Idaho Medicaid Provider Orientation

An Introduction to Medicaid Guidelines, Rules, and Programs for Long Term Care Services & Supports Providers

Division of Medicaid
Bureau of Long Term Care
Idaho Medicaid Provider Orientation - Purpose

It is the intent of the Bureau of Long Term care to orient new Long Term Care Services and Supports Provider applicants to current program requirements and application standards in a uniform and consistent manner.
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.
- Currently in Idaho we have a Medicare/Medicaid Coordinated Plan (MMCP) for individuals who are both Medicare and Medicaid eligible. (Optional at this time)
Medicaid is a jointly funded federal and state government program to help states provide adequate medical care to eligible persons.

- Each State operates its Medicaid Program under what is called a State Plan
  - State Plan includes both mandatory and optional services (PCS with a limit of 16 hours/week is a State Plan Service)
  - CMS allows states to provide services outside the state plan under what are called Home and Community Based Waiver Services (HCBS)
Idaho Medicaid Provider Orientation – HCBS Waivers

There are currently 3 HCBS Waivers in Idaho

- Aged and Disabled Waiver (This is the one that you will be mostly be providing services under)
- Developmental Disabilities Waiver (You may have individuals on the DD waiver that are eligible for State Plan PCS and you may be providing PCS services)
- Children’s Waiver
Idaho Medicaid Provider Orientation – A&D Waiver

• Individuals must 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.

• Must be cost-effective
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Orientation – A&D Waiver Services

- 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
- Skilled Nursing Services
Idaho Medicaid Provider Orientation –
Personal Care Services (PCS)

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

Medically oriented tasks as identified by the UAI:

- Grooming
- Bathing
- Assistance with clothing
- Bowel and bladder
- Assistance with medications (does not include administration)
- Food or nutrition incidental to medical need
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Orientation – A&D Waiver Providers

• Provider Types
  • A&D/PCS Agency
  • Home Delivered Meals
  • PERS
  • Transportation
  • Certified Family Home (CFH)
  • Residential Assisted Living Facility (RALF)

• Additional Terms – Apply to A&D/PCS Agencies

• Training – Must receive prior to providing services
Eligibility for Long Term Care Services and Supports is a two part process.

Part One – Financial

- Determined by Self Reliance annually.

- Financial eligibility does not guarantee approval for Long Term Care Services and Supports.
Idaho Medicaid Provider Orientation – Eligibility

Part Two – Medical

- Determined by the Bureau of Long Term Care in the Region annually
- Must meet medical necessity or if over income for Medicaid, Nursing Facility Level of Care

The participant

- Must requires services due to a physical or cognitive disability.
- Has significant impairment in functional independence.
- Be safe and effective.
- Be cost effective.
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Agency Choice

- A Service and Provider Choice Form and current agency lists given to the participant at time of initial assessment (UAI).
- The participant always has the right to choose the agency and must never be coerced.
- Medicaid Services must receive an Agency Selection Form with the participant’s signature before authorizing services.
- Choice of provider must be in writing.
- Agency changes are processed at the 1st of the month if received by LTC by the 25th of the month.
Idaho Medicaid Provider Orientation – Eligibility

• Agency responsible to verify Medicaid eligibility prior to billing for services.

• An authorization period does not automatically guarantee Medicaid eligibility. Medicaid eligibility is month to month in Idaho.

• It is highly recommended that providers verify Medicaid eligibility and authorizations at the beginning of each month.
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Bureau of Long Term Care Acronyms
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Region Map
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 – Provider Agreement Overview

Agencies are held responsible for entire Medicaid Provider Agreement **AND** Additional Terms for Aged and Disabled Waiver/Personal Care Services

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

**Provider Information**
 Must notify the Department of any changes contained in the Enrollment Application within 30 days of the date of the change.
Professionalism

Respect the participant’s right to privacy, dignity and free choice of providers (including individual caregivers). Staff must have the appropriate license or certification.

Record Keeping Requirements

- Documentation of each item or service which reimbursement is claimed in accordance with all requirements of Idaho Code.
- Retain records for five years from date of service.
- Immediate access to review and copy any and all records and documentation used to support claims billed to Medicaid.
Accurate Billing
The provider or designee certifies that:
• Items or services claimed were actually provided
• Documented at the time they were provided
• Provided in accordance with professionally recognized standards of health care, applicable Department rules, and the provider agreement.

Secondary Payer
Provider will bill Medicaid only after other sources have been billed as required by rule, regulation, or statute.
Idaho Medicaid Provider Orientation – Provider Agreement Overview

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

Service Providers

- Responsible for recruiting, hiring, firing, training, supervising, scheduling, and payroll for its employees, subcontractors, or agent
- 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.
- Only bill for service providers who have the qualifications required for the type of service that is being delivered.
Officer 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.

Duration and Termination of Agreement

- The Provider Agreement will remain in effect until terminated in writing.
- The provider will notify the Department 30 days prior to any change of ownership. The Provider Agreement is not transferable.
- The Department may terminate the agreement when the provider is not in compliance with any applicable rule, term, or provision of this Agreement, either immediately or upon such notice as the Department deems appropriate.
Idaho Medicaid Provider
Orientation – Provider Agreement Overview

Provider Liability
Refers to liability of partnerships and corporations.

