy assessments and therapy in accordance with the requirements in IDAPA 22.01.09, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants." (7-1-06)

16. Physical Therapist. A person qualified to conduct physical therapy assessments and therapy in accordance with the requirements in IDAPA 22.01.05, "Licensure of Physical Therapists Idaho State Board of Medicine and Physical Therapist Assistants." (7-1-06)

17. Physician. A person licensed to practice medicine in Idaho in accordance with the provisions of the Medical Practice Act, Title 54, Chapter 18, Idaho Code. (7-1-06)

18. Physician Assistant. A person who is licensed by the Idaho Board of Medicine and who meets at least one (1) of the following provisions: (7-1-06)

a. Is currently certified by the National Commission on Certification of Physician Assistants to assist primary care physicians; or (7-1-06)

b. Has satisfactorily completed a program for preparing physician's assistants that: (7-1-06)

i. Was at least one (1) academic year in length; and (7-1-06)

ii. Consisted of supervised clinical practice and at least four (4) months, in the aggregate, of classroom instruction directed toward preparing students to deliver health care; and (7-1-06)

iii. Was accredited by the American Medical Association's Committee on Allied Health Education and Accreditation. (7-1-06)

19. Psychiatric Nurse, Certified. A licensed professional nurse (RN), licensed in accordance with Title 54, Chapter 14, Idaho Code, or certified by a recognized national certification organization, and have a minimum of a master's degree. (7-1-06)

20. Psychiatrist. A person licensed to practice medicine in Idaho in accordance with the provisions of the Medical Practice Act, Title 54, Chapter 18, Idaho Code, and who meets the requirements for certification in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. (7-1-06)

21. Psychologist. A person licensed to practice psychology in Idaho under Title 54, Chapter 23, Idaho Code, and as outlined by IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners." (7-1-06)

22. Psychologist Extender. A person who practices psychology under the supervision of a licensed psychologist as required under Title 54, Chapter 23, Idaho Code, and as outlined by IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners," and who is registered with the Bureau of Occupational Licenses. (7-1-06)

23. Social Worker, Licensed. A person licensed in accordance with the Social Work Licensing Act, Title 54, Chapter 32, Idaho Code and IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners." (7-1-06)

24. Masters Social Worker, Licensed. A person who is licensed as a masters social worker (LMSW) in accordance with Title 54, Chapter 32, Idaho Code and IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners." (7-1-06)

25. Clinical Social Worker, Licensed. A person who is licensed as a clinical social worker (LCSW) in accordance with Title 54, Chapter 32, Idaho Code and IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners." (7-1-06)

26. Speech-Language Pathologist, Licensed. A person licensed to conduct speech-language assessment and therapy in accordance with the Speech and Hearing Services Practice Act, Title 54, Chapter 29, Idaho Code, who possesses a certificate of clinical competence in speech-language pathology from the American Speech, Language and Hearing Association (ASHA) or who will be eligible for certification within one (1) year of employment. The agency's personnel records must reflect the expected date of certification. (7-1-06)

421. VOLUNTEER WORKERS IN A DDA.
If volunteers are utilized by a DDA, the agency must establish written policies and procedures governing the screening, training, and utilization of volunteer workers. (7-1-06)

422. -- 499. (RESERVED).

FACILITY, SAFETY, AND HEALTH STANDARDS

(Sections 500 Through 599)

500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)

01. Accessibility. Agencies designated under these rules must be responsive to the needs of persons receiving services and accessible to persons with disabilities as defined in Section 504 of the Federal Rehabilitation Act, the Americans with Disabilities Act (ADA), and the uniform federal accessibility standard. The DDA must submit a completed checklist to the Department to verify compliance with the ADA requirements. This checklist must be provided to the Department with the application for certification. (7-1-06)

02. Environment. The facilities of the agency must be designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting and noise control. (7-1-06)

03. Fire and Safety Standards. (7-1-06)

a. Buildings on the premises must meet all local and state codes concerning fire and life safety that are applicable to a DDA. The owner or operator of a DDA must have the center inspected at least annually by the local fire authority and as required by local city or county ordinances. In the absence of a local fire authority, such inspections must be obtained from the Idaho State Fire Marshall's office. A copy of the inspection must be made available to the Department upon request and must include documentation of any necessary corrective action taken on violations cited; (7-1-06)

b. There must be written policies and procedures covering the protection of all persons in the event of fire and other emergencies; (7-1-06)

c. On the premises where natural or man-made hazards are present, suitable fences, guards or railings must be provided to protect participants; (7-1-06)

d. The premises must be kept free from the accumulation of weeds, trash and rubbish; and (7-1-06)

e. Portable heating devices are prohibited except those units that have heating elements that are limited to not more than two hundred twelve degrees Fahrenheit (212°F). The use of unvented, fuel-fired heating devices of any kind is prohibited. All portable space heaters must be approved by Underwriters Laboratories as well as approved by the local fire or building authority and covered in the local fire or building inspections; and (7-1-06)

f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06)

g. Water temperatures in areas accessed by participants must not exceed one hundred twenty degrees Fahrenheit (120°F); and (7-1-06)

h. There must be a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers must be posted near the telephone. (7-1-06)

04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06)

a. The DDA must conduct quarterly fire drills. At least two (2) times each year these fire drills must include complete evacuation of the building. The DDA must document the amount of time it took to evacuate the building; and (7-1-06)

b. A brief summary of each fire drill conducted must be written and maintained on file. The summary must indicate the date and time the drill occurred, problems encountered, and corrective action(s) taken. (7-1-06)

05. Food Safety and Storage. (7-1-06)

a. When the agency provides food service for participants and meets the definition of a "food establishment," in Section 39-1602, Idaho Code, the agency must comply with IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments." Compliance is verified through inspection by the local District Health Department. Meals prepared or provided by the agency must be nutritious. (7-1-06)

b. When the agency does not provide food service for participants, it must keep refrigerators and freezers used to store participant lunches and other perishable foods in good repair and equipped with an easily readable thermometer. Refrigerators must be maintained at forty-one degrees Fahrenheit (41°F) or below. Freezers must be maintained at ten degrees Fahrenheit (10°F) or below. (7-1-06)

c. When medicines requiring refrigeration are stored in a food refrigerator, medicines must be stored in a package and kept inside a covered, leak proof container that is clearly identified as a container for the storage of medicines. (7-1-06)

06. Housekeeping and Maintenance Services. (7-1-06)

a. The interior and exterior of the center must be maintained in a clean, safe and orderly manner and must be kept in good repair; (7-1-06)

b. Deodorizers cannot be used to cover odors caused by poor housekeeping or unsanitary conditions; (7-1-06)

c. The center must be maintained free from infestations of insects, rodents and other pests; and (7-1-06)

d. The center must maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means. (7-1-06)

501. VEHICLE SAFETY REQUIREMENTS.
Each DDA that transports participants must: (7-1-06)

01. Preventative Maintenance Program. Establish a preventive maintenance program for each agency-owned or leased vehicle, including vehicle inspections and other regular maintenance to insure participant safety. (7-1-06)

02. Transportation Safety Policy. Develop and implement a written transportation safety policy. (7-1-06)

03. Licenses and Certifications for Drivers and Vehicles. Obtain and maintain licenses and certifications for drivers and vehicles required by public transportation laws, regulations, and ordinances that apply to the agency to conduct business and to operate the types of vehicles used to transport participants. Agencies must maintain documentation of appropriate licensure for all employees who operate vehicles. (7-1-06)

04. Applicable Laws, Rules, and Regulations. Adhere to all laws, rules, and regulations applicable to drivers and vehicles of the type used. (7-1-06)

05. Liability Insurance. Continuously maintain liability insurance that covers all passengers and meets the minimum liability insurance requirements under Idaho law. If an agency employee transports participants in the employee's personal vehicle, the agency must ensure that adequate liability insurance coverage is carried to cover those circumstances. (7-1-06)

502. -- 509. (RESERVED).

