MEDICAID ENROLLMENT INSTRUCTIONS
for Community Based Supports (CBS)

Enrollment to become an Independent CBS provider is a multi-step process:

1. Complete an Idaho Department of Health and Welfare (DHW) criminal history check, or Idaho State Police name check when applicable. Don’t delay. This must be completed before you enroll. **If you need an Idaho State Police name check, you can complete your DXC enrollment at the same time.**
2. Complete CPR and First-Aid Certification.
3. Complete the online Medicaid provider enrollment application. “Respite” will be the provider specialty you enroll under even though you are enrolling to provide Community Based Support.
4. Complete Competency Coursework and Submit.
5. Download the Fax Cover Sheet and submit all required documentation with your application to DCX Provider Enrollment. DXC will review for completeness and then forward to DHW FACS.
6. DHW FACS review of enrollment to approve provider agreement.

Carefully follow all steps of the process to assure your enrollment is expedited.

**Step 1 – Complete an Idaho DHW criminal history background check**

Each applicant must show clearance of a criminal history check through the DHW Criminal History Unit. The employer identification number to use to apply is **6255**. For more information on how to complete a criminal history background check, go to the website: [https://chu.dhw.idaho.gov](https://chu.dhw.idaho.gov) or call (208) 332-7990 or 1 (800) 340-1246.

➢ **If you have an Idaho DHW background check and it is less than 3 years old**, you may be able to transfer it in lieu of completing a new one. In these cases, the state name check form is available on the Criminal History Unit’s web site. Once you access your criminal history and determine it is within the three-year period, you can attach your criminal history to our program by completing a state name check. The applicant must complete the top section of the Idaho State Police name check application, complete the payment information on the form or include a money order (no personal checks) for $20.00 made out to the Idaho State Police.

**If you need an Idaho State Police check you can complete your DXC enrollment at same time.**

➢ **Send the application and money order to:**

  Idaho Department of Health and Welfare  
  FACS DD Program  
  P.O. Box 83720 (PTC 5th Floor)  
  Boise, Idaho 83720

➢ DHW will complete the bottom portion of the application and submit to the Idaho State Police with the money order. All other forms of payment will not be processed.

➢ **If you have not completed a criminal history check or your criminal history check is over 3 years old**, go to the website at [https://chu.dhw.idaho.gov](https://chu.dhw.idaho.gov) to start your criminal check process.

➢ **Do not proceed until you review the FAQ’s tab** for important information about the process. After reviewing the FAQ’s, go to the New Applicant or Log into your background check account tab.

➢ For the purposes of the Children’s Developmental Disabilities Program, the application should be completed with the following information:
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Step 2 – Must have record of current CPR and First-Aid Certification

Applicant must have a current CPR and First-Aid Certification at the time of enrollment. Documentation must be submitted with the Medicaid enrollment application in Step 3 below. The application will not be processed if all the required documentation is not included.

Step 3 – Complete an online Medicaid provider enrollment application

Prior to enrolling as an Independent Community-Based Support provider, the individual must have a current CPR and First-Aid Certification, along with a completed background check.

➢ To start your enrollment, you must register and then sign in to the Idaho DXC Technology Medicaid website at www.idmedicaid.com. Once you are signed in, hover over the Account Maintenance tab and select Provider Enrollment.
➢ Click New Provider Enrollment Application.
➢ Fill in all required fields. Independent CBS providers are “atypical providers.” When the application asks for information regarding a business, this information is your personal information such as address and phone, etc.

HERE ARE SOME TIPS:

<table>
<thead>
<tr>
<th>Application Questions:</th>
<th>Select in Drop Down Menu:</th>
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<tbody>
<tr>
<td>Enumerated with NPI Registry as</td>
<td>No NPI (NPI is optional)</td>
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FOR INDEPENDENT COMMUNITY BASED SUPPORTS
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Enrollment Type | Facility/Agency/Organization
--- | ---
Tax ID Type | SSN (FEIN is optional)
Provider Type | Agency Professional
Provider Specialty | Respite Care (we are using the same specialty for Respite and Community Based Support)
Population Served | Children 0 – 17 years old

**By enrolling as a CBS provider, you understand and agree that by direct receipt of the funds, you are assuming potential tax and employer responsibilities that may include, but are not limited to, worker’s compensation, employee withholding, unemployment insurance, and liability insurance.**

➢ Make sure you complete the Disclosure of Ownership in the general section under forms.
➢ **Click Submit.** The system will respond with a case number. Use this case number whenever you contact Molina or DHW about your application.

