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**MEDICAID INFORMATION RELEASE MA20-31**

**To:** Targeted Service Coordinators;  
Developmental Disability Agencies;  
Residential Habilitation Agencies;  
Certified Family Homes;  
Self-Direction Support Brokers; and  
Self-Direction Community Support Workers.

**From:** Matt Wimmer, Administrator

**Subject:** COVID-19 Temporary Addition of Homemaker Services to Home and Community-Based Services (HCBS) Program for Adults with Developmental Disabilities

The Idaho Department of Health and Welfare (Department) continues to monitor and address the impacts resulting from the 2019 Novel Coronavirus (COVID-19). To support participant access to essential services and supplies, the Bureau of Developmental Disability Services is temporarily adding homemaker services to the HCBS program for adults with developmental disabilities (DD) as described in this Information Release and continuing until rescinded by the Department.

**Service Definition.**

Homemaker services consist of performing for the participant, or assisting them with, or both, the following tasks: essential errands, meal preparation, laundry, and other routine housekeeping duties if there is no one else in the household capable of performing these tasks.

**Eligibility.**

Any adult participant receiving services under the 1915(i) Adult DD HCBS Benefit and/or the 1915(c) Adult DD HCBS Waiver, who requires additional assistance with homemaker services as a result of the COVID-19 public health emergency, may be authorized to receive temporary homemaker services.

**Prior Authorization.**

If an individual needs temporary homemaker services as a result of the COVID-19 public health emergency, a service plan addendum/plan change must be submitted to the

Information Coordinator. Temporary homemaker services may be approved retroactively to March 13, 2020, the start of the public health emergency.

The service plan addendum/plan change:

- Will be processed on an expedited basis;
- Must explain why homemaker services are necessary; and
- May be submitted with participant/guardian signatures obtained via email, fax, or phone.
  - Email and fax signatures must be submitted with the addendum/plan change; and
  - Phone authorizations must be documented on the addendum/plan change and include the date and time of the call and the names of the people on the call.
  - A signed addendum/plan change must be obtained as soon as reasonably possible and kept in the participant's records.

If costs exceed an individual's available budget, the budget may be adjusted to support these services when necessary for the health or safety of the participant. Any approved budget increase will be a one-time budget allocation to address the COVID-19 public health emergency and will not increase an individual's KW injunction budget or an individual's calculated budget for the following year.

#### **Provider Types, Qualifications, and Records.**

The following provider types may be authorized and receive reimbursement for providing temporary homemaker services:

- Developmental Disability Agencies;
- Residential Habilitation Agencies;
- Certified Family Homes; and
- Self-Direction Community Support Workers.

Individuals providing temporary homemaker services (that are not participant-directed) must:

- Be enrolled as an independent Medicaid provider, or be an employee of an enrolled Medicaid provider agency;
- Be at least eighteen (18) years of age;
- Demonstrate the ability to provide services according to a plan of service; and
- Have satisfactorily completed a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks," or be in the process of completing a criminal history and background check in accordance with the requirements set forth in Information Release MA20-16.

Individuals providing temporary homemaker services as part of the participant self-direction program must:

- Have a completed employment agreement that specifically identifies the homemaker support being purchased, the rate negotiated for the support, and the frequency and duration of the scheduled service; and
- Have satisfactorily completed a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks" or be in the process of completing a criminal history and background check in accordance with the requirements set forth in Information Release MA20-16; unless the criminal history and background check requirement is waived by the participant in accordance with IDAPA 16.03.13.150.

Each participant's record must include documentation of the following:

- Date and time of visit (*Note: the time of the visit may be approximate if provided prior to the date of this information release*);
- Length of visit;
- General description of services provided during the visit (e.g. grocery shopping, picking up prescriptions, etc.); and
- Confirmation that the service was provided due to COVID-19.

### **Provider Reimbursement**

The provider should bill in accordance with the approved prior authorization and/or the participant's authorized plan of service.

- Traditional temporary homemaker services will be prior authorized using S5130; and
- Participant-directed temporary homemaker services will be approved on the participant plan of service as additional "Personal Supports."

Temporary homemaker services must not duplicate other services furnished to a participant. For example, temporary homemaker services must not be provided at the same time and by the same individual providing other authorized Medicaid services. However, the following circumstances would not be considered a duplication and a provider agency may bill for homemaker services and other authorized Medicaid services:

- For homemaker services and other authorized Medicaid services provided at the same time, if the individual providing the homemaker service is NOT the same individual providing the other authorized Medicaid service to the participant; or
- For homemaker services and other authorized Medicaid services provided by the same individual, if the services are provided to the participant at different times.