510. HEALTH REQUIREMENTS.

01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: (7-1-06)

a. Describe how the agency will assure that staff is free from communicable disease; (7-1-06)

b. Describe how the agency will protect participants from exposure to individuals exhibiting symptoms of illness. (7-1-06)

c. Address any special medical or health care needs of particular participants being served by the agency. (7-1-06)

02. Services that Require Licensed Professionals. Some services are of such a technical nature that they must always be performed by, or under the supervision of, a licensed nurse or other licensed health professional. The agency must assure that all such care is provided within the scope of the care provider's training and expertise. These limitations are outlined in IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Section 490. (7-1-06)

03. Employees. Each employee with direct contact with participants must be free of communicable disease and infected skin lesions while on duty. (7-1-06)

04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant. Each report must document that the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-06)

511. MEDICATION STANDARDS AND REQUIREMENTS.

01. Medication Policy. Each DDA must develop written medication policies and procedures that outline in detail how the agency will assure appropriate handling and safeguarding of medications. An agency that chooses to assist participants with medications must also develop specific policies and procedures to assure this assistance is safe and is delivered by qualified, fully-trained staff. Documentation of training must be maintained in the staff personnel file. (7-1-06)

02. Handling of Participant's Medication. (7-1-06)

a. The medication must be in the original pharmacy-dispensed container, or in an original over-the-counter container, or placed in a unit container by a licensed nurse and be appropriately labeled with the name of the medication, dosage, time to be taken, route of administration, and any special instructions. Each medication must be packaged separately, unless in a Mediset, blister pack, or similar system. (7-1-06)

b. Evidence of the written or verbal order for the medication from the physician or other practitioner of the healing arts must be maintained in the participant's record. Medisets filled and labeled by a pharmacist or licensed nurse can serve as written evidence of the order. An original prescription bottle labeled by a pharmacist describing the order and instructions for use can also serve as written evidence of an order from the physician or other practitioner of the healing arts. (7-1-06)

c. The agency is responsible to safeguard the participant's medications while the participant is at the agency or in the community. (7-1-06)

d. Medications that are no longer used by the participant must not be retained by the agency or agency staff for longer than thirty (30) calendar days. (7-1-06)

03. Self-Administration of Medication. When the participant is responsible for administering his own medication without assistance, a written approval stating that the participant is capable of self-administration must be

obtained from the participant's primary physician or other practitioner of the healing arts. The participant's record must also include documentation that a physician or other practitioner of the healing arts, licensed nurse, or other qualified professional has evaluated the participant's ability to self-administer medication and has found that the participant: (7-1-06)

a. Understands the purpose of the medication; (7-1-06)

b. Knows the appropriate dosage and times to take the medication; (7-1-06)

c. Understands expected effects, adverse reactions or side effects, and action to take in an emergency; and (7-1-06)

d. Is able to take the medication without assistance. (7-1-06)

04. Assistance with Medication. An agency may choose to assist participants with medications; however, only a licensed nurse or other licensed health professional may administer medications. Prior to unlicensed agency staff assisting participants with medication, the following conditions must be in place: (7-1-06)

a. 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, a course approved by the Idaho State Board of Nursing, or other Department-approved training; (7-1-06)

b. The participant's health condition is stable; (7-1-06)

c. The participant's health status does not require nursing assessment, as outlined in IDAPA 23.01.01, "Rules for the Idaho Board of Nursing," before receiving the medication nor nursing assessment of the therapeutic or side effects after the medication is taken; (7-1-06)

d. The medication is in the original pharmacy-dispensed container with proper label and directions or in an original over-the-counter container or the medication has been placed in a unit container by a licensed nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container; (7-1-06)

e. Written and oral instructions from a licensed physician or other practitioner of the healing arts, pharmacist, or nurse concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency have been reviewed by the staff person; (7-1-06)

f. Written instructions are in place that outline required documentation of assistance and who to call if any doses are not taken, overdoses occur, or actual or potential side effects are observed; (7-1-06)

g. Procedures for disposal or destruction of medications must be documented and consistent with procedures outlined in the "Assistance with Medications" course. (7-1-06)

05. Administration of Medications. Only a licensed nurse or another licensed health professional working within the scope of his license may administer medications. Administration of medications must comply with the Administrative Rules of the Board of Nursing, IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (7-1-06)

512. -- 519. (RESERVED).

520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES.
The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-06)

01. Accessibility. The community-based setting must be accessible, safe, and appropriate for each participant. (7-1-06)

02. Environment. The community-based setting must be designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting, and noise control. (7-1-06)

03. Training Group Session Size. The community-based services must occur in integrated, inclusive settings and with no more than three (3) participants per trainer at each training session. (7-1-06)

04. Image Enhancement. The community-based services must enhance each participant's social image, personal competencies, and promote inclusion in the community. (7-1-06)

521. -- 599. (RESERVED).

REQUIRED ASSESSMENTS FOR DELIVERY OF DDA SERVICES

(Sections 600 through 699)

600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA.
Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)

01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06)

a. Determine the necessity of the service; (7-1-06)

b. Determine the participant's needs; (7-1-06)

c. Guide treatment; (7-1-06)

d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)

e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)

02. Current Assessments Required. When the DDA determines developmental disabilities eligibility, current assessments must be completed or obtained as necessary. (7-1-06)

03. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-06)

04. Assessment Must Be Completed Within Forty-Five Days. (7-1-06)

a. With the exception noted under Subsection 600.04.b. of this rule, each assessment must be completed within forty-five (45) calendar days of the date it was recommended by the physician or other practitioner of the healing arts. If the assessment is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. (7-1-06)

b. This forty-five (45) day requirement does not apply to participant plans of service authorized under IDAPA 16.03.13, "Prior Authorization for Behavioral Health Services." (7-1-06)

601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.

01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)

02. Update of Assessments. Assessments or updates are required in disciplines in which services are being delivered and when recommended by a professional. (7-1-06)

03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06)

a. When the participant is receiving a behavior modifying drug(s); (7-1-06)

b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06)

c. Prior to the initiation of supportive counseling; (7-1-06)T

d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06)

e. When a participant has been diagnosed with mental illness; or (7-1-06)

f. When a child has been identified to have a severe emotional disturbance. (7-1-06)

602. REQUIREMENTS FOR CURRENT ASSESSMENTS.
Assessments must accurately reflect the current status of the participant. (7-1-06)

01. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06)

02. Updated Assessments. At the time of the required review of the assessment(s), the qualified professional in the respective discipline must determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participant's current status in that service area. If, during the required review of the assessment(s), the latest assessment accurately represents the status of the participant, the file must contain documentation from the professional stating so. (7-1-06)

03. Medical/Social Histories and Medical Assessments. Medical/social histories and medical assessments must be completed at a frequency determined by the recommendation of a professional qualified to conduct those assessments. (7-1-06)

