



**IDAHO SCHOOL-BASED
DEVELOPMENTAL DISABILITY SERVICES**

**BEHAVIOR INTERVENTION
&
BEHAVIOR CONSULTATION
(Effective July 1, 2016)**

IMPORTANT

Medicaid providers are required to provide services in accordance with all applicable federal laws, and provisions of statutes, state rules, and federal regulations governing the reimbursement of services and items under Medicaid in Idaho. This training is to assist schools with understanding rules for the specific programs and is **not** all inclusive of the rules and other program notices.

The school is responsible for knowing the information in the rules, provider agreement, provider handbook and provider information releases and other program notices.

WHAT IS BEHAVIORAL INTERVENTION?

- * Behavioral Intervention. Behavioral Intervention is used to promote the student's ability to participate in educational services, as defined in Section 850 of these rules, through a consistent, assertive, and continuous intervention process to address behavior goals identified on the IEP. It includes the development of replacement behaviors by conducting a functional behavior assessment and behavior implementation plan with the purpose of preventing or treating behavioral conditions for students who exhibit maladaptive behaviors. Services include individual or group behavioral interventions.

IDAPA 16.03.09.853.03.a

Document date: [redacted]

Functional Behavior Assessment (FBA)

Page [redacted] of [redacted]

Student's Name: [redacted]

District ID: [redacted]

State ID: [redacted]

Grade: [redacted]

Sex: [redacted]

Native Lang: [redacted]

Ethnicity: [redacted]

Birth Date: [redacted]

Age: [redacted]

District: [redacted]

School: [redacted]

1. **Description of Problem Behavior:** (What is the inappropriate or unacceptable behavior to be targeted for intervention? Be specific about who was involved and what happened before, during, and after the event.)

[redacted]

2. **Document the Pattern of Behavior** (frequency, intensity, duration, environmental factors, and context in which the behavior occurred)

[redacted]

3. **History** (e.g., what circumstances make the behavior more likely to occur, medical or physical concerns, substance abuse issues, stressful events in the student's life)

[redacted]

4. **Effectiveness of Interventions** (What have been used and were they effective?)

[redacted]

5. **Develop a Theory for the Function or Purpose of the Behavior**

[redacted]

6. **Team Members**

Names of Team Members	Title/Position
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

Adding an FBA to an Existing IEP

Consent to Assessment

- Identify the new Assessment that is needed
 - FBA
 - Adaptive Behavior
 - Emotional/Social/Behavioral

Request for Input

- A Reevaluation
 - Seeking additional information

Written Notice

- (a) Seeking additional information on the Identification and Needs of the Student
- (b) No actions were refused
- (c) Explanation: Special Education Services are required in order to benefit
- (d) Option: considered not to do the assessment but the students needs require the needs for additional assessments
- (e) Assessment: Current data is not adequate to make educational decisions

PARTS of the FBA

1. **Description of Problem Behavior:** (What is the inappropriate or unacceptable behavior to be targeted for intervention? Be specific about who was involved and what happened before, during, and after the event.)



2. **Document the Pattern of Behavior** (frequency, intensity, duration, environmental factors, and context in which the behavior occurred)



3. **History** (e.g., what circumstances make the behavior more likely to occur, medical or physical concerns, substance abuse issues, stressful events in the student's life)



Document date: [] **Behavior Intervention Plan (BIP)** Page [] of []

Student's Name: []	District ID: []	State ID: []	Grade: []	Sex: []
Native Lang: []	Ethnicity: []	Birth Date: []	Age: []	
District: []		School: []		

1. TARGET BEHAVIOR (restate IEP goal that addresses behavior):

[]

2. PREVENTION

State prevention activities in observable terms	How Often?	Who Is Responsible?	Progress Monitoring Method
[]	[]	[]	[]

