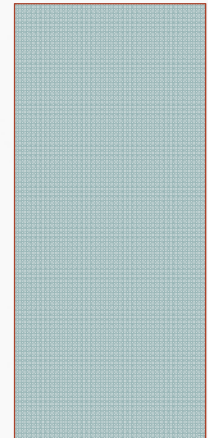


IDAHO SCHOOL-BASED MENTAL HEALTH SERVICES

(EFFECTIVE JULY 1, 2016)

**PSYCHOTHERAPY &
COMMUNITY BASED
REHABILITATION SERVICES**

(CBRS)



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 district** is responsible for knowing the applicable IDAPA rules, provider agreement, provider handbook and provider information releases and other program notices.

PSYCHOTHERAPY

Medicaid will reimburse for the following:

- ❖ 30 minutes psychotherapy with patient and/or family member
- ❖ 45 minutes psychotherapy with patient and/or family member
- ❖ 60 minutes with patient and/or family member
- ❖ Family psychotherapy without patient present (face-to-face)
- ❖ Family psychotherapy with patient present
- ❖ Group psychotherapy

WHO CAN PROVIDE PSYCHOTHERAPY?

- ❖ Psychiatrist, M.D.
- ❖ Physician, M.D.
- ❖ Licensed psychologist
- ❖ Licensed clinical social worker;
- ❖ Licensed clinical professional counselor;
- ❖ Licensed marriage and family therapist;
- ❖ Certified psychiatric nurse (R.N.), as described in Subsection 707.13 of these rules;
- ❖ Licensed professional counselor whose provision of psychotherapy is supervised in compliance with IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists";
- ❖ 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";
- ❖ Licensed associate marriage and family therapist whose provision of psychotherapy is supervised as described in IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists"; or
- ❖ Psychologist extender, registered with the Bureau of Occupational Licenses, whose provision of diagnostic services is supervised in compliance with IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners."

WHAT IS COMMUNITY BASED SERVICES (CBRS)?

- ❖ CBRS IS A MENTAL HEALTH SERVICE
- ❖ CBRS IS NOT A CRISIS SERVICE
- ❖ CBRS IS ACTIVE THERAPY!!

WHAT IS CBRS?

(IDAPA 16.03.09.853.03.J)

- ❖ Community Based Rehabilitation Services (CBRS) Services and Evaluation. Community Based Rehabilitation Services and evaluation services that are interventions to reduce the student's disability by assisting in gaining and utilizing skills necessary to participate in school. Training in behavior control, social skills, communication skills, appropriate interpersonal behavior, symptom management, activities of daily living, and coping skills are types of interventions that may be reimbursed. This service is to prevent placement of the student into a more restrictive educational situation.
- ❖ It is highly recommended that the school complete a functional behavioral assessment and behavioral plans to demonstrate the need for CBRS services. (The assessment and plans are Medicaid reimbursable).

STUDENT ELIGIBILITY FOR CBRS

IMPORTANT!!!!

Effective July 1, 2016, the mental health service (PSR) eligibility of “emotional disturbance” (Education determination) has been removed from IDAPA.

STUDENT ELIGIBILITY FOR CBRS

(IDAPA 16.03.09.852.01.A)

A student who is a child under eighteen (18) years of age must meet the Serious Emotional Disturbance (SED) eligibility criteria for children in accordance with the Children's Mental Health Services Act, Section 16-2403, Idaho Code. A child who meets the criteria for SED must experience a substantial impairment in functioning. The child's level and type of functional impairment must be documented in the school record. A Department-approved assessment must be used to obtain the child's initial functional impairment score. Subsequent scores must be obtained at least annually in order to determine the child's change in functioning that occurs as a result of mental health treatment.

SED ELIGIBILITY CRITERIA

(STUDENTS UNDER 18)

- ❖ Children's Mental Health Services Act, Section 16-2403, Idaho Code
 - ❖ "Serious emotional disturbance" means an emotional or behavioral disorder, or a neuropsychiatric condition which results in a serious disability, and which requires sustained treatment interventions, and causes the child's functioning to be impaired in thought, perception, affect or behavior. A disorder shall be considered to "result in a serious disability" if it causes substantial impairment of functioning in family, school or community. A substance abuse disorder does not, by itself, constitute a serious emotional disturbance, although it may coexist with serious emotional disturbance."