04. Intelligence Quotient (IQ) Tests. Once initial eligibility has been established, annual assessment of IQ is not required for persons whose categorical eligibility for DDA services is based on a diagnosis of mental retardation. IQ testing must be reconducted on a frequency determined and documented by the agency psychologist or at the request of the Department. (7-1-06)

603. ASSESSMENTS FOR ADULTS.
DDAs must obtain assessments required under IDAPA 16.03.13, “Prior Authorization for Behavioral Health Services.” All specific skill assessments must be conducted in accordance with Section 605 of these rules. (7-1-06)

604. TYPES OF COMPREHENSIVE ASSESSMENTS.

01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06)

a. Self-care; (7-1-06)

b. Receptive and expressive language; (7-1-06)

c. Learning; (7-1-06)

d. Gross and fine motor development; (7-1-06)

e. Self-direction; (7-1-06)

f. Capacity for independent living; and (7-1-06)

g. Economic self-sufficiency. (7-1-06)

02. Comprehensive Intensive Behavioral Intervention (IBI) Assessment. The requirements for the comprehensive IBI assessment are found under Section 802 of these rules. (7-1-06)

03. Occupational Therapy Assessment. Occupational therapy assessments must be conducted by an occupational therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs. (7-1-06)

04. Physical Therapy Assessment. Physical therapy assessments must be conducted by a physical therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs. (7-1-06)

05. Speech and Language Assessment. Speech and language assessments must be conducted by a Speech-Language Pathologist who is qualified under Section 420 of these rules. (7-1-06)

06. Medical Assessments. Medical assessments must be completed by a physician or other practitioner of the healing arts who is qualified in accordance with Section 420 of these rules and accurately reflects the current status and needs of the person. (7-1-06)

07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-06)

a. Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information; (7-1-06)

b. Developmental history including developmental milestones and developmental treatment interventions; (7-1-06)

c. Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse; (7-1-06)

d. Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant; (7-1-06)

e. Educational history including any participation in special education; (7-1-06)

f. Prevocational or vocational paid and unpaid work experiences; (7-1-06)

g. Financial resources; and (7-1-06)

h. Recommendation of services necessary to address the participant's needs. (7-1-06)

08. Hearing Assessment. A hearing assessment must be conducted by an audiologist who is qualified under Section 420 of these rules. (7-1-06)

09. Psychological Assessment. A psychological assessment includes psychological testing for diagnosis and assessment of personality, psychopathology, emotionality, or intellectual abilities (IQ test). The assessment must include a narrative report. Psychological assessment encompasses psychological testing and the psychiatric diagnostic interview. (7-1-06)

a. Psychological Testing. Psychological testing refers to any measurement procedure for assessing psychological characteristics in which a sample of a person's behavior is obtained and subsequently evaluated and scored using a standardized process. This does not refer to assessments that are otherwise conducted by a professional within the scope of his license for the purposes of determining a participant's mental status, diagnoses or functional impairments. (7-1-06)

i. Psychological testing may be provided when in direct response to a specific assessment question. (7-1-06)

ii. The psychological report must contain the reason for the performance of this service. (7-1-06)

iii. Agency staff may deliver this service if they meet one (1) of the following qualifications: (7-1-06)

(1) Licensed Psychologist; (7-1-06)

(2) Psychologist Extender; or (7-1-06)

(3) A qualified therapist listed in Subsection 712.02 of these rules who has documented evidence of education or training qualifying him to administer, score, interpret, and report findings for the psychological test he will be performing. (7-1-06)

b. Psychiatric Diagnostic Interview. A psychiatric diagnostic interview must be conducted in accordance with Section 722 of these rules. (7-1-06)

605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS.
Specific skill assessments must: (7-1-06)

01. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-06)

02. Related to a Goal. Be related to a goal on the IPP, ISP, or IFSP. (7-1-06)

03. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective disciplines as defined in this chapter. (7-1-06)

04. Determine a Participant's Skill Level. Be conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-06)

05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06)

606. -- 699. (RESERVED).

GENERAL REQUIREMENTS FOR THE DELIVERY OF DDA SERVICES

(Sections 700 through 709)

700. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO PERSONS EIGHTEEN YEARS OF AGE OR OLDER AND ISSH WAIVER PARTICIPANTS.
Section 700 of these rules does not apply to adults who receive IBI or additional DDA services prior authorized under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program as described in IDAPA 16.03.09, "Rules Governing the Medical Assistance Program." DDAs must comply with the requirements under Section 701 of these rules for those adults. (7-1-06)

01. Eligibility Determination. Prior to the delivery of any DDA services, the person must be

determined to be eligible as defined under Section 66-402, Idaho Code, for DDA services. (7-1-06)

a. For persons seeking Medicaid-funded DDA services who are eighteen (18) years of age or older, or are ISSH Waiver participants, the Department or its designee determines eligibility for services. (7-1-06)

b. For persons eighteen (18) years of age or older who are not Medicaid participants, the DDA must follow the requirements under Subsection 701.01 of these rules. (7-1-06)

02. Intake. (7-1-06)

a. For participants eighteen (18) years of age or older or who are ISSH Waiver Participants, and who are not listed under Subsection 700.02.b., prior to the delivery of any Medicaid-funded DDA services: (7-1-06)

i. The Department or its designee will have provided the DDA with current medical, social, and developmental information; and (7-1-06)

ii. The participant must have an ISP that is authorized in accordance with IDAPA 16.03.13, "Prior Authorization for Behavioral Health Services." (7-1-06)

b. Participants eighteen (18) years of age or older receiving DDA services and who are using the Home and Community Based Services (HCBS) Waiver for the Aged and Disabled (A&D), State Plan PCS, or are living in a nursing facility must: (7-1-06)

i. Have DDA services prior authorized by the Department or its designee; and (7-1-06)

ii. DDAs must complete an Individual Program Plan (IPP) that meets the standards described in Subsections 701.04 through 701.06 of these rules. IPPs for these individuals do not require the signature of a physician or other practitioner of the healing arts. (7-1-06)

c. For participants eighteen (18) years of age or older who are not Medicaid participants, the DDA must follow the requirements under Subsection 701.02 of these rules. (7-1-06)

03. Assessments. Requirements for assessments are found under Sections 600 through 605 of these rules. (7-1-06)

04. Individual Service Plan (ISP). For participants eighteen (18) years of age or older or for ISSH Waiver participants, any services provided by the DDA must be included on the plan of service and be prior authorized by the Department or its designee before a participant can receive the service from the agency. (7-1-06)

05. Documentation of Plan Changes. Documentation of changes in the required plan of service or Program Implementation Plan must be included in the participant's record. This documentation must include, at a minimum, the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to a Program Implementation Plan that affect the type or amount of service on the plan of service, an addendum to the plan of service must be completed. (7-1-06)

701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.

Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)

01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06)

a. Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code; or

(7-1-06)

b. Psychological Assessment. If the medical assessment does not establish categorical eligibility, the DDA must obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code. (7-1-06)

c. Standardized Comprehensive Developmental Assessment. This must contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code. (7-1-06)

02. **Intake**. The DDA must obtain information that accurately reflects the current status and needs of the participant prior to the delivery of services. (7-1-06)

a. The person must have been determined by the DDA to be eligible for DDA services. (7-1-06)

b. The DDA must obtain or complete a comprehensive medical and medical/social history. (7-1-06)

03. **Assessments**. Requirements for assessments are found under Sections 600 through 605 of these rules. (7-1-06)

04. **Individual Program Plan (IPP) Definitions**. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06)

a. Type of service refers to the kind of service described in terms of: (7-1-06)

i. Discipline; (7-1-06)

ii. Group, individual, or family; and (7-1-06)

iii. Whether the service is home, community, or center-based. (7-1-06)

b. Amount of service is the total number of service hours during a specified period of time. This is typically indicated in hours per week. (7-1-06)

c. Frequency of service is the number of times service is offered during a week or month. (7-1-06)

d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan year must have a specified end date. (7-1-06)

05. **Individual Program Plan (IPP)**. For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)

a. The IPP must be developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. (7-1-06)

b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06)

c. The planning process must occur at least annually, or more often if necessary, to review and update

the plan to reflect any changes in the needs or status of the participant. Revisions to the IPP requiring a change in type, amount, or duration of the service provided must be recommended by the physician or other practitioner of the healing arts prior to implementation of the change. Such recommendations must be signed by the physician or other practitioner of the healing arts and maintained in the participant's file. A parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan. (7-1-06)

d. The IPP must be supported by the documentation required in the participant's record under Section 705 of these rules. (7-1-06)

e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-06)

i. The participants name and medical diagnosis; (7-1-06)

ii. The name of the assigned Developmental Specialist, the date of the planning meeting, and the name and titles of those present at the meeting; (7-1-06)

iii. The dated signature of the physician or other practitioner of the healing arts indicating his recommendation of the services on the plan; (7-1-06)

iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)

v. A list of the participant's current personal goals, interests and choices; (7-1-06)

vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-06)

vii. A list of measurable behaviorally stated objectives, which correspond to the list of priority needs. A Program Implementation Plan must be developed for each objective; (7-1-06)

viii. The discipline professional or Developmental Specialist responsible for each objective; (7-1-06)

ix. The target date for completion of each objective; (7-1-06)

x. The review date; and (7-1-06)

xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06)

06. Documentation of Plan Changes. Documentation of required plan of service or Program Implementation Plan changes must be included in the participant's record. This documentation must include, at a minimum: (7-1-06)

a. The reason for the change; (7-1-06)

b. Documentation of coordination with other services providers, where applicable; (7-1-06)

c. The date the change was made; and (7-1-06)

d. The signature of the professional making the change complete with date, credential, and title. Changes to the IPP require documented notification of the participant or the participant's parent or legal guardian, if applicable. Changes in type, amount, or duration of services require written authorization from a physician or other practitioner of the healing arts and the participant or the participant's parent or legal guardian prior to the change. If the signatures of the participant or the parent or legal guardian cannot be obtained, then the agency must document in the participant's record the reason the signatures were not obtained. (7-1-06)

702. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN BIRTH TO THREE YEARS OF AGE (INFANT TODDLER).
Services provided by a DDA to children birth to three (3) years of age must meet the requirements and provisions of the Individuals with Disabilities Education Act (IDEA), Part C; the Family Education Rights and Privacy Act; Sections 16-101, et seq., Idaho Code, regarding early intervention services; and the Idaho State Plan for Early Intervention Services under IDEA, Part C. These requirements include: adherence to procedural safeguards and time lines, use of multi-disciplinary assessments and Individualized Family Service Plans (IFSPs), provision of early intervention services in the natural environment, transition planning, and program enrollment and reporting requirements. For children birth to age three (3), the IFSP will be used in lieu of the Individual Program Plan (IPP). (7-1-06)

01. Eligibility Determination. For a child birth to three (3) years of age, prior to the delivery of any DDA services: (7-1-06)

a. In accordance with 34 CFR 303.321(e), the Department's regional Infant Toddler Program will determine eligibility for DDA services in accordance with Section 66-402, Idaho Code. (7-1-06)

b. Upon request from the DDA, and after receiving consent from the parent or legal guardian for release of information, the Department's regional Infant Toddler Program will provide the DDA with documentation of the child's eligibility including a copy of the current IFSP, addendum(a) to the IFSP, assessments, and service records related to current DDA services. (7-1-06)

02. Intake. Prior to the delivery of DDA services: (7-1-06)

a. The DDA must obtain both a copy of the current IFSP and a copy of all current assessment(s) used by the Department's regional Infant Toddler Program to determine eligibility for DDA services; and (7-1-06)

b. The DDA must conduct a meeting with the child's family, in cooperation with the child's service coordinator, to review the current IFSP and confirm the family's resources, priorities, and concerns with regard to the child's current developmental status and therapeutic needs. (7-1-06)

03. Individualized Family Service Plan (IFSP). The Department or its designee will develop the initial IFSP for each eligible child, birth to three (3) years of age. Each DDA that provides DDA services to an eligible child, birth to three (3) years of age, must implement services according to the IFSP for that child as required by the Individuals with Disabilities Education Act, (P.L. 108-446, December 2004), Part C, Section 636 (d) and Title 16, Chapter 1, Idaho Code. The DDA must use the Department-approved IFSP form in accordance with 34 CFR 303.344. The procedures for IFSP development, review, and assessment must be in accordance with 34 CFR 303.342. (7-1-06)

a. Development of the IFSP. For a child who has been evaluated for the first time and has been determined to be eligible for DDA services, the initial IFSP developed by the Department must be completed within a forty-five (45) day time period in accordance with 34 CFR 303.321(e). (7-1-06)

b. Periodic Reviews. In cooperation with the child's service coordinator and other service providers, the DDA must participate in a review of the IFSP to be conducted every six (6) months, or more frequently, if conditions warrant or if the family requests such a review. The purpose of the periodic review is to identify progress made toward each objective and to determine whether these current outcomes and objectives need modification or revision. The review may be carried out in a meeting or by another means that is acceptable to the parent or legal guardian and other participants. These reviews must include the degree to which progress toward achieving the

outcomes is being made. (7-1-06)

i. The DDA must provide the child's service coordinator with any current assessments and other information from the ongoing assessment of the child to determine what services are needed and will be provided. (7-1-06)

ii. The DDA must identify outcomes and objectives for inclusion in the IFSP for any services to be provided through the DDA. (7-1-06)

c. Participants in the IFSP meetings and periodic reviews must be in accordance with 34 CFR 303.343. IFSP meetings and periodic reviews must include the parent or legal guardian, the service coordinator working with the family, persons providing direct services to the child and family as appropriate, and persons directly involved in conducting the assessments of the child. The family is encouraged to invite any family member, advocate, or friend to the meeting to assist in the planning process. (7-1-06)

d. The IFSP or IFSP addendum must be in accordance with 34 CFR 303.344, and include the following: (7-1-06)

i. A statement of the outcome; (7-1-06)

ii. Steps to support transitions; (7-1-06)

iii. Behaviorally-stated objectives toward meeting that outcome; (7-1-06)

iv. Frequency, intensity, and method of delivering a service to meet the outcome; (7-1-06)

v. Measurability criteria, strategies and activities; (7-1-06)

vi. Start and end dates; (7-1-06)

vii. A description of the natural environments in which early intervention services are appropriately provided, including a justification of the extent, if any, to which services will not be provided in a natural environment; and (7-1-06)

viii. A list of who will be involved in the direct intervention. (7-1-06)

e. There must be an order by a physician or other practitioner of the healing arts for all DDA services included on the IFSP. (7-1-06)

f. Transition to preschool programs must be in accordance with 34 CFR 303.148. (7-1-06)

i. At the IFSP review closest to the child's second birthday, outcomes must be written to address the steps needed to assure appropriate services for the child at age three (3). (7-1-06)

ii. At least six (6) months prior to the child's third birthday, the DDA must document contact with the child's service coordinator and participation in the transition planning process at the time of referral of the child to his local school district for IDEA, Part B, eligibility determination. (7-1-06)