3. WHAT WILL BE TAUGHT?

What Will Be Taught? (What other behaviors or skills will be taught so that the student can meet his or her needs in an acceptable manner?)	How Often?	Who Is Responsible?	Progress Monitoring Method
[]	[]	[]	[]

4. RESPONSE TO TARGET BEHAVIOR

Response Management How will adults respond when the problem behavior occurs so that their response does not (1) reinforce the student's inappropriate behavior or (2) cause the adult greater stress?	How Often?	Who Is Responsible?	Progress Monitoring Method
[]	[]	[]	[]

GROUP BEHAVIORAL INTERVENTION SERVICES

- ❖ Group services must be provided by 1 qualified staff providing direct services for a maximum of 3 students.
- ❖ As the number or severity of the students with behavioral issues increases, the staff-to-student ratio must be adjusted accordingly.
- ❖ Group services should only be delivered when the child's goals relate to benefiting from group interaction.

16.03.09.853.03.a

WHAT IS BEHAVIORAL CONSULTATION?

- * Behavioral consultation assists other service professionals by consulting with the IEP team during the assessment process, performing advanced assessment, coordinating the implementation of the behavior implementation plan and providing ongoing training to the behavioral interventionist and other team members.
- * Behavioral consultation is limited to 36 hours per student per year
- * Behavioral consultation can be identified in the IEP by stating the following example:
 - * “Behavioral consultation may be provided to the student, based on needs, as identified by the IEP team”

IDAPA 16.03.09.853.03.b

STUDENT QUALIFICATIONS FOR BEHAVIORAL INTERVENTION AND BEHAVIORAL CONSULTATION

- * Meet the criteria for developmental disabilities as identified in Section 66-402(5), Idaho Code, and have documentation to support eligibility using the standards under IDAPA 16.03.10, “Medicaid Enhanced Plan Benefits,” Section 501-503; and

IDAPA 16.03.09.852.02

Student Qualifications for Developmental Disability Services?

“Developmental Disability”: Chronic disability which appears before the age of 22 years

The following information must be documented by a qualified provider who is able to diagnose under the scope of their license.

- **Birth to Age 5:** A delay of 30% overall functioning.
 - Approved assessments can be found at 16.03.10.503 (next slide)
- **Age 5 through Adult:** IQ of 75 or below is presumed to be an intellectual disability
 - Approved assessments can be found at 16.03.10.503 (next slide)
- **Medical Diagnosis:** cerebral palsy; epilepsy; or autism;
 - The student could have a different diagnosis that is closely related to one of the four diagnosis above.
 - The school must have documentation from a qualified professional that the child’s condition is closely related to or similar to one of the four diagnosis and the student requires a similar treatment or service.
- **A “substantial” limitation in 3 or more life areas:** self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; or economic self-sufficiency;
 - **Age 3 through Adult:** A score of 2 standard deviations below the mean creates a presumption of a functional limitation.

Required Test Instruments for Children

(Unless contraindicated)

COGNITIVE (16.03.10.503.02.a)	FUNCTIONAL (16.03.10.503.02.b)
Bayley Scales of Infant Development, for ages birth through forty-two (42) months;	Battelle Developmental Inventory, 2nd Edition (BDI-2) for ages birth to ninety-five (95) months;
Stanford Binet Intelligence Scales, for ages two (2) years through adult;	Scales of Independent Behavior (SIB-R) for ages birth through adult;
Wechsler Preschool and Primary Scale of Intelligence, for ages two (2) years, six (6) months to seven (7) years, three (3) months;	Mullen Scales of Early Learning (MSEL) for ages birth to three (3) years.
Wechsler Intelligence Scale for Children, for ages six (6) through sixteen (16) years, eleven (11) months; or	
Wechsler Adult Intelligence Scale, for ages sixteen (16) years to adult.	

