

# Idaho Medicaid Provider Orientation

An Introduction to Medicaid Guidelines,  
Rules, and Programs for Home and  
Community Services Waiver Providers.

Regional Medicaid Services  
Long Term Care

# Idaho Medicaid Provider Orientation

## **Policy Intent**

“It is the intent of the Department of Health and Welfare, Regional Medicaid Services, to orient new Medicaid Provider applicants to current program requirements and application standards in a uniform and consistent manner.”

# Idaho Medicaid Provider Orientation

## Medicaid Defined

- Largest program providing medical and health related services to America's poorest people.
- Jointly funded federal and state government program to help states provide adequate medical care to eligible persons.
- Medicaid eligibility and coverage are unique to each state.

# Idaho Medicaid Provider Orientation

## Differences Between Medicaid and Medicare

- Medicaid is a state funded health insurance program that uses a combination of state and federal money to pay for these services.
- Medicare is a federal program.
- The state of Idaho has no control or influence on who and what Medicare covers and vice versa.

# Idaho Medicaid Provider Orientation

## Basis Of Eligibility

- Medicaid does **not** provide medical assistance for all low income persons.
- Eligibility is a two part process.
- Low income is only one test for Medicaid eligibility
  - Home and Community-Based Services participants must meet medical **and** financial eligibility.

# Idaho Medicaid Provider Orientation

## Eligibility

### Part One – Financial

- Determined by Self Reliance annually.
- Financial eligibility does not guarantee approval for Home and Community Based Services.

# Idaho Medicaid Provider Orientation

## Eligibility

### Part Two – Medical

Determined medically eligible by Regional Medicaid Services (RMS) at least annually.

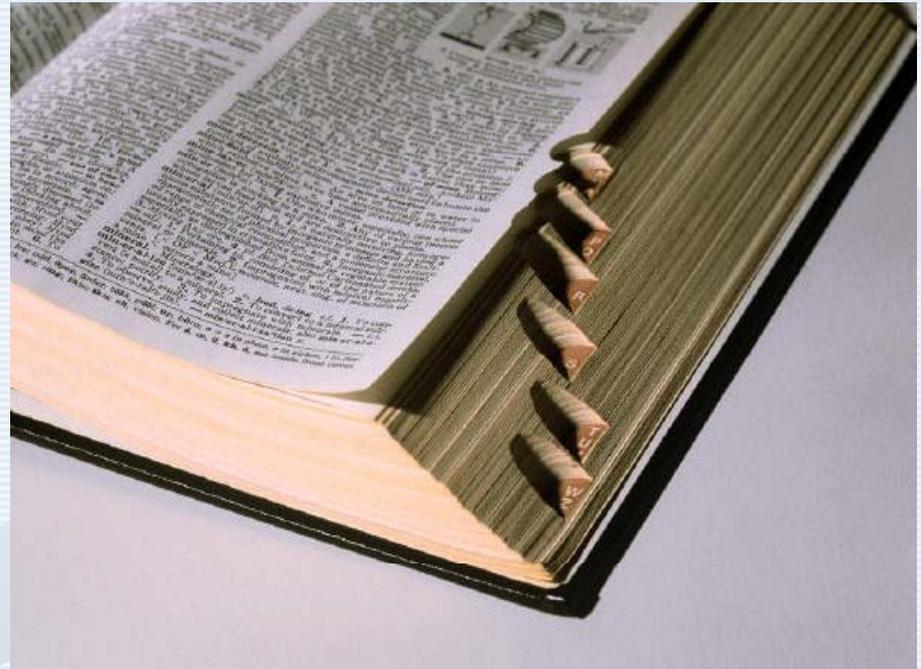
### The participant

- Requires services due to a physical or cognitive disability.
- Has significant impairment in functional independence.
- Is safe and effective.
- Is cost effective.



# Idaho Medicaid Provider Orientation

- Definitions
- Abbreviations



# Idaho Medicaid Provider Orientation



## Region Map



# Idaho Medicaid Provider Orientation

**Region 1:** Boundary, Bonner, Kootenai, Shoshone, and Benewah counties. The regional office is located in Coeur d'Alene.

**Region 2:** Latah, Nez Perce, Lewis, Clearwater, and Idaho counties. The regional office is located in Lewiston.

**Region 3:** Adams, Washington, Payette, Gem, Canyon, and Owyhee counties. The regional office is located in Caldwell.

**Region 4:** Valley, Boise, Ada, and Elmore counties. The regional office is located in Boise.

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**Region 5:** Camas, Blain, Gooding, Lincoln, Jerome, Minidoka, Twin Falls and Cassia counties. The regional office is in Twin Falls.