04. Parental Consent and Right to Decline Service. Written parental consent must be obtained before: (7-1-06)

a. Conducting the assessment of a child; and (7-1-06)

b. Initiating the provision of services. (7-1-06)

05. Ongoing Assessment of the Child. The assessment of each child must: (7-1-06)

a. Be conducted by personnel trained to utilize appropriate methods and procedures; (7-1-06)

b. Be based on informed clinical opinion; and (7-1-06)

c. Include the following: (7-1-06)

i. A review of pertinent records related to the child's current health status and medical history. (7-1-06)

ii. An assessment of the child's level of functioning in cognitive development, physical development including vision and hearing, communication development, social or emotional development, and adaptive development. (7-1-06)

iii. An assessment of the unique needs of the child in terms of each of the developmental areas mentioned above in Subsection 702.05.c.ii. of this rule, including the identification of services appropriate to meet those needs. (7-1-06)

06. Services in the Natural Environment. Natural environments are settings that are natural or normal for the child's age peers who have no disability. To the maximum extent appropriate, in order to meet the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. (7-1-06)

07. Documentation of Program Changes. Documentation of required plan or Program Implementation Plan changes must be included in the participant's record. This documentation must include, at a minimum, the reason for the change, documentation of coordination with other services providers, where applicable, the date the change was made, and the signature of the professional making the change complete with date, credential, and title. If there are changes to the Program Implementation Plan that affect the IFSP, an addendum to the IFSP must be completed: (7-1-06)

a. In cooperation with the service coordinator; (7-1-06)

b. With consent of the parent; (7-1-06)

c. With an order by the child's physician or other practitioner of the healing arts; (7-1-06)

d. With all changes documented on the enrollment form; and (7-1-06)

e. A copy of the addendum and the enrollment form must be submitted to the Department. (7-1-06)

703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS.
For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)

01. Name. The participant's name. (7-1-06)

02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06)

03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)

04. Written Instructions to Staff. These instructions may include curriculum, interventions, task

analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)

05. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-06)

06. Target Date. Target date for completion. (7-1-06)

07. Results of the Psychological or Psychiatric Assessment. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. (7-1-06)

08. IBI Implementation Plans. In addition to the requirements under Subsections 703.01 through 703.07 of these rules, the following are also required for IBI Implementation Plans: (7-1-06)

a. All IBI Implementation Plans must be completed on the Department-approved form. (7-1-06)

b. On all IBI Implementation Plan cover sheets, the signature of a parent or legal guardian is required. If the signatures of the parent or legal guardian cannot be obtained, then the agency must document in the participant's record the reason the signatures were not obtained. (7-1-06)

704. PROGRAM DOCUMENTATION REQUIREMENTS.
Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06)

01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)

a. Daily entry of all activities conducted toward meeting participant objectives. (7-1-06)

b. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06)

c. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-06)

d. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06)

02. Additional Requirements for Participants Eighteen Years or Older and for ISSH Waiver Participants. For participant's eighteen (18) years of age or older and ISSH Waiver Participants, DDAs must also submit provider status reviews to the plan monitor in accordance with IDAPA 16.03.13, "Prior Authorization of Behavioral Health Services." (7-1-06)

03. Additional Requirements for Participants Seven Through Sixteen. For participants ages seven (7) through sixteen (16), the DDA must also document that the child has been referred to the local school district in accordance with Subsection 706.01 of these rules. (7-1-06)

04. Additional Requirements for Participants Birth to Three Years of Age. For participants birth to age three (3), the following are required in addition to those requirements in Subsection 702.01 of these rules: (7-1-06)

a. Documentation of the six (6) month and annual reviews; (7-1-06)

b. Documentation of participation in transition planning at the IFSP developed closest to the child's second birthday to assure service continuity and access to community services as early intervention services end at age three (3); (7-1-06)

c. Documentation that participant rights have been met in accordance with Subsection 905.03.d.; (7-1-06)

d. Documentation of participation in the transition meeting with the school district; and (7-1-06)

e. Documentation of consultation with other service providers who are identified on the IFSP. (7-1-06)

705. RECORD REQUIREMENTS.
Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)

01. General Records Requirements. Each participant record must contain the following information: (7-1-06)

a. An order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis; (7-1-06)

b. Plan of service as required for the participant. (7-1-06)

c. Program Implementation Plans, program documentation and monitoring records that comply with all applicable sections of these rules; (7-1-06)

d. Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-06)

e. Current medical, social, and developmental information and assessments; and (7-1-06)

f. When assessments are completed or obtained by the agency, the participant's record must include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators. (7-1-06)

02. Case Record Organization. The case record must be divided into program and discipline areas identified by tabs, including plan of service, medical, social, psychological, speech, and developmental, as applicable. (7-1-06)

706. REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS.
When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-06)

01. Requirements for Participants Three to Twenty-One. (7-1-06)

a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part B. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. (7-1-06)

b. For participants of mandatory school attendance age, seven (7) through sixteen (16), who are not enrolled in school, the DDA must document that it has referred the child to the local school district for enrollment in educational and related services under the provisions of the Individuals with Disabilities Education Act (IDEA). (7-1-06)

02. Requirements for Participants Birth to Three Years of Age. For participants birth to age three (3), under IDEA, Part C, DDAs must: (7-1-06)

a. Submit enrollment tracking forms to the Department for any additions, changes, or exiting program; (7-1-06)

b. Cooperate with the Department's regional Infant Toddler Program; (7-1-06)

c. Communicate regularly with the child's service coordinator regarding the status of services and any need for change in services. The DDA must alert the child's service coordinator of any identified developmental or health concern or potential developmental delay that is currently not addressed on the child's IFSP. (7-1-06)

707. ACCESSIBILITY OF AGENCY RECORDS.
Records must be accessible to the Department during normal operation of the agency for inspection and copying, with or without prior notification, under Section 39-108, Idaho Code. (7-1-06)

708. REQUIREMENTS FOR DELIVERY OF DDA SERVICES.

01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06)

02. Service Requirements. All services must be: (7-1-06)

a. Recommended by a physician or other practitioner of the healing arts; (7-1-06)

b. Based on participant needs, interests, or choices; and (7-1-06)

c. In compliance with all applicable rules of this chapter. (7-1-06)

709. (RESERVED).