Educational Determination Vs. Medical Diagnosis

- * An educational determination for services is based on a finding by an IEP team that the 3-prong test has been met, establishing a need for special education.
- * A medical diagnosis is based on the criteria in the DSM-V. The DSM-V is the standard reference that healthcare providers use to diagnose mental and behavioral conditions and is published by the American Psychiatric Association.

Medical Diagnosis VS. Educational Determination

	Educational	DSM - V
Guided by	Individual Disabilities Education Act (IDEA)	Diagnostic and Statistical Manual of Mental Disorders (DSM-V)
Symptoms are adversely impacting	Academic Functioning (Ages 3 and above)	Adaptive Functioning
Performed by	Team Membership defined in rule	Professional Diagnostic training
Age	3 – 21	Children and Adults
Process and Method	Specific evaluation process and procedures are required and methods are identified.	Not Specified: Process and procedures determined by referral concerns. Developmental or Cognitive testing for rule out of developmental delay
Included	<ul style="list-style-type: none"> • Observation • Testing • Interview 	<ul style="list-style-type: none"> • Observation • Testing • Interview
Evaluation of	Child in all areas of suspected disability.	Child, Family Concerns, Stressors

Behavioral Intervention/Consultation Student Eligibility

- * Exhibit maladaptive behaviors that include frequent disruptive behaviors, aggression, self-injury, criminal or dangerous behavior evidenced by a score of at least one point five (1.5) standard deviations from the mean in at least two (2) behavior domains and by a rater familiar with the student, or at least two (2) standard deviations from the mean in one (1) composite score that consists of at least three (3) behavior domains by a rater familiar with the student, on a standardized behavioral assessment approved by the Department; and
- * Have maladaptive behaviors that interfere with the student's ability to access an education.

IDAPA 16.03.09.852.02

Department Approved Evaluations Behavioral Intervention/Behavioral Consultation

ELIGIBILITY ASSESSMENT	PROCEDURE CODE
Scales of Independent Behavior Revised (SIB-R)	96150- Conducted by a qualified staff
Vineland-II Adaptive Behavior Scales	96150- Conducted by a qualified staff
Adaptive Behavior Scale	96150- Conducted by a qualified staff
Preschool & Kindergarten Behavior Scale	96150- Conducted by a qualified staff
Behavior Assessment System for Children, Second Edition	96101- Conducted by a Psychologist/Physician 96102 – Administered by a technician 96103 – Respondent taking the assessment on computer with professional interpretation
Emotional & Behavior Problem Scale	96150- Conducted by a qualified staff
The Achenbach System of Empirically Based Assessment	96101- Conducted by a Psychologist/Physician 96102 – Administered by a technician 96103 – Respondent taking the assessment on computer with professional interpretation
Connors; Comprehensive Behavior Rating Scales	96101- Conducted by a Psychologist/Physician 96102 – Administered by a technician 96103 – Respondent taking the assessment on computer with professional interpretation
Conner’s Third Edition	96101- Conducted by a Psychologist/Physician 96102 – Administered by a technician 96103 – Respondent taking the assessment on computer with professional interpretation
Devereux Early Childhood assessment Clinical Form	96150- Conducted by a qualified staff

Who Can Provide Behavioral Intervention?

Professionals
and
Paraprofessionals

Behavioral Intervention Medicaid School Based Services

Professional Qualifications

- Exceptional Child Certificate
- Early Childhood/Early Childhood Special Education Blended Certificate
- Special Education Consulting Teacher
- Habilitative intervention professional
- Individuals employed by a school as certified Intensive Behavioral Intervention (IBI) professionals prior to July 1, 2013, are qualified to provide behavioral intervention;
 - Must be able to provide documentation of one (1) year's supervised experience working with children with developmental disabilities. This can be achieved by previous work experience gained through paid employment, university practicum experience, or internship. It can also be achieved by increased on-the-job supervision experience gained during employment at a school district or charter school.