**Region 6:** Bingham, Power, Bannock, Caribou, Bear Lake, Franklin, and Oneida counties. The regional office is located in Pocatello.

**Region 7:** Lemhi, Custer, Butte, Clark, Fremont, Jefferson, Madison, Teton, and Bonneville counties. The regional office is located in Idaho Falls.

# Idaho Medicaid Provider Orientation

## Idaho Medicaid Provider Agreement

- Agency held responsible for entire Provider Agreement **AND** Additional Terms
- Please retain a copy for your records



# Idaho Medicaid Provider Orientation

## Provider Agreement Overview

### Compliance

Defines rules, regulations, and Idaho State Administrative Codes (IDAPA), Idaho statutes, and federal law.

### Contact

- Provider must keep a current address and physical ownership with the Department.
- If a PO Box is used, the providers home address and phone number must be included.

# Idaho Medicaid Provider Orientation

## Provider Agreement Overview

### Professionalism

- The provider must be licensed, certified, or registered with the appropriate state authority.
- Staff must have the appropriate license or certification.
- Paraprofessionals must be professionally supervised

# Idaho Medicaid Provider Orientation

## Provider Agreement Overview

### Record Keeping Requirements:

- Providers must retain records for five years from date of service.
- Medicaid will be given immediate access to review and copy any and all records and documentation used to support claims billed to Medicaid.
- “Immediate access” means access to records at the time the written request is presented to the provider.

# Idaho Medicaid Provider Orientation

## Provider Agreement Overview

### Accurate Billing

The provider or designee certifies that:

- Items or services claimed were actually provided
- Medically Necessary
- Documented at the time they were provided
- Provided in accordance with professionally recognized standards of health care, applicable Department rules, and the provider agreement.

# Idaho Medicaid Provider Orientation

## Provider Agreement Overview

### Secondary Payer

Provider will bill Medicaid only after other sources have been billed as required by rule, regulation, or statute.

### Payment

Accept Medicaid payment for any item or services as payment in full.

# Idaho Medicaid Provider Orientation

## Provider Agreement Overview

### Service Providers

- The provider is responsible for recruiting, hiring, firing, training, supervising, scheduling, and payroll for its employees, subcontractors, or agents.
- The provider will maintain general liability insurance coverage, worker's compensation and unemployment insurance, and will pay all FICA taxes and state and federal tax withholdings for its employees.
- The provider will only bill for service providers who have the qualifications required for the type of service that is being delivered.

# Idaho Medicaid Provider Orientation

## **Provider Agreement Overview**

### **Confidentiality**

Confidential information will only be released with  
Appropriate, written authorization from the participant.

### **Officers and Employees Not Liable**

No official, employee, or agent of the state of Idaho can be  
held personally liable or responsible for any term of the  
Provider Agreement.

# Idaho Medicaid Provider Orientation

## Provider Agreement Overview

### Duration and Termination of Agreement

The Provider Agreement will remain in effect until terminated in writing.

### Ownership

The provider will notify the Department 30 days prior to any change of ownership. The Provider Agreement is **not** transferable.

# Idaho Medicaid Provider Orientation

## Provider Agreement Overview

### Subcontractors

The provider will:

- Describe the extent to which subcontractors will be used.
- Submit to the Department for review all contracts between the agency and its subcontractors.
- Have procedures in place to ensure the work performed by the subcontractor is of high quality.

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## **Criminal History Requirements**

- Mandatory Criminal History Checks (CHC)
- Individuals Subject to Mandatory CHC
- Initial and Update Timeframes for CHC
- Unconditional/Conditional Denials, Exemption Reviews

# Idaho Medicaid Provider Orientation

## **Advance Directives and Participant Rights**

### **Advance Directives**

Personal Care Services must maintain written policies and procedures concerning advance directives.

### **Participant Rights**

Medicaid providers must ensure Medicaid participants have been made aware of their rights and protections.