Step #1:
School identifies the need for the mental health service

Step #2:
School obtains a medical mental health diagnosis from a qualified professional

Step #3: School obtains or conducts a Department approved Assessment (at least annually) that demonstrates a substantial impairment

Step #4:
Qualified staff will review the diagnosis and the Assessment to determine if the student meets the SED criteria

DEPARTMENT APPROVED CBRS ASSESSMENTS

- ❖ Department approved CBRS assessment list will be posted on www.sbs.dhw.idaho.gov by May 1, 2016
- ❖ The CAFAS/PECFAS will be included in this list.

STUDENT ELIGIBILITY FOR CBRS

(IDAPA 16.03.09.09.852.01.B)

- ❖ A student who is 18 years or older must meet the criteria of Serious and Persistent Mental Illness (SPMI).
 - ❖ **Serious and Persistent Mental Illness (SPMI).** A participant must meet the criteria for SMI, have at least one (1) additional functional impairment, and have a diagnosis under DSM-V with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder. The only Not Otherwise Specified (NOS) diagnosis included is Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a conclusive diagnosis.
- ❖ Have at least 1 additional functional impairment and have a diagnosis under DSM-V. See rule for additional requirements.
- ❖ The student's record must contain documentation that collaboration has occurred with the student's other service providers.

WHO CAN PROVIDE CBRS?

(IDAPA 16.03.09.855.10)

- ❖ Licensed physician
- ❖ Licensed practitioner of the healing arts
- ❖ Advanced practice professional nurse
- ❖ Licensed psychologist
- ❖ Licensed clinical professional counselor
- ❖ Professional counselor
- ❖ Licensed marriage and family therapist
- ❖ Licensed masters social worker
- ❖ Licensed clinical social worker
- ❖ Licensed social worker
- ❖ Psychologist extender registered with the Bureau of Occupational Licenses
- ❖ Licensed professional or registered nurse (RN)
- ❖ Licensed occupational therapist
- ❖ Endorsed or certified school psychologist
- ❖ An individual who has a Bachelor's degree and holds a current PRA credential (See next slide)

PRA CERTIFICATION

- ❖ An individual who has a Bachelor's degree and holds a current PRA credential; or
- ❖ An individual who has a Bachelor's degree or higher and was hired on or after November 1, 2010, to work as a CBRS specialist to deliver Medicaid-reimbursable mental health services. This individual may continue to do so for a period not to exceed thirty (30) months from the initial date of hire. The individual must show documentation that they are working towards this certification. In order to continue as a CBRS specialist beyond a total period of thirty (30) months from the date of hire, the worker must have completed a certificate program or earned a certification in psychiatric rehabilitation based upon the primary population with whom he works in accordance with the requirements set by the PRA.

CBRS SUPERVISION

- ❖ CBRS Provider who has a PRA certification or working towards the certification must be supervised.
- ❖ Applicants must be under the supervision of a licensed behavioral health professional, a physician, nurse, or a endorsed/certified school psychologist. The supervising practitioner is required to have regular one-to-one (1:1) supervision to review treatment provided to student participants on an ongoing basis. The frequency of the 1:1 supervision must occur at least on a monthly basis.

CBRS SUPERVISION

- ❖ CBRS supervision can be conducted using telehealth when it is equally effective as direct on-site supervision.
- ❖ May 1, 2016, Medicaid telehealth policy will be posted at: www.sbs.dhw.idaho.gov

Requirements

All Medicaid
Reimbursable
Services

BACKGROUND CHECKS

❖ Idaho Code 33-130

❖ Criminal history checks for 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>



Substitute Teacher/Multiple District Assignment Form for School Personnel

(revised 01/12/15)

SHERRI YBARRA
SUPERINTENDENT OF
PUBLIC INSTRUCTION

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

OFFICE: 208-332-6800
FAX: 208-334-2228
SPEECH/HEARING
IMPAIRED: 1-800-377-3529

Employee Name (Please Print Clearly): _____

DOB: _____ EDUID Number: _____

<p>This section is to be used only for employees working as a substitute teacher</p> <p>Directions: Please check if substitute teaching</p>			
<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:			
<input type="checkbox"/> Summer School Teachers			
<input type="checkbox"/> Volunteer			
<input type="checkbox"/> 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.

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

IDAPA 16.03.09.854.01

120 DAY REVIEW

- * A documented review of progress toward each service plan goal completed at least every one 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.

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

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.

For Example

- Licensures
- Certifications
- Fingerprints
- Proof of qualifications
- Resumes
- Proof of age

(16.03.09.854.05)

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 AND USE

- 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.dhw.idaho.gov (Habilitation Intervention criteria)



IDAHO DEPARTMENT OF

HEALTH & WELFARE

**School-Based Alternative Care
Coordinator; Idaho Division of Medicaid**

(208)287-1169



SUPPORTING SCHOOLS AND STUDENTS TO ACHIEVE

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