Behavioral Intervention Medicaid School Based Services Paraprofessional Qualifications

A paraprofessional under the direction of a qualified behavioral intervention professional or behavioral consultation, must meet the following:

- i. Must be at least eighteen (18) years of age;
- ii. Demonstrate the knowledge, have the skills needed to support the program to which they are assigned.
- iii. Must meet the paraprofessional requirements under the Elementary and Secondary Education Act of 1965, as amended, Title 1, Part A, Section 1119.

The professional must observe and review the direct services performed by the paraprofessional on a monthly basis, or more often as necessary, to ensure the paraprofessional demonstrates the necessary skills to correctly provide the behavioral intervention service. The school must document the professional supervision to include information from the observation and review of the service.

Behavioral Consultation

Behavioral Consultation is limited to 36 hours per student IEP year.

What services can a Behavior Consultant provide?

- * Consulting with LEA service providers
- * Performing advanced assessment(s) (FBA)
- * Writing BIPs
- * Coordinating implementation of BIPs
- * Delivering ongoing training to interventionists and other team members

Behavioral Consultant Qualifications

Must be provided by a professional who has a Doctoral or Master's degree in psychology, education, applied behavioral analysis, or have a related discipline with one thousand five hundred (1500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis (may be included as part of degree program); and who meets one (1) of the following:

- a. An individual with an Exceptional Child Certificate
- b. An individual with an Early Childhood/Early Childhood Special Education Blended Certificate
- c. A Special Education Consulting Teacher
- d. An individual with a Pupil Personnel Certificate, excluding a registered nurse or audiologist
- e. An occupation therapist who is qualified and registered to practice in Idaho
- f. Therapeutic consultation professional



Requirements for all Medicaid Reimbursable Services

Background Checks

- * Idaho Code 33-130
 - * Criminal history checks must be completed for:
 - * School district employees
 - * Applicants for certificates **OR**
 - * Individuals having contact with students
 - * (If a school contracts with community providers they need to assure that those contractors have a background check from the State Department of Education)
 - * The school district is responsible for checking the Medicaid exclusionary lists (State and Federal) to assure they are not hiring a person to provide a Medicaid service who is excluded to bill Medicaid
 - * <https://exclusions.oig.hhs.gov>
 - * <http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/IdahoMedicaidExclusionList.pdf>

Background Checks



SHERRI YBARRA
SUPERINTENDENT OF
PUBLIC INSTRUCTION

650 W. STATE STREET
P.O. BOX 83720
BOISE, IDAHO 83720-0027

OFFICE: 208-332-6800
FAX: 208-334-2728
SPEECH/HEARING
IMPAIRED: 1-800-377-3629

Substitute Teacher/Multiple District Assignment Form for School Personnel (revised 01/12/15)

Employee Name (Please Print Clearly): _____

DOB: _____ EDUID Number: _____

This section is to be used only for employees working as a substitute teacher

Directions: Please check if substitute teaching

<input type="checkbox"/> Substitute Teacher			
District/Agency Name and Number	Printed Name of Superintendent or Designee	Signature of Superintendent or Designee	Date

This section is to be used for employees working in Multiple Districts

Please list by district name and district identification number ALL districts in which you are employed. This list will allow you to work in these districts without undergoing a Background Investigation Check (BIC) (fingerprinting) for each. It is necessary for the appropriate superintendent/designee to sign the form for each district listed. Additional districts will only be added if the BIC is less than three (3) months old. If your BIC is over three (3) months old please submit completed form with a new fingerprint card and fee.