Additional Terms
A-1 Quality Assurance – Requirements for provider’s quality assurance program.
A-2 – Policies and Procedure Requirements
A-3 – Subcontractors – Requirements around use of
A-4 – Service Delivery
A-5 – Registered Nurse and Qualified Retardation Professional QMRP (Now Qualified Intellectual Disability Professional QIDP) Supervisory Requirements.
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Quality Assurance

- Six Month QA Review
- One Year Review
- Bi-Annual QA review
Criminal History Requirements

- Mandatory Criminal History Checks (CHC)
- Individuals Subject to Mandatory CHC
- Initial and Update Timeframes for CHC
- Unconditional/Conditional Denials, Exemption Reviews
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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
- Duty to Report Child Abuse, Abandonment, or Neglect
- Definitions, Child Protection Act

You are mandatory reporters for abuse, neglect, and exploitation.
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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*. 
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Training Matrix

- Defines the standards of care
- Identifies who must meet those standards
- Identifies how skill competency will be determined and verified
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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.
The agency is required to submit to Medicaid:

- Remediation and Corrective Action Plans for deficiencies identified on the Nurse Reviewer Home Visit Form
- Incidents and care concerns
- Changes in condition, location, or care being provided or stopped
- Corrective Action Plans for deficiencies identified in Quality Assurance Reviews
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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UAI ~ Uniform Assessment Instrument

- 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 decision regarding if they will receive services and if yes type and amount.

- The participant will chose a provider agency from a list supplied by the NR.

- Agency will receive a copy of the UAI and NSA. They can then look in the provider portal for the authorization details.
Notice of Decision (NOD)

- Document the participant will receive from Molina after services are authorized/denied.
- Provider must access from Molina Provider Portal.
- NOD identifies the type and amount of services authorized/denied.
- Will contain the Prior Authorization (PA) number needed to bill for services.
- Decrease or denials (10 day notice)
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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 may be billed to participant by agency.
  - You may not collect or bill the participant for more than the cost of your services.
  - If you collect up front and less than the amount collected is withheld from your payment you must reimburse the participant.
- Any questions on a participant’s share of cost should be referred to Self Reliance. (we cannot answer individual participant share of cost questions)
Plan of Care (Initial and Annually)

- Agency Must base the Service Plan on the UAI/Negotiated Service Agreement (NSA) sent by Medicaid Services
- 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.
- Must be completed by the Agency RN
Plan of Care Development Based on UAI

- Plan of Care must be completed in the Participant’s Home, with their input/choice incorporated into plan. Plans of Care must be self directed to the extent possible and include participant’s choices.

- The Plan of Care must be written by agency RN.
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In addition to at least one of the personal care on previous slide:
- Incidental Housekeeping
- Accompany to clinics or physicians office (must be approved by NR and not duplicate services by the medical provider)
- Shopping for groceries required for the health and maintenance of participant
- Maximum of 16 hours per week

Note: First 16 hours of Attendant Care services under the A&D waiver are billed as PCS. However if the participant meets and is authorized for A&D waiver services, the Homemaker portion of the care is separated from the PCS hours and must be billed as Homemaker not PCS. The Homemaker portion is subject to share of cost if applicable for the participant.
Agency Choice

- A Service and Provider Choice Form and current agency lists given to the participant at time of initial assessment (UAI).
- The participant always has the right to choose the agency and must never be coerced.
- Medicaid Services must receive an Agency Selection Form with the participant’s signature before authorizing services.
- Choice of provider will never be taken verbally.
- Agency changes are processed at the 1st of the month if received by LTC by the 25th of the month.
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.
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
  - Response to treatment (by exception)
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Notification of Change

• Agencies will submit this form to Medicaid Services when there is a change in the following areas:
  ᵇ Admission or discharge to a hospital or nursing facility
  ᵇ Participant has moved
  ᵇ Participant was admitted or discharged from hospital (include date)
  ᵇ Participant deceased
  ᵇ Participant no longer needing services
  ᵇ Change of agency (must include participant’s signature for change of agency only)
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 from the agency completing the form.
- Agency will submit the Significant Change Form to LTC for review.
- Service authorized from date received.
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Supervising RN Visits

- Form is completed by agency RN at the time of each authorized visit.

- Copy of this form is kept in the agency file and be available for review upon request.
Children’s Programs

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

• Avenue to qualify for Medicaid (parent’s income is disregarded)
• Based on child’s meeting an institutional level of care
• Must be cost effective (care can’t cost more than care in an institution)
• Safe and effective
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State Plan PCS – Children

• Provides training and personal care

• Services can’t replace or duplicate other services
  ŷ School
  ŷ Therapist
  ŷ Developmental programs
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
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
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Information Required in Participant’s Home

- 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 – Payment

• Medicaid operates as a vendor payment program.

• Molina Medicaid Solutions:
  Phone: 866-686-4272

• Medicaid Newsletter
  [link]

[link]
Idaho Medicaid Provider Orientation - Resources

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

Provider Reimbursement Rates
http://www.healthandwelfare.idaho.gov/Portals/0/Providers/Medicaid/PCSHCBasedADWaiverJuly2014.pdf

A&D/PCS On-line Training Modules
http://healthandwelfare.idaho.gov/portals/_rainbow/TrngModules/bltc_SvcPlan/index.html
http://healthandwelfare.idaho.gov/portals/_rainbow/TrngModules/bltc_documentation/index.html
http://healthandwelfare.idaho.gov/portals/_rainbow/TrngModules/bltc_SkillsMtrx/index.html