**Step 4 – Complete Competency Coursework and Submit**

All Providers of Community Based Support (CBS) must complete the Habilitative Support training provided by Idaho Training Clearinghouse. The course takes approximately 3 hours to complete.

➢ Enrollment can be accessed through Idaho Training Clearinghouse CDHD website at [https://idahocdhd.org/Training/webinars](https://idahocdhd.org/Training/webinars).
➢ Choose register under Non-Credit Offerings Habilitative Supports.
➢ The course has an enrollment fee of $10.00. Under credit card payments, choose the link [UI Marketplace](https://idahocdhd.org/Training/webinars).
➢ The center will process the payments on Monday, Wednesday, and Friday and then send course instructions once you have been added to the course.
➢ A certificate of completion will be generated at the end of the training and must be printed, submitted and maintained in your records to be eligible to deliver the service.
➢ **SUBMIT** a copy of your certificate of completion for the competency coursework to FACSDDCO@dhw.idaho.gov.

**Step 5 – Download Fax Cover Sheet and submit all required documentation**

➢ At the end of the enrollment application, download the Fax Cover Sheet. Include your name and case number as instructed, along with the following provider enrollment documents:
  ❖ CPR and First-Aid Certification,
  ❖ EFT, signature on file, provider agreement electronic acknowledgement,
  ❖ W-9 form,
  ❖ Disclosure of Ownership, and
  ❖ Criminal History Check Notice of Clearance

   **Email to**
   IDProviderEnrollment@MolinaHealthCare.Com

   **or Mail to:**
   Molina Medicaid Solutions
   P.O. Box 70082
   Boise, ID 83707

**Step 6 – FACS Review of Enrollment**

➢ FACS will review the competency coursework certificate of completion.
➢ If Idaho State Police name check was required, enrollment will be held until the Idaho State Police name check is received by FACS.
An HCBS acknowledgement will be sent to you to review, sign, and return.

When review is completed and approved, an approval email will be sent outlining things you should know.

❖ If the application is incomplete, you will receive an email indicating the items that are incomplete within 3-5 business days from the submission. You must then submit any missing documentation for the review to be completed and approved.

**Medicaid Guidelines**

<table>
<thead>
<tr>
<th>Guidelines</th>
<th>Description</th>
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<tbody>
<tr>
<td>Rules</td>
<td>Rule requirements for Community Based Supports are located at: <a href="https://adminrules.idaho.gov/rules/current/16/160310.pdf">https://adminrules.idaho.gov/rules/current/16/160310.pdf</a>. Procedure codes and rates for each service are listed under Current Provider Reimbursement Rates on the <a href="https://childrenspts.com">Childrens Independent Provider Medicaid Fee Schedule</a> website.</td>
</tr>
<tr>
<td>Billing Instructions</td>
<td>ICD-10 or Diagnostic code is Z74.2 Patient account # is the child’s MID number on the plan of service. if you have questions call 1-866-686-4272.</td>
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If you have any questions you are welcome to contact the Children’s DD Program by phone at 208-334-5512 or by email at FACSDDCO@dhw.idaho.gov.

**STOP: You cannot deliver services until ALL the following are completed:**

➢ Receive FACS approval email,
➢ Receive a signed copy of the child’s plan of service from the parent or Case Manager, and
➢ Sign and return the provider signature page to the child’s Case Manager.

The Medicaid Enrollment process is not complete until you receive an email from DXC/Molina with approval and an approval email from FACS outlining your requirement references and billing information.

If a parent has requested that you provide the service before you have completed all of the requirements listed above, please contact the supervisor in your area from the following list (note each include surrounding areas):

North Hub: CDA/Lewiston Pete Petersen: 208-798-4117
West Hub: Boise/Nampa/Caldwell Mountain Home Sarah Allen: 208-334-0970
East Hub: Twin Falls/Pocatello/Idaho Falls/Salmon Heidi Napier: 208-234-7945