

# Application for a §1915(c) Home and Community-Based Services Waiver

## PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in section 1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The state has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid state plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A state has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

## Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

### 1. Request Information

- A. The **State** of **Idaho** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.
- B. **Program Title:**  
Aged and Disabled Waiver
- C. **Waiver Number:**ID.1076  
Original Base Waiver Number: ID.1076.90.R3A.04
- D. **Amendment Number:**ID.1076.R07.01
- E. **Proposed Effective Date:** (mm/dd/yy)  

04/01/24

**Approved Effective Date:** 07/29/24  
**Approved Effective Date of Waiver being Amended:** 04/01/23

### 2. Purpose(s) of Amendment

**Purpose(s) of the Amendment.** Describe the purpose(s) of the amendment:

Updates in this amendment include:

- Medicaid billing rate changes approved during the 2023 Idaho Legislative Session.
- Public Health Emergency (PHE) Unwinding Updates, including updates to Attendant Care to allow spouse caregivers ongoing.
- Status of compliance with Home and Community Based Settings (HCBS) Final Rule Requirements.
- Alignment of provider types to match current Provider Enrollment parameters, Idaho Code, and published fee tables.

### 3. Nature of the Amendment

- A. **Component(s) of the Approved Waiver Affected by the Amendment.** This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (*check each that applies*):

| Component of the Approved Waiver | Subsection(s)                                                 |
|----------------------------------|---------------------------------------------------------------|
| Waiver Application               | Main 1-E, 1-G, 6-I, Attachment #1, Attachment #2, B. Optional |

| Component of the Approved Waiver                                | Subsection(s)              |
|-----------------------------------------------------------------|----------------------------|
| Appendix A - Waiver Administration and Operation                |                            |
| Appendix B - Participant Access and Eligibility                 | B-6.j, B-7.a, B-7.b        |
| Appendix C - Participant Services                               | C-1/C-3, C-2.d, C-2.e, C-5 |
| Appendix D - Participant Centered Service Planning and Delivery | D-1.c, D-1.d, D-1.e, D-1.f |
| Appendix E - Participant Direction of Services                  | E-1.a, E-1.f               |
| Appendix F - Participant Rights                                 |                            |
| Appendix G - Participant Safeguards                             |                            |
| Appendix H                                                      |                            |
| Appendix I - Financial Accountability                           | I-2.a                      |
| Appendix J - Cost-Neutrality Demonstration                      | J-2.c, J-2.d               |

**B. Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment (*check each that applies*):

Modify target group(s)

Modify Medicaid eligibility

Add/delete services

Revise service specifications

Revise provider qualifications

Increase/decrease number of participants

Revise cost neutrality demonstration

Add participant-direction of services

Other

Specify:

Update Home and Community Based Settings Final Rule compliance and Public Health Emergency (PHE) unwinding activities.

**1. Request Information (1 of 3)**

**A. The State of Idaho** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of section 1915(c) of the Social Security Act (the Act).

**B. Program Title** (optional - this title will be used to locate this waiver in the finder):

Aged and Disabled Waiver

**C. Type of Request:** amendment

**Requested Approval Period:** (For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)

3 years    5 years

**Original Base Waiver Number:** ID.1076

**Waiver Number:** ID.1076.R07.01

**Draft ID:** ID.002.07.01

**D. Type of Waiver** (select only one):

Regular Waiver

**E. Proposed Effective Date of Waiver being Amended:** 04/01/23

**Approved Effective Date of Waiver being Amended:** 04/01/23

**PRA Disclosure Statement**

The purpose of this application is for states to request a Medicaid Section 1915(c) home and community-based services (HCBS) waiver. Section 1915(c) of the Social Security Act authorizes the Secretary of Health and Human Services to waive certain specific Medicaid statutory requirements so that a state may voluntarily offer HCBS to state-specified target group(s) of Medicaid beneficiaries who need a level of institutional care that is provided under the Medicaid state plan. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0449 (Expires: December 31, 2023). The time required to complete this information collection is estimated to average 160 hours per response for a new waiver application and 75 hours per response for a renewal application, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**1. Request Information (2 of 3)**