REQUIRED SERVICES EACH AGENCY MUST PROVIDE

(Sections 710 through 716)

710. REQUIRED SERVICES.
Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or

through a formal written agreement. (7-1-06)

01. Sufficient Quantity and Quality. All required services provided must be sufficient in quantity and quality to meet the needs of each person receiving services, and must be provided by qualified individuals in accordance with the requirements in Section 420 of these rules. (7-1-06)

02. When a Required Service Is Not Available. When a required service, other than developmental therapy, is not provided by the agency due to a documented shortage of available providers in a specific geographic area, the DDA must document its effort to secure the service or facilitate the referral for the needed service, including notifying the service coordinator, when the participant has one. (7-1-06)

711. DEVELOPMENTAL THERAPY.

Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental therapy. (7-1-06)

01. Areas of Service. These services must be directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. (7-1-06)

02. Age-Appropriate. Developmental therapy includes instruction in daily living skills the participant has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy. Developmental therapy must be age-appropriate. (7-1-06)

03. Tutorial Activities and Educational Tasks are Excluded. Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational needs that result from the participant's disability. (7-1-06)

04. Settings for Developmental Therapy. Developmental therapy, in both individual and group formats, must be available in both community-based and home-based settings, and be based on participant needs, interests, or choices. (7-1-06)

05. Staff-to-Participant Ratio. When group developmental therapy is center-based, there must be a minimum of one (1) qualified staff, who may be a paraprofessional or a Developmental Specialist, providing direct services for every twelve (12) participants. Additional staff must be added, as necessary, to meet the needs of each individual served. (7-1-06)

712. PSYCHOTHERAPY.

01. Required Psychotherapy Services. The following psychotherapy services must be available through each agency and based on assessment(s) conducted by the professional qualified to deliver the service: (7-1-06)

a. Individual psychotherapy; (7-1-06)

b. Group psychotherapy in which there is a minimum ratio of one (1) qualified staff person for every twelve (12) individuals in group therapy; and (7-1-06)

c. Family-centered psychotherapy that includes the participant and at least one (1) other family member at any given time. (7-1-06)

02. Staff Qualifications for Psychotherapy Services. Psychotherapy services must be provided by one (1) of the following qualified professionals: (7-1-06)

a. Licensed Psychiatrist; (7-1-06)

b. Licensed Physician; (7-1-06)

c. Licensed Psychologist; (7-1-06)

d. Licensed Clinical Social Worker; (7-1-06)

e. Licensed Clinical Professional Counselor; (7-1-06)

f. Licensed Marriage and Family Therapist; (7-1-06)

g. Certified Psychiatric Nurse (RN), licensed in accordance with Title 54, Chapter 14, Idaho Code, or certified by a recognized national certification organization, and have a minimum of a master's degree; (7-1-06)

h. Licensed Professional Counselor whose provision of psychotherapy is supervised by persons qualified above under Subsections 712.02.a. through 712.02.g. of this rule; (7-1-06)

i. Registered Marriage and Family Therapist Intern whose provision of psychotherapy is supervised as described in Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists." (7-1-06)

j. Licensed Masters Social Worker whose provision of psychotherapy is supervised as described in IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners"; or (7-1-06)

k. A Psychologist Extender, registered with the Bureau of Occupational Licenses, whose provision of psychotherapy is supervised as described in IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners." (7-1-06)

713. OCCUPATIONAL THERAPY.
Occupational therapy services must be available and provided by a licensed occupational therapist and be based on the results of an occupational therapy assessment completed in accordance with Section 604 of these rules. (7-1-06)

714. PHYSICAL THERAPY.
Physical therapy services must be available and provided by a licensed physical therapist and be based on the results of a physical therapy assessment completed in accordance with Section 604 of these rules. (7-1-06)

715. SPEECH AND HEARING THERAPY.
Speech and hearing therapy services must be available and provided by a qualified speech-language pathologist, as defined in these rules, and be based on the results of a speech and language assessment completed in accordance with Section 604 of these rules. (7-1-06)

716. -- 719. (RESERVED).

OPTIONAL SERVICES AGENCIES MAY PROVIDE

(Sections 720 through 726)

720. OPTIONAL SERVICES.
DDAs may opt to provide any of the following services: pharmacological management, psychiatric diagnostic interviews, community crisis supports, collateral contact, Intensive Behavioral Intervention (IBI), and supportive counseling. All services must be provided by qualified individuals in accordance with the requirements in Section 420 of these rules. (7-1-06)T

721. PHARMACOLOGICAL MANAGEMENT.
Pharmacological management is consultation for the purpose of prescribing, monitoring, or administering medications. These consultations must be provided by a physician or other practitioner of the healing arts in direct face-to-face contact with the participant and be provided in accordance with the plan of service with the type, amount, frequency and duration of the service specified. (7-1-06)

722. PSYCHIATRIC DIAGNOSTIC INTERVIEW.
A psychiatric diagnostic interview must include a history, a current mental status examination, and offer recommendations for treatment interventions needed, if any. If the interview exam results in a recommendation for additional intervention and the recommendation is accepted by the participant and his parent or legal guardian, if applicable, the recommendation must be incorporated into the participant's plan of service with the type, amount, frequency, and duration of service specified. (7-1-06)

01. Physician Requirement. In order for a DDA to conduct a psychiatric diagnostic interview, the agency must have a physician on contract for the purpose of overseeing the services on the plan. (7-1-06)

02. On Plan of Service. A psychiatric diagnostic interview must be incorporated into the participant's plan of service. (7-1-06)

03. Staff Qualifications. A psychiatric diagnostic interview must be conducted by one (1) of the following professionals, in direct face-to-face contact with the participant: (7-1-06)

a. Psychiatrist; (7-1-06)

b. Physician or other practitioner of the healing arts; (7-1-06)

c. Psychologist; (7-1-06)

d. Clinical social worker; or (7-1-06)

e. Clinical professional counselor. (7-1-06)

723. COMMUNITY CRISIS SUPPORTS.
Community crisis supports are interventions for participants who are adults or who are on the ISSH Waiver, who have been determined eligible for developmental disability services and who are at risk of losing housing, employment or income, or are at risk of incarceration, physical harm, family altercation, or other emergencies. DDAs that choose to provide these services must do so in accordance with IDAPA 16.03.13, “Prior Authorization for Behavioral Health Services”, Section 400. (7-1-06)

724. COLLATERAL CONTACT.
Collateral contact is consultation with or treatment direction given to a person with a primary relationship to a participant for the purpose of assisting the participant to live in the community. Collateral contact must: (7-1-06)

01. Conducted by Agency Professionals. Be conducted by agency professionals qualified to deliver services and be necessary to gather and exchange information with individuals having a primary relationship to the participant. (7-1-06)

02. Face to Face or by Telephone. Be conducted either face-to-face or by telephone when telephone contact is the most expeditious and effective way to exchange information. Collateral contact does not include general staff training, general staffings, regularly scheduled parent-teacher conferences, general parent education, or treatment team meetings, even when the parent is present. (7-1-06)

03. On the Plan of Service. Have a goal and objective stated on the plan of service that identifies the purpose and outcome of the service and is conducted only with individuals specifically identified on the plan of service. Program Implementation Plans are not required for collateral contact objectives. (7-1-06)

725. INTENSIVE BEHAVIORAL INTERVENTION (IBI).

01. Compliance with Sections 800 through 899. DDAs that choose to offer Intensive Behavioral Intervention (IBI) must provide IBI services in accordance with Sections 800 through 899 of these rules. (7-1-06)

02. Established Developmental Therapy Program. After July 1, 2006, agencies must have provided

developmental therapy for at least one (1) year, and not be operating under a provisional certification, prior to providing IBI services. (7-1-06)

03. Exception. Agencies that were providing IBI services prior to July 1, 2006, are exempt from the requirement under Subsection 725.02 of these rules. (7-1-06)

726. SUPPORTIVE COUNSELING.

01. Psychological Assessment. The initial and ongoing need for the service of supportive counseling must be recommended in a current psychological assessment. (7-1-06)T

02. On Plan of Service. Supportive counseling must be provided in accordance with the requirements for the plan of service. The type, amount, frequency and duration of this service must be specified on the plan of service. (7-1-06)T

03. Staff Qualifications. Supportive counseling must be provided by a professional listed under Subsection 712.02 of these rules or by a licensed social worker (LSW). (7-1-06)T

727. -- 799. (RESERVED).

