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IDAHO DEPARTMENT OF HEALTH & WELFARE

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**NEGOTIATED RULEMAKING MEETING
 DEPARTMENT OF HEALTH AND WELFARE
 16.03.10 – MEDICAID ENHANCED PLAN BENEFITS
 SPECIAL RATES FOR NURSING FACILITIES**

TUESDAY, JUNE 19, 2018	
In Person Meeting 10:00am to 11:00am (Mountaing Local Time)	Teleconference Meeting 10:00am to 11:00am (Mountaint Local Time)
3232 Elder Street Conference Room D-East Boise, ID 83705	Toll-Free: 1-877-820-7831 Participant Code: 169996

Facilitator

Alexandria Childers-Scott, RN, BSN
 Medicaid Program Policy Analyst

Meeting Purpose

The Department is seeking input from stakeholders regarding Special Rates in Nursing Facilities for participants who require ventilator and tracheostomy care. Specifically, stakeholder recommendations for a set add-on rate including, equipment, supplies and additional registered nursing and certified nursing assistant hours is requested.

Agenda

• Welcome
• Review of meeting purpose and discussion
• Next Steps <ul style="list-style-type: none"> ○ Proposed Rule and Comment Period
• Adjourn

All written comments on negotiated rules must be received on or before June 29, 2018.

- Mail: Idaho Department of Health and Welfare, Division of Medicaid, Attn: Alexandria Childers-Scott - PO Box 83720 Boise, ID 83720-0009
- Hand Deliver: Idaho Department of Health and Welfare, Division of Medicaid, Attn: Alexandria Childers-Scott - 3232 Elder Street, Boise, ID 83705
- Email: Alexandria.Childers-Scott@dhw.idaho.gov
- Fax: 1-208-332-7283

Examples:

Supplies and Equipment Included in Tracheostomy Special Rate

Suction Catheter Kit	21/week	A4624
Trach Ties	3/week	A7526
Trach Care Kits	7/week	A4629
Inner Cannula	7/week	A4623
Cuffed Trach	1/month	A7520
PMV	1/month	L8501
Saline Bullets	56/week	J7051
Sterile Water/500 ml	4/week	A4217

Supplies and Equipment Included in Ventilator Special Rate

Ventilator (Bedside)	7/week	E0465
Suction pump	7/week	E0600
Disposable neb	1/week	A7003
HME	7/week	A4483
Tubing/suction	1/week	A7002
Closed Suction	3/week	A4605
Saline Bullets	56/week	J7051
Saline 500 ml	4/week	A4217
Suction Cath Kits	21/week	A4624
Trach Care Kits	7/week	A4629
Inner Cannula	7/week	A4623
Trach Ties	3/week	A7526
Suction Canister	1/week	A7000
Speaking valve	1/year	L8501
Trach	1/month	A7520
Bacteria Filters	1/week	A7013
Corrugated Tube	1/week	A7010

Request Additional Registered Nurse and Certified Nursing Assistant Hours

(Tracheostomy) CNA	0 - 3.5 hours per day
(Tracheostomy) RN	2 – 4 hours per day
(Ventilator) CNA	3 – 4 hours per day
(Ventilator) RN	4 - 6.6 hours per day