**F. Level(s) of Care.** This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid state plan (check each that applies):

**Hospital**

Select applicable level of care

**Hospital as defined in 42 CFR § 440.10**

If applicable, specify whether the state additionally limits the waiver to subcategories of the hospital level of care:

**Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR § 440.160****Nursing Facility**

Select applicable level of care

**Nursing Facility as defined in 42 CFR § 440.40 and 42 CFR § 440.155**

If applicable, specify whether the state additionally limits the waiver to subcategories of the nursing facility level of care:

**Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR § 440.140****Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR § 440.150)**

If applicable, specify whether the state additionally limits the waiver to subcategories of the ICF/IID level of care:

**1. Request Information (3 of 3)****G. Concurrent Operation with Other Programs.** This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

**Not applicable****Applicable**

Check the applicable authority or authorities:

**Services furnished under the provisions of section 1915(a)(1)(a) of the Act and described in Appendix I****Waiver(s) authorized under section 1915(b) of the Act.**

Specify the section 1915(b) waiver program and indicate whether a section 1915(b) waiver application has been submitted or previously approved:

Idaho Medicaid Plus – The concurrent approved 1915(b) waiver was effective November 1, 2018, and the State received approval for renewal of the 1915(b) Idaho Medicaid Plus waiver in conjunction with this waiver's renewal in April 2023.

**Specify the section 1915(b) authorities under which this program operates (check each that applies):****section 1915(b)(1) (mandated enrollment to managed care)****section 1915(b)(2) (central broker)****section 1915(b)(3) (employ cost savings to furnish additional services)****section 1915(b)(4) (selective contracting/limit number of providers)****A program operated under section 1932(a) of the Act.**

Specify the nature of the state plan benefit and indicate whether the state plan amendment has been submitted or previously approved:

**A program authorized under section 1915(i) of the Act.****A program authorized under section 1915(j) of the Act.****A program authorized under section 1115 of the Act.**

Specify the program:

#### H. Dual Eligibility for Medicaid and Medicare.

Check if applicable:

**This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

## 2. Brief Waiver Description

**Brief Waiver Description.** *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

The goal of Idaho's Aged & Disabled (A&D) Waiver is to allow Idaho's elderly and disabled citizens who meet nursing facility level of care the choice to live in a home or community-based setting (HCBS) rather than in an institution. This goal aligns with the Idaho Department of Health and Welfare's (IDHW) goals of strengthening individuals, families and communities.

Idaho's elderly and disabled citizens should be able to maintain self-sufficiency, individuality, independence, dignity, choice, and privacy in a safe and cost-effective setting. When possible, services should be available in the participant's own home and/or community regardless of their age, income, or ability, and should encourage the involvement of natural supports, such as family, friends, neighbors, volunteers, church, and others. These principles are built into the structure of this A&D Waiver, which offers important services in HCBS such as homes and apartments of participants, homes and apartments where participants live with family members, Certified Family Homes (CFH), and Residential Assisted Living Facilities (RALF).

Individuals seeking services must complete an application for Medicaid with IDHW's Self-Reliance staff in the Division of Welfare. The Division of Welfare determines financial eligibility for the waiver. The Division of Medicaid's Bureau of Long Term Care (BLTC) administers this waiver. Requests for waiver services are sent to BLTC. A BLTC nurse reviewer (NR) conducts an assessment to assure that nursing facility level of care is met. The NR collaborates with the participant (and/or family or legal representative, as appropriate) to choose services that ensure the participant can be safely maintained in their choice of living arrangement. The participant (and/or family or legal representative, as appropriate) also chooses providers to deliver these services. The BLTC conducts annual reassessments to ensure the services are being delivered in accordance with the service plan and that authorized services continue to safely and effectively maintain the participant in their home. The BLTC is also ensures that services are delivered by qualified providers with the skills and training necessary to perform the services. The IDHW Division of Licensing and Certification (L&C) ensures that various types of waiver providers comply with applicable statutes and rules governing their license, certificate, and/or credentialed status. Through the development and implementation of a comprehensive quality improvement strategy, the Division of Medicaid assures compliance with the waiver objectives.