REQUIREMENTS FOR THE DELIVERY OF INTENSIVE BEHAVIORAL INTERVENTION (IBI)

(Sections 800 Through 899)

800. INTENSIVE BEHAVIORAL INTERVENTION (IBI) SERVICE DESCRIPTION AND ELIGIBILITY.

01. Individualized and Comprehensive Interventions. IBI consists of individualized, comprehensive interventions that have been shown to be effective and are used on a short term, one-to-one basis. These interventions: (7-1-06)

a. Produce measurable outcomes that diminish behaviors that interfere with the development and use of language and appropriate social interaction skills; or (7-1-06)

b. Broaden an otherwise severely restricted range of interest; and (7-1-06)

c. Increase the child's ability to participate in other therapies and environments. (7-1-06)

02. IBI Service Eligibility. IBI is available to children with developmental disabilities through the month of their twenty-first birthday, who have the following characteristics: (7-1-06)

a. Self-injurious, aggressive or severely maladaptive behavior as evidenced by a General Maladaptive Index score of minus twenty-two (-22) or below on the Scales of Independent Behavior - Revised (SIB-R) or other behavioral assessment indicators identified by the Department; and (7-1-06)

b. A severe deficit, defined as equivalent to fifty percent (50%) or less of chronological age, in at least one (1) of the following areas: (7-1-06)

i. Verbal and nonverbal communication as evidenced by the SIB-R Social Interaction & Communication Skills cluster score; (7-1-06)

ii. Social interaction as evidenced by the SIB-R Social Interaction subscale score; or (7-1-06)

iii. Leisure and play skills as evidenced by the SIB-R Home/Community Orientation subscale score. (7-1-06)

801. IBI AUTHORIZATION AND REVIEW.
IBI services must be reviewed and prior authorized for each service year as follows: (7-1-06)

01. Initial IBI Authorization. The Department determines IBI eligibility based on information submitted by the DDA and other information gathered by the Department as deemed necessary. At least twenty (20) working days prior to the intended start date of IBI services, the DDA must use Department-approved forms to submit; (7-1-06)

a. Evidence of the child's eligibility for Intensive Behavioral Intervention; (7-1-06)

b. The comprehensive IBI assessments; (7-1-06)

c. The Program Implementation Plans; (7-1-06)

d. The number of hours of service requested; and (7-1-06)

e. Measurable objectives. (7-1-06)

02. Three-Month Review. The agency must conduct and document a formal review of therapy objectives and direction for future therapy for each objective. (7-1-06)

03. Sixth-Month Review and Authorization. At least fifteen (15) working days prior to the expiration of prior authorized IBI services the agency must submit: (7-1-06)

a. The three (3) month review; (7-1-06)

b. Documentation of the child's progress on IBI goals and outcomes of the IBI objectives for those six (6) months; and (7-1-06)

c. When continuing IBI services are requested, the Program Implementation Plans, the number of hours of service requested, and the measurable objectives, using Department-approved forms. Continued services will not be authorized when little or no progress has been documented and justification is inadequate to continue IBI services. (7-1-06)

04. Nine-Month Review. The agency must conduct and document a formal review of therapy objectives and direction for future therapy for each objective. (7-1-06)

05. Annual Review and Authorization. At least fifteen (15) working days prior to the expiration of prior authorized IBI services the agency must submit: (7-1-06)

a. The nine (9) month review; (7-1-06)

b. Documentation of the child's progress on IBI goals and outcomes of the IBI objectives for that year; and (7-1-06)

c. When continuing IBI services are requested: (7-1-06)

i. A new SIB-R that reflects the child's current status and any additional information required to establish continuing eligibility; (7-1-06)

ii. The Program Implementation Plans; and (7-1-06)

iii. The number of hours of service requested and the measurable objectives, using Department-approved forms. Continued services will not be authorized when little or no progress has been documented and justification is inadequate to continue IBI services. (7-1-06)

802. COMPREHENSIVE IBI ASSESSMENT.
A comprehensive IBI assessment must be completed by a certified IBI professional prior to the initial provision of IBI or IBI Consultation. The results of the assessment must form the basis for planning interventions. The assessment must include the following: (7-1-06)

01. Review of Assessments and Relevant Histories. (7-1-06)

a. Medical history, medications, and current medical status; (7-1-06)

b. Medical/social history that includes a developmental history and onset of developmental disability; (7-1-06)

c. Comprehensive developmental assessment reflecting the child's current status; (7-1-06)

d. Specific skill assessment, when such an assessment is completed; (7-1-06)

e. SIB-R Maladaptive Index and a list of the child's maladaptive behaviors; (7-1-06)

f. Baseline of the child's maladaptive behavior(s), if available; (7-1-06)

g. Psychological assessments and results of psychometric testing, or for very young children, a developmental assessment with equivalent age-appropriate social-emotional status, if available; (7-1-06)

h. A mental health or social and emotional assessment, such as the Child and Adolescent Functional Assessment Scale (CAFAS), when one has been completed; (7-1-06)

i. Public school or Infant Toddler Program records including relevant birth records, multidisciplinary team assessments, recommendations, and Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs); and (7-1-06)

j. Other relevant assessments that may be available, including those for speech and hearing and physical and occupational therapy. (7-1-06)

02. Interviews. Interviews must be conducted with the child, if possible, and to the extent of the child's abilities; the child's parent or legal guardian, or the primary care provider; and any other individuals who spend significant amounts of time with the child. These interviews must result in a written summary of the findings of each interview and include the following: (7-1-06)

a. Description of the child's desired and problem behaviors; (7-1-06)

b. Opinion about environmental stimuli that appear to precede problem behaviors; (7-1-06)

c. Opinion about the internal states or setting events that precede desired and problem behaviors; (7-1-06)

d. Opinion about identification of stimuli that maintain the desired or problem behaviors; and (7-1-06)

e. Opinion about factors that alleviate problem behaviors and increase desired behaviors. (7-1-06)

03. Observation of the Child. Observations of the child must occur in environments in which the child spends significant amounts of time and where problem behaviors have been reported. Results of the observations must include the following: (7-1-06)

a. Specific descriptions and frequencies of problem behaviors; (7-1-06)

b. Identification of environmental stimuli that appear to precede problem behaviors; (7-1-06)

c. Identification of internal states or setting events that appear to precede problem behaviors; (7-1-06)

d. Identification of stimuli that maintain the desired or problem behaviors; and (7-1-06)

e. Identification of factors that alleviate problem behaviors and increase desired behaviors. (7-1-06)

04. Clinical Opinion. Clinical opinion about the underlying causes, antecedents, motivations, and communicative intent of desired and problem behaviors. (7-1-06)

803. IBI TRANSITION PLAN.
An IBI transition plan must be developed when it is anticipated that IBI services will be terminated within the next Department or agency review period and the child will be moving into natural learning environments or less intensive therapy settings. The IBI transition plan may not be used as a substitute for, nor does it replace the transition plans required under Sections 701 and 702 of these rules. IBI transition plans must include the following steps to support the transition and the timelines for those steps: (7-1-06)

01. Setting. The setting to which the child will be moving and the therapists or persons who will be interacting with the child; and (7-1-06)

02. Training of New Therapists or Other Persons. How behavioral intervention techniques will be shared with new therapists or other persons in the new environments to encourage generalization and maintenance of appropriate behavior and action to be taken if the child demonstrates regression in the new setting in skills learned through IBI. (7-1-06)