Directions: Please check all that apply to current assignments:

- Summer School Teachers
- Volunteer
- Substitute, other than a teacher, who temporarily replaces a non-certificated employee (i.e., administrative assistant, cook, custodian, bus driver)

<input type="checkbox"/> Driver Education			
District/Agency Name and Number	Printed name of Superintendent or Designee	Signature of Superintendent or Designee	Date

Return this completed form and the completed fingerprint card (if applicable) to:

State Department of Education
Background Records Office
PO Box 83720
Boise, ID 83720-0027
Contact as necessary: Shannon Haas (208) 332-6888

One-time consent requirement

(IDAPA 16.03.09.851.05)

YES

NO



Recommendation Requirements

- * All services (including evaluations) must be recommended by a physician or other practitioner of the healing arts.
 - * (16.03.09.850.05: **Practitioner of the Healing Arts.** A physician's assistant, nurse practitioner, or clinical nurse specialist who is licensed and approved by the state of Idaho to make such recommendations or referrals for Medicaid services.)
- * These recommendations must be **signed and dated** by the physician or other practitioner of the healing arts.
- * These recommendations must be **obtained prior to** the provision of services
- * These recommendation are effective for a period of 365 days.
 - * OT/PT/SLP have additional physician order requirements. See webinar for OT/PT/SLP.

16.03.09.853.03

IEP and Other Service Plans

- * Type, frequency, and duration of the service(s) provided
- * Title of the provider(s), including the direct care staff delivering services under the supervision of the professional
- * Measurable goals, when goals are required for the service
- * Specific place of service, if provided in a location other than school

16.03.09.854.01

120 Day Review

- * A documented review of progress toward each service plan goal completed at least every 120 days from the date of the annual plan.
(IDAPA 16.03.09.854.04)
- * Current IEP progress reports can demonstrate compliance with this rule as long as the report includes a “review of progress” for each goal.

16.03.09.854.04

Service Detail Report Must Include:

- * Name of Student
- * Name, title, and signature of the person providing the service
- * Date, time, and duration of service
- * Place of service, if provided in a location other than school
- * Category of service
- * Brief description of the specific areas addressed
 - *Must correspond to the IEP goal, if applicable
- * Student's response to the service when required for the service
 - *Must correspond to the IEP goal, if applicable

16.03.09.854.03

Requirements for All Services

- * Documentation that supports the claim to Medicaid must be maintained by the school and must be retained for a period of 5 years.

Requirements for All Services

(Cont.)

- * Documentation of Qualifications of Providers.

Requirements for All Services (Cont.)

- * **Parental Notification.** School districts and charter schools must document that parents were notified of the health-related services and equipment for which they will bill Medicaid. Notification must comply with the requirements in Subsection 854.08 of this rule.
- * **Requirements for Cooperation with and Notification of Parents and Agencies.** Each school district or charter school billing for Medicaid services must act in cooperation with students' parent or guardian, and with community and state agencies and professionals who provide like Medicaid services to the student.
- * **Notification of Parents.** For all students who are receiving Medicaid reimbursed services, school districts and charter schools must document that parents are notified of the Medicaid services and equipment for which they will bill Medicaid. Notification must describe the service(s), service provider(s), and state the type, location, frequency, and duration of the service(s). The school district must document that they provided the student's parent or guardian with a current copy of the child's plan and any pertinent addenda; and

16.03.09.854.07-08.a

Requirements for All Services

(Cont.)

- * School districts and charter schools must request the name of the student's primary care physician (PCP) and request a written consent to release and obtain information between the PCP and the school from the parent or guardian.

16.03.09.854.08.b

REMEMBER!!!

Schools have an obligation to provide IDEA services whether they are billing Medicaid or not.

Resources to Know

- * Medicaid School-Based Services website: www.sbs.dhw.idaho.gov
- * Idaho Training Clearinghouse website: www.idahotc.com (Topics, School-Based Medicaid)
- * Molina: www.idmedicaid.com (Provider handbooks, Information Releases, Fee schedule links, ICD-10 information, etc.)
- * Children's Developmental Disability Services website: www.childrensdds-services.dhw.idaho.gov (Habilitation Intervention criteria)



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Alternative Care

**Coordinator; School Based Services,
Idaho Division of Medicaid**

(208)287-1169



SUPPORTING SCHOOLS AND STUDENTS TO ACHIEVE

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