# Idaho Medicaid Provider Orientation

## Complaints and Reporting Requirements

- Provider Complaints & Grievances
- Medicaid Provider Complaint and Reporting Requirements

# Idaho Medicaid Provider Orientation

## Complaints and Reporting Requirements

- Definitions, Adult Abuse, Neglect, and Exploitation Act
- Duty to Report Child Abuse, Abandonment, or Neglect
- Definitions, Child Protection Act

# Idaho Medicaid Provider Orientation

## Training Policy

Description of how the agency will ensure that all direct service providers meet the qualifications contained in the *Provider Matrix and Standards for Direct Care Staff and Allowable Tasks/Activities*.

# Idaho Medicaid Provider Orientation

## Training Matrix

- Defines the standards of care
- Identifies who must meet those standards
- Identifies how skill competency will be determined and verified

# Idaho Medicaid Provider Orientation

## Quality Assurance (QA)

- Department Processes
- Provider Requirements

# Idaho Medicaid Provider Orientation

## Department Quality Assurance

- Six Month QA Review
- One Year Review
- Outcome Based QA Review, PES
- Bi-Annual QA review



# Idaho Medicaid Provider Orientation

## **Provider Quality Assurance**

Provide a QA and Quality Improvement plan that ensures delivery of quality services, which includes mechanisms for identifying areas needing improvement and processes for developing and implementing improvements.

# Idaho Medicaid Provider Orientation

## **The agency is required to submit to Medicaid:**

- Quarterly listings of participants, employees, and subcontractors.
- Issues and concerns identified on the regional nurse's QA Home Visit form/Service Plan.
- Incidents and care concerns.
- Changes in condition, location, or care being provided or stopped.

# Idaho Medicaid Provider Orientation

## **Ethics: Standards of Conduct**

- Provide services in a respectful, courteous manner.
- Respect participant's rights, including privacy and self-determination.
- Neglect, abuse, and harassment in any form is prohibited.
- Will not become involved in the participant's personal/financial affairs.
- Will not provide services while using, or under the influence of drugs or alcohol.
- Ensure confidentiality of all participant information collected, used, or maintained.

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## Referrals for Services

- If the participant has active Medicaid coverage, referrals can go through Self Reliance (SR) or Regional Medicaid Services (RMS).
- If the participant does not have active Medicaid coverage, referrals must go through SR.
- A&D/PCS providers should never make referrals.

# Idaho Medicaid Provider Orientation

## **UAI ~ Uniform Assessment Instrument**

- Regional Nurse Reviewer (NR) will contact the applicant to arrange time for the assessment. The participant may invite family members, a service coordinator, a legal representative or anyone else he or she chooses to be present during the assessment.
- The participant will receive written notice of eligibility.
- The participant will choose a provider agency from a list supplied by the NR.
- Agency will receive a copy of the UAI, NSA, and Acknowledgement only with co-pay info. Receipt of these documents indicates the participant is eligible to begin receiving services.

# Idaho Medicaid Provider Orientation

## Home and Community Based Services



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# Idaho Medicaid Provider Orientation

## Aged and Disabled (A&D) Waiver – Adult

IDAPA 16.03.10.320-330

- The individual must meet special income guidelines **AND** meet nursing facility level of care as determined by the Uniform Assessment Instrument (UAI).
- Must need and receive a waiver service at least every 30 days.

# Idaho Medicaid Provider Orientation

## A&D Waiver – Adult

IDAPA 16.03.10.320-330

### Services could include:

- Adult Day Care
- Adult Companion
- Assistive Technology
- Attendant Care
- Chore Services
- Consultation
- Home Delivered Meals
- Home Modification
- Homemaker Services
- Non-Medical Transportation
- Personal Emergency Response Services
- Respite Care
- Service Coordination
- Skilled Nursing Services

# Idaho Medicaid Provider Orientation

## A&D Waiver – Adult

IDAPA 16.03.10.320-330

- Provider Types
- Additional Terms
- Training
- Quality Assurance

# Idaho Medicaid Provider Orientation

## **A&D Waiver – Adult**

- Policy and Procedures
- Transition of Participants
- Records/Reports
- Subcontractors

# Idaho Medicaid Provider Orientation

## **A&D Waiver – Adult**

IDAPA 16.03.10.320-330

- Cost effective
- Meet nursing facility level of care
- May have a co-pay



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# Idaho Medicaid Provider Orientation

## Plan of Care

- Agency can use RMS approved care plan or the Negotiated Service Agreement (NSA) sent by RMS.
- Must be completed on every participant authorized for services under both A&D Waiver and State Plan PCS.
- Care plan addresses the **unmet** needs identified in the UAI for the participant.