804. IBI CONSULTATION.
Professionals may provide IBI consultation to parents and other family members, professionals, paraprofessionals, school personnel, child care providers, or other caregivers who provide therapy or care for an IBI eligible child in other disciplines to assure successful integration and transition from IBI to other therapies, services, or types of care. IBI consultation objectives and methods of measurement must be developed in collaboration with the person receiving IBI consultation. (7-1-06)

01. Service Delivery Qualification. IBI consultation must be delivered by an IBI professional who meets the requirements in Section 420 of these rules. (7-1-06)

02. Measurable Progress. IBI consultation must result in measurable improvement in the child's behavior. It is not intended to be used for educational purposes only. (7-1-06)

03. Evidence of Progress. Persons who receive IBI consultation must meet with the IBI professional, agree to follow an IBI Implementation Plan, and provide evidence of progress. (7-1-06)

04. Individualized. IBI consultation may not be reimbursed when it is delivered to a group of parents. IBI consultation is specific to the unique circumstances of each child. (7-1-06)

805. -- 899. (RESERVED).

QUALITY ASSURANCE, PARTICIPANT RIGHTS, REQUIRED POLICIES, ETC.

(Sections 900 Through 999)

900. REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM.
Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06)

01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing,

proactive, internal review of the DDA designed to ensure: (7-1-06)

a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice; (7-1-06)

b. Sufficient staff and material resources are available to meet the needs of each person served; (7-1-06)

c. The environment in which services are delivered is safe and conducive to learning; (7-1-06)

d. Skill training activities are conducted in the natural setting where a person would commonly learn and utilize the skill, whenever appropriate; and (7-1-06)

e. The rights of a person with disabilities are protected and each person is provided opportunities and training to make informed choices. (7-1-06)

02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06)

a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of these rules; (7-1-06)

b. Person, discipline or department responsible for each goal; (7-1-06)

c. A system to ensure the correction of problems identified within a specified period of time; (7-1-06)

d. A method for assessing participant satisfaction; and (7-1-06)

e. A regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction. (7-1-06)

03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-06)

a. Are developed with each participant and guardian where applicable, and actively promote the participation, personal choice and preference of the participant; (7-1-06)

b. Are age appropriate; (7-1-06)

c. Promote integration; (7-1-06)

d. Provide opportunities for community participation and inclusion; (7-1-06)

e. Offer opportunities for participants to exercise their rights; and (7-1-06)

f. Are observable in practice. (7-1-06)

901. -- 904. (RESERVED).

905. PARTICIPANT RIGHTS.
Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06)

01. Participant Rights Provided Under Idaho Code. Sections 66-412 and 66-413, Idaho Code, provide the following rights for participants: (7-1-06)

a. Humane care and treatment; (7-1-06)

b. Not be put in isolation; (7-1-06)

c. Be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others; (7-1-06)

d. Be free of mental and physical abuse; (7-1-06)

e. Voice grievances and recommend changes in policies or services being offered; (7-1-06)

f. Practice his own religion; (7-1-06)

g. Wear his own clothing and to retain and use personal possessions; (7-1-06)

h. Be informed of his medical and habilitative condition, of services available at the agency and the charges for the services; (7-1-06)

i. Reasonable access to all records concerning himself; (7-1-06)

j. Refuse services; and (7-1-06)

k. Exercise all civil rights, unless limited by prior court order. (7-1-06)

02. Additional Participant Rights. The agency must also ensure the following rights for each participant: (7-1-06)

a. Privacy and confidentiality; (7-1-06)

b. Be treated in a courteous manner; (7-1-06)

c. Receive a response from the agency to any request made within a reasonable time frame; (7-1-06)

d. Receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community; (7-1-06)

e. Refuse to perform services for the agency. If the participant is hired to perform services for the agency the wage paid must be consistent with state and federal law; (7-1-06)

f. Review the results of the most recent survey conducted by the Department and the accompanying plan of correction; (7-1-06)

g. All other rights established by law; and (7-1-06)

h. Be protected from harm. (7-1-06)

03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-06)

a. Upon initiation of services, the DDA must provide each participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms. (7-1-06)

b. When providing center-based services, a DDA must prominently post a list of the rights contained in this chapter. (7-1-06)

c. The DDA must provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights. (7-1-06)

d. Parents of infants and toddlers under three (3) years of age must be provided with a copy of their parental rights consistent with the requirements of 34 CFR 303.400 through 303.460 and 303.510 through 303.512. (7-1-06)

906. -- 909. (RESERVED).

910. OBLIGATION TO REPORT ABUSE, NEGLECT, EXPLOITATION, AND INJURIES.
Each agency must report all confirmed or suspected incidents of mistreatment, neglect, exploitation, or abuse of participants to the adult or child protection authority, in accordance with the "Child Protective Act," Section 16-1619, Idaho Code, and the "Adult Abuse, Neglect and Exploitation Act," Section 39-5303, Idaho Code. (7-1-06)

911. -- 914. (RESERVED).

915. POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS.
Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06)

01. Positive Social Skills. Focus on developing or increasing positive social skills. (7-1-06)

02. Prevention Strategies. Ensure and document the use of positive approaches to increase social skills and decrease inappropriate behavior while using least restrictive alternatives and consistent, proactive responses to behaviors. (7-1-06)

03. Function of Behavior. Address the possible underlying causes or function of the behavior and identifying what a participant may be attempting to communicate by the behavior. (7-1-06)

04. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. (7-1-06)

05. Protected Rights. Ensure that the safety, welfare and human and civil rights of participants are adequately protected. (7-1-06)

06. Objectives and Plans. Ensure that objectives and intervention techniques are developed or obtained and implemented to address self-injurious behavior, aggressive behavior, inappropriate sexual behavior and any other behaviors which significantly interfere with the participant's independence or ability to participate in the community. Ensure that reinforcement selection is individualized and appropriate to the task and not contraindicated for medical reasons. (7-1-06)

07. Participant Involvement. Ensure that plans developed by the DDA involve the participant, whenever possible, in developing the plan to increase social skills and to manage inappropriate behavior. (7-1-06)

08. Written Informed Consent. Ensure that programs developed by an agency to assist participants with managing inappropriate behavior are conducted only with the written informed consent of the participant and guardian where applicable. When programs used by the agency are developed by another service provider the agency must obtain a copy of the informed consent. (7-1-06)

09. Review and Approval. Ensure that programs developed by an agency to manage inappropriate behavior are only implemented after the review and written approval of the qualified professional. If the program contains restrictive or aversive components, the agency psychologist must also review and approve, in writing, the plan prior to implementation. When programs implemented by the agency are developed by another service provider the agency must obtain a copy of these reviews and approvals. (7-1-06)

10. Appropriate Use of Interventions. Ensure that interventions used to manage a participant's inappropriate behavior are never used: (7-1-06)

a. For disciplinary purposes; (7-1-06)

b. For the convenience of staff; (7-1-06)

c. As a substitute for a needed training program; or (7-1-06)

d. By untrained or unqualified staff. (7-1-06)

916. -- 919. (RESERVED).

920. ANNUAL PLAN.
Each agency is required, as needed, to participate in the development of the state developmental disabilities plan by completing an annual needs assessment survey regarding services for Idahoans with developmental disabilities. (7-1-06)

921. -- 999. (RESERVED).

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