For individuals enrolled in one of the state's duals plans, the Medicare-Medicaid Coordinated Plan (MMCP) or Idaho Medicaid Plus, the managed care entities (MCE) administer waiver functions in accordance with the same rules by which BLTC administers the waiver for participants not enrolled in one of the duals plan as described in Appendix A. The BLTC supervises the MCEs to ensure compliance with the contract between the IDHW and this waiver. The MCE performs, to the extent applicable, the same functions as BLTC for its enrollees who are waiver participants. The BLTC continues to complete the level of care assessments for all A&D waiver participants, regardless of whether they are enrolled in a dual plan. Any references to duties of the MCEs apply only to individuals who are enrolled in one of the state's dual plans.

## 3. Components of the Waiver Request

**The waiver application consists of the following components.** *Note: Item 3-E must be completed.*

**A. Waiver Administration and Operation.** Appendix A specifies the administrative and operational structure of this waiver.

**B. Participant Access and Eligibility.** Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the state expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

**C. Participant Services.** Appendix C specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

**D. Participant-Centered Service Planning and Delivery.** Appendix D specifies the procedures and methods that the state uses to develop, implement and monitor the participant-centered service plan (of care).

**E. Participant-Direction of Services.** When the state provides for participant direction of services, Appendix E specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

**Yes. This waiver provides participant direction opportunities. Appendix E is required.**

**No. This waiver does not provide participant direction opportunities. Appendix E is not required.**

**F. Participant Rights.** Appendix F specifies how the state informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

**G. Participant Safeguards.** Appendix G describes the safeguards that the state has established to assure the health and welfare of waiver participants in specified areas.

**H. Quality Improvement Strategy.** Appendix H contains the quality improvement strategy for this waiver.

**I. Financial Accountability.** Appendix I describes the methods by which the state makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

**J. Cost-Neutrality Demonstration.** Appendix J contains the state's demonstration that the waiver is cost-neutral.

#### 4. Waiver(s) Requested

**A. Comparability.** The state requests a waiver of the requirements contained in section 1902(a)(10)(B) of the Act in order to provide the services specified in Appendix C that are not otherwise available under the approved Medicaid state plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in Appendix B.

**B. Income and Resources for the Medically Needy.** Indicate whether the state requests a waiver of section 1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy (*select one*):

**Not Applicable**

**No**

**Yes**

**C. Statewide.** Indicate whether the state requests a waiver of the statewide requirements in section 1902(a)(1) of the Act (*select one*):

**No**

**Yes**

If yes, specify the waiver of statewide that is requested (*check each that applies*):

**Geographic Limitation.** A waiver of statewide is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the state. Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

|  |
|--|
|  |
|--|

**Limited Implementation of Participant-Direction.** A waiver of statewide is requested in order to make participant-direction of services as specified in Appendix E available only to individuals who reside in the following geographic areas or political subdivisions of the state. Participants who reside in these areas may elect to direct their services as provided by the state or receive comparable services through the service delivery methods that are in effect elsewhere in the state.

*Specify the areas of the state affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:*

## 5. Assurances

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In accordance with 42 CFR § 441.302, the state provides the following assurances to CMS:

- A. Health & Welfare:** The state assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:
1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
  2. Assurance that the standards of any state licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The state assures that these requirements are met on the date that the services are furnished; and,
  3. Assurance that all facilities subject to section 1616(e) of the Act where home and community-based waiver services are provided comply with the applicable state standards for board and care facilities as specified in **Appendix C**.
- B. Financial Accountability.** The state assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.
- C. Evaluation of Need:** The state assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.
- D. Choice of Alternatives:** The state assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:
1. Informed of any feasible alternatives under the waiver; and,
  2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the state employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.
- E. Average Per Capita Expenditures:** The state assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid state plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.
- F. Actual Total Expenditures:** The state assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the state's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.
- G. Institutionalization Absent Waiver:** The state assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.
- H. Reporting:** The state assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid state plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

**I. Habilitation Services.** The state assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

**J. Services for Individuals with Chronic Mental Illness.** The state assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the state has not included the optional Medicaid benefit cited in 42 CFR § 440.140; or (3) age 21 and under and the state has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

## 6. Additional Requirements

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*Note: Item 6-I must be completed.*

**A. Service Plan.** In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including state plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

**B. Inpatients.** In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are inpatients of a hospital, nursing facility or ICF/IID.

