

CERTIFIED FAMILY HOME HOME LEVEL OF CARE



Each person applying for or receiving funding for care received in a certified family home through a program offered by the Department must be assessed to determine his or her level of care.

The Idaho Statutes and Certified Family Home Administrative Rules require a uniform assessment for state-funded residents and private pay residents. That requirement is met through the Department's Uniform Assessment Instrument (UAI). To be eligible for one of the state funded "waiver" programs while living in a certified family home, the UAI must result in a person meeting level of care requirements. Payment for care is made by Medicaid for residents who meet level of care requirements for our waiver programs.

The certified family home provider must become a "Medicaid Provider." The provider actually bills Medicaid after services are performed, similar to the system doctors and hospitals use. The resident pays for his or her own room, utilities and food from their personal income and the resident also keeps a small amount to meet basic personal needs. The Medicaid payment for services for waiver residents is based on each individual's needs. Every case is different.

If the resident qualifies for PCS State Plan, he/she is exempt from having to pay a contribution for services.

Questions about becoming a provider and payment for services for residents in your certified family homes should be directed to your local Regional Medicaid Services unit. The DHW Self Reliance Programs may be contacted for questions related to the resident's financial determination and Medicaid eligibility. The following are types of Medicaid waived programs.

Aged and Disabled Waiver Program (A & D Waiver):

The person must be at least eighteen (18) years or older and require services due to the disabling condition which impairs their mental or physical function or independence and is capable of being maintained safely and effectively in a non-institutional setting. The person may be elderly, or disabled because of a developmental delay, a physical illness, or a mental illness. Additionally, the person must meet the Nursing Facility level of care as assessed using the UAI. The Department of Health & Welfare (DH&W) makes this determination.

PCS State Plan Levels I, II, and III:

The applicant must be at least eighteen (18) years or older. The Department of Health and Welfare (DHW) makes the eligibility determination. To be eligible, the Regional Medicaid Services (RMS) must find that it is medically necessary for the applicant to receive PCS because of a medical condition impairing his/her physical or mental function or independence. The person may be elderly, or disabled because of a

developmental delay, a physical illness, or a mental illness. If the person meets PCS State Plan criteria, the RMS staffs will assign a level based on the Uniform Assessment Instrument assessment findings.

- If the participant is assigned a Level I, they will be authorized 35 units or 8.75 hours weekly.
- Those assigned to Level II will be authorized 42 units or 10.5 hours weekly.
- Those assigned to Level III will be authorized 63 units or 15.75 hours weekly.

PCS State Plan Level IV:

In March 2005, the Department implemented a Fourth Level of reimbursement for individuals receiving personal care services (PCS) in a Certified Family Home. This level pertains to individuals who have a documented diagnosis of mental retardation, mental illness, or Alzheimer's disease. All diagnosis must be documented by a licensed medical professional.

- Participants assigned a Level IV by the RMS staff will be authorized 50 units or 12.5 hours weekly.

If the participant's UAI assessment determines that he/she meets Level III, the Department will authorize this payment level instead.

Developmentally Delayed Waiver Program (DD Waiver), including the Southwest Idaho Training Center (SWITC) Waiver:

The person must be at least eighteen (18) years of age and meet the Intermediate Care Facility for persons with Mental Retardation (ICF/MR) level of care criteria. Other requirements to meet the DD and ISSH Waivers will be explained further if a resident fits the criteria. The determination is made by the DHW using the Woodcock Johnson Scales of Independent Behavior (SIB-R) assessment tool.