# Idaho Medicaid Provider Orientation

## Plan of Care Development Based on UAI

- Plan of Care Should be completed in the Participant's Home, with their input/ choice incorporated into plan.
- If participant is on PCS, Plan of Care must be written by agency RN.
- If participant is on A&D, Plan of Care must be written by **qualified and trained agency personnel.**

# Idaho Medicaid Provider Orientation

## Co-Pay

- Amount is established by Self Reliance based on financial information.
- Provider is responsible for billing participant for co-pay:
  - Co-pay may vary from month to month.
  - Amount withheld from agency payment will billed to participant by agency.

# Idaho Medicaid Provider Orientation

## **Personal Care Services (PCS)/State Plan – Adult**

IDAPA 16.03.10.300-319

- Must be financially eligible – open Medicaid – no co-pay.
- Does not have to meet nursing facility level of care, but must meet medical necessity.
- RMS will determine medical necessity based on the UAI.

# Idaho Medicaid Provider Orientation

## PCS/State Plan – Adult

**IDAPA 16.03.10.300-319**

Medically oriented tasks as identified by the UAI:

- Grooming
- Bathing
- Assistance with clothing
- Bowel and bladder
- Physician ordered medication
- Food or nutrition incidental to medical need



# Idaho Medicaid Provider Orientation

## PCS/State Plan - Adult

- In addition to at least one of the above:
  - Housekeeping
  - Accompany to clinics or physicians office
  - Shopping as required for health and maintenance
  - Maximum of 16 hours per week
- Requires written Plan of Care and oversight by agency RN if only State Plan PCS, not eligible for waiver services (e.g. meals, PERS, chore services)

# Idaho Medicaid Provider Orientation

## Agency Choice

- Choice forms and current agency lists given to the participant at time of assessment (UAI).
- The participant always has the right to choose the agency and must never be coerced.
- RMS must receive an Agency Selection Form with the participant's signature before RMS will authorize services.
- Choice of provider will never be taken verbally.

# Idaho Medicaid Provider Orientation

## **Acknowledgement**

Document the Department uses to inform the agencies of authorized services.

# Idaho Medicaid Provider Orientation

## Notice of Decision (NOD)

- Document the participant and agency will receive from Unisys after services are authorized/denied.
- NOD identifies the type and quantity of services authorized/denied.
- Will contain the Prior Authorization (PA) number needed to bill for services.

# Idaho Medicaid Provider Orientation

## Progress Notes

- Form completed by the caregiver at the time of service.
- Agency retains original, copy is maintained in participant's home.
- Form **MUST** be signed by both the caregiver and participant or the responsible party for the participant.
- Form should reflect actual cares provided or refused.

# Idaho Medicaid Provider Orientation

## Progress Notes

- Form should include the following:
  - Date and time of visit
  - Length of visit
  - Services provided during the visit
  - Documentation of any changes noted in the participant's condition or any deviations from the plan of care

# Idaho Medicaid Provider Orientation

## Notification of Change

- Agencies will submit this form to RMS when there is a change in the following areas:
  - Admission or discharge to a hospital or nursing facility
  - Participant has moved
  - Participant was admitted or discharged from hospital (include date)
  - Participant deceased
  - Participant no longer needing services
  - Change of agency (must include participant's signature for change of agency only)

# Idaho Medicaid Provider Orientation

## Significant Change/ Modification Requests

- The Agency RN or qualified staff will assess the participant's condition and compare to the current UAI.
- Using the Significant Change Form to document areas of change from the UAI showing decline/improvement.
- Include a brief synopsis of the participant's condition with expected time frame for the change.
- Requests **MUST** be signed by the participant **AND** by the RN/qualified staff from the agency completing the form.
- Agency will submit the Significant Change Form to RMS for review.
- Service authorized from date received.



# Idaho Medicaid Provider Orientation

## Supervising RN Visits

- Form is completed by agency RN at the time of each authorized visit.
- Copy of this form is submitted to RMS by the first of each month for each participant visited during the month.
- Changes in the participants condition could result in more supervisory visits authorized by RMS.

