



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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March 1, 2018

**MEDICAID INFORMATION RELEASE MA18-02**

**To:** All Nursing Facility and ICF/ID Administrators

**From:** Matt Wimmer, Administrator

**Subject:** Information Request Related to Wage Determination

Each year the Idaho Department of Health and Welfare gathers information from all nursing facilities (including hospital-based facilities) and intermediate care facilities for persons with intellectual disabilities (ICF/ID) to determine wage data for select employees in the nursing home industry.\*

If you were a Medicaid provider on or before **March 15, 2018**, you must complete the attached certification according to the attached instructions and return the required information to:

Myers and Stauffer LC  
8555 West Hackamore Drive, Suite 100  
Boise, ID 83709-1693  
Fax: (208) 378-0660

You must respond by April 15, 2018.

Submission instructions are shown on page 3. If you have questions, please contact Myers and Stauffer at (800) 336-7721. Thank you for participating in Idaho Medicaid.

MW/kl

Attachments:

\* IDAPA 16.03.10.281.02 and IDAPA 16.03.10.603.02

**INFORMATION REQUEST INSTRUCTIONS**

(Please read carefully as strict adherence to these standards is required)

As of March 15, 2018, we are requesting the following information regarding select staff at all nursing facilities (including hospital-based facilities) and intermediate care facilities for individuals with intellectual disabilities (ICF/ID).\*

You must submit the following information on the WAHR Survey Form 2018, in an Excel format, to Myers and Stauffer no later than April 15, 2018.\* Early submissions are greatly appreciated. **Please see below for additional requirements for email submissions.**

- Employee Name: Include only the name or identifier for each employee (e.g., ID number). Do not include employee social security numbers.
- Employment Class: Do not send information for staff who are not involved in the routine, direct care of residents who receive long-term care (e.g., physical therapy, occupational therapy, speech therapy, restorative aides, staff development, social service, activities, health information, administration, or ward clerks should not be included).
- Include and assign only the staff that fall into these categories (do not include outside contract labor):
  - RN - Registered Nurses (indicate Director of Nursing, Mini Data Set (MDS) Staff, Care Manager, etc.)
  - LPN - Licensed Practical Nurses
  - CNA - Certified Nurse Aides
  - NA - Nurse Aides
  - Dietary Aide
  - Housekeeping Aide
  - Laundry Aide
  - QIDP - Qualified Intellectual Disabilities Professional (ICF/IDs only)
  - THT - Therapy Technicians (ICF/IDs only)
- Hourly Wage: Include only the hourly wage. If the individual is paid a salary, please convert it to an hourly wage (full time = 2,080 hours/year).
- Weekly Hours: Include the number of hours that the individual works in an average work week and round figures to the nearest hour. Include Pro Re Nata (PRN) staff only if a weekly average can be determined.
- Time Frame: The wage data must be the rate paid as of March 15, 2018. Do not include personnel hired after this date.

\* According to IDAPA 16.03.10.281.02 and IDAPA 16.03.10.603.02

- **Format: All providers are now required to use the standardized reporting form, WAHR Survey Form 2018.** The form is available for download at <http://www.mslc.com/Idaho>. Navigate to the download folder and select the "WAHRS" folder.
- **Submission Requirements:** Electronic files that can be sent through a **secured** email system should be sent directly to [IDWAHRS@mslc.com](mailto:IDWAHRS@mslc.com). If you do not have access to this type of program the information can be submitted through the Myers and Stauffer LC Secure File Transfer Portal (SFTP). If you do not have an account, please contact Pamela Perry of Myers and Stauffer LC at (800) 336-7721 to request access to the SFTP.
- **Certification:** The cover sheet/certification page below must be completed, signed, and included with the information requested above. APDF of the signed certification is acceptable.

STATE OF IDAHO  
DEPARTMENT OF HEALTH AND WELFARE  
\* \* \*  
PERSONNEL LISTING WITH WAGE DATA  
\* \* \*  
REQUESTED TO COMPLY WITH  
*IDAPA 16.03.10.281.02 and IDAPA 16.03.10.603.02*  
\* \* \*  
AS OF MARCH 15, 2018

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Medicaid Provider Number

I certify that, to the best of my knowledge, the information reflected herein is an accurate representation of the facts.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address