



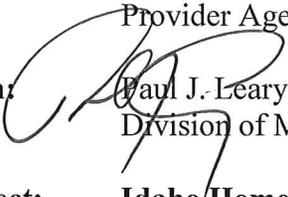
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Medicaid Information Release MA11-27

To: Provider Agencies
From:  Paul J. Leary, Administrator
Division of Medicaid
Subject: Idaho Home Choice

On October 1, 2011, Idaho Medicaid implemented the Idaho Home Choice Program. Idaho Home Choice is the result of Idaho Medicaid receiving a five-year Money Follows the Person Grant. The goal of the program is to rebalance spending from institutional care to home and community-based care. Idaho Medicaid has set a benchmark of transitioning 325 individuals out of qualified institutions and into home and community-based care over the next five years. A qualified institution is:

- A skilled nursing facility (SNF)
- An institution for mental diseases (IMD)
- An intermediate care facility for the intellectually disabled (ICF/ID)

To be eligible for the program a participant must:

- Be a resident of Idaho.
- Currently live in a nursing facility, an IMD, or an ICF/ID.
- Have lived in the above settings for at least 90 consecutive days, excluding short-term rehabilitation stays.
- Have been eligible for Medicaid for at least one day.
- Qualify for the Aged and Disabled Waiver, the Developmental Disability Waiver, or Medicaid State Plan Services.
- Move to a "qualified residence" in the community.

A qualified residence is:

- A person's own home
- A person's family's home
- A person's own apartment
- A residence in a community-based residential setting where no more than four unrelated individuals reside - excluding caregivers and personal attendants. A certified family home is one example.

There will be two new benefits for all Idaho Home Choice participants:

- Transition Management (code T2022) - \$48.36 per hour. There is a maximum of 72 hours that can be billed for transition management.
- Transition Services (code T2038) - Rates will vary. There is a maximum of \$2,000 that can be billed for transition services. For a definition of transition management and transition services, please visit the Idaho Home Choice Website at www.idahohomechoice.idaho.gov and click "Provider Information".

To be able to bill for these two new benefits, providers must have a certified transition manager who is actively working with a participant affiliated with their agency. Transition managers must have attended the Medicaid Transition Management Certified Training held in September and October 2011 and must have a current background check on file. Training for transition management will be conducted again in 2012. Affiliated agencies must bill Medicaid under one of the following provider types and specialties:

- QMXCT01120 - Behavioral Consultation/Crisis Management
- QMXCT01107 - DD Agency
- QMXCT01094 - DD Case Management Agency
- QMXCT01096 - Mental Health Case Management Agency
- QMXCT00667 - Nursing Services Agency
- QMXCT01101 - PCS Agency
- QMXCT01095 - PCS Case Management Agency
- QMXCT01026 Social Work Services
- QMXCT01111 TBI Agency

If you have questions, please call Tammy Ray, Project Manager for the Division of Medicaid at (208) 364-1889, or send an email to IHCMFP@dhw.idaho.gov.

Thank you for participating in the Idaho Medicaid program.

PJL/rs