# Idaho Medicaid Provider Orientation

## Children's Programs

- Katie Beckett (KB)
- State Plan PCS
- Private Duty Nursing (PDN)
- Qualified Mental Retardation Professionals



# Idaho Medicaid Provider Orientation

## **Katie Beckett (KB)**

- Avenue to qualify for Medicaid
- Based on child's disability
- Must be cost effective (care can't cost more than care in an institution)
- Safe and effective
- May have co-pay (based on parent's income)

# Idaho Medicaid Provider Orientation

## State Plan PCS – Children

- Qualify for Medicaid based on parent's income
- Provides training and personal care
- Services can't replace or duplicate other services
  - School
  - Therapist
  - Developmental programs



# Idaho Medicaid Provider Orientation

## Private Duty Nursing (PDN)

- Requires care for conditions of such medical severity or complexity that skilled nursing is necessary
- Help parents with medically fragile children keep the child in their home and community
- Services must be ordered by physician
- May be an RN or an LPN

# Idaho Medicaid Provider Orientation

## Qualified Mental Retardation Professional (QMRP)

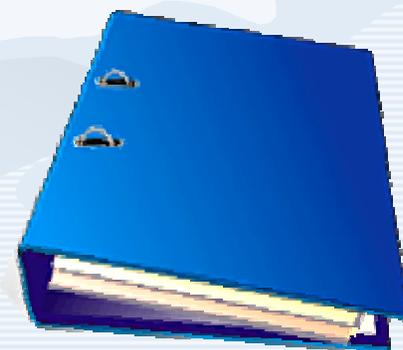
- If caring for a participant with a QMRP Plan; caregivers must have completed the Department approved QMRP training before delivering services **OR** have a six month DD Training waiver approved by the Department before delivering services.
- All RNs supervising QMRP Plans must have met Federal Guidelines for QMRP Eligibility

# Idaho Medicaid Provider Orientation

## Information Required in Participant's Home

**Binder provided by agency that includes:**

- Participant's Rights and Responsibilities
- Emergency phone numbers/back up plan
- Advanced Directives
- Living Will
- Progress notes (completed daily with signatures)
- Plan of Care (NSA)
- UAI/NSA (updated yearly)
- Supervising nurse's notes



# Idaho Medicaid Provider Orientation



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## YOU NEED TO KNOW

1. Your agency should provide to you a folder/binder that should contain:
  - a. Your rights and responsibilities
  - b. Advance directives
  - c. Progress notes
  - d. Care plan
  - e. Supervising nurse's notes
2. The contents of this file are **not** to be removed from your home and need to be kept accessible for 5 years. It is your property.
3. The caregiver should complete a progress note with each visit.
4. You need to read the progress notes carefully before signing your name. By doing so, you are saying services provided and time spent in your home is accurate. Service not done and time not spent that is billed to Medicaid is considered fraud.
5. The caregiver is **never** to be in the home performing services when you aren't there.
6. If your agency provides non-medical mileage benefits and you qualify for it, you may receive the non-medical mileage benefit.
7. All services provided are for **you only**. Caregivers may not provide babysitting, housekeeping or any other services to household members.
8. Your Medicaid nurse reviewer authorizes services for a specific time period up to one year. The nurse reviewer will revisit you and determine if you qualify for ongoing services
9. If you have a significant change in your condition, contact your agency. An agency nurse will visit you, evaluate your change and contact the nurse reviewer.
10. Your number of hours may be adjusted if not being used as authorized or as your health improves or declines.
11. Needs, such as housekeeping, laundry or shopping, are secondary to personal care needs.
12. You **always** have the right to a new caregiver or agency.
13. You will receive a "Notice of Decision" anytime there is a change in your program. (15 Minutes = 1 Unit). You have the right to appeal decisions regarding your services.

04/08/16

**NR will leave in the participant's home at the time of the assessment**



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# Idaho Medicaid Provider Orientation

## Payment for Medicaid Services

- Medicaid operates as a vendor payment program.
- Molina Medicaid Solutions:  
Phone: 866-686-4272



# Idaho Medicaid Provider Orientation

## Resources For Medicaid Providers

**Molina Medicaid Services Online:**

<https://www.idmedicaid.com>

**Provider manual online**

<https://www.idmedicaid.com/Provider%20Guide/Forms/AllItems.aspx>

**Medicaid Enhanced Plan (IDAPA)**

<http://adm.idaho.gov/adminrules/rules/idapa16/16index.htm>

**CMS HCBS Training**

<http://www.hcbsassurances.org/index.html>

# Idaho Medicaid Provider Orientation

## Quality Assurance Contacts

Region 1 & 2 ~ Kim Hickey RN (208) 799-4435

Region 3 & 4 ~ \_\_\_\_\_ (208) 455-7150

Region 5, 6, & 7 ~ Michelle Finck RN (208) 782-2618

*Thank You*