**C. Room and Board.** In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the state that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

**D. Access to Services.** The state does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

**E. Free Choice of Provider.** In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the state has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

**F. FFP Limitation.** In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

**G. Fair Hearing:** The state provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the state's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

**H. Quality Improvement.** The state operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the state assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The state further assures that all problems identified through its discovery

processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the state will implement the Quality Improvement Strategy specified in **Appendix H**.

**I. Public Input.** Describe how the state secures public input into the development of the waiver:

The Department continues to engage in extensive outreach efforts to inform stakeholders of updates to this Aged & Disabled (A&D) waiver program. The Department has provided opportunities for public comment on this waiver amendment. Outreach activities include:

1. Recurring meetings with the Personal Assistance Oversight Committee (PAO). PAO is a subcommittee of the Medical Care Advisory Committee (MCAC). The purpose of the PAO is to plan, monitor, and recommend changes to the Medicaid Home and Community Based Services (HCBS) waivers and personal assistance programs. Such recommendations would be submitted to the MCAC. The PAO consists of providers of personal assistance services and Participants of such services, advocacy organizations representing such Participants, and other interested parties. This committee meets quarterly and is open to the public. The changes proposed in this draft waiver amendment were discussed during the March 15, 2023, June 15, 2023, September 13, 2023, and December 13, 2023 PAO meetings and were a regular discussion point at meetings throughout the Public Health Emergency.
2. Tribal solicitations were mailed to the Tribal Representatives of the six (6) federally recognized tribes in Idaho on October 23, 2023 requesting verbal and written comments regarding the proposed waiver amendment through close of business December 23 2023. In addition, ongoing feedback was solicited from Tribal representatives during quarterly and monthly Medicaid Tribal Meetings. These proposed program changes were discussed during the November 29, 2023 quarterly meeting. The Tribal notification was also posted on October 23, 2023, to the Idaho Medicaid Program and Tribes of Idaho website located at <https://healthandwelfare.idaho.gov/about-dhw/boards-councils-committees/idaho-medicaid-program-and-tribes-idaho>.
3. In addition to official noticing, the Department offered a public hearing for stakeholder comment on November 16, 2023. The formal, public hearing was held in-person for the public in Boise, Idaho with additional attendance options by WebEx and phone for statewide participation. Forty-eight (48) individuals attended this meeting. Four (4) attendees provided comments or asked questions related to this A&D waiver amendment. Additional comments and questions received in this meeting that were regarding logistics or in reference to other populations not served under this waiver are addressed in the State's Comment and Response document. The presentation from this public hearing was posted on the Department's website on November 20, 2023. The Comment and Response document was posted on the Department's website on January 29, 2024. These documents are available on the Department's website ([www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov)) in the 1915(c) HCBS A&D Waiver provider resources folder located at: <https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=20852&dbid=0&repo=PUBLIC-DOCUMENTS>.
4. The State held additional public noticing and hearings related to spouses as paid caregivers for Attendant Care services in conjunction with the State's submittal of the State's 1115 Research and Demonstration Waiver, Project Number 11-W-00339/10 (<https://www.medicaid.gov/sites/default/files/2023-11/id-behavioral-health-transformation-pa-11072023.pdf>) for Family Personal Care Services (FPCS). FPCS applies to some waiver participants who must use State Plan PCS or FPCS prior to accessing Attendant Care services on this waiver. Public and tribal notices for the FPCS amendment published in Medicaid Information Release MA23-15 on September 19, 2023. The State held three (3) public hearings related to spouses as caregivers on the following dates in 2023: October 10, October 27, and November 1. The State accepted comments on the FPCS waiver through November 2, 2023. Public Hearing information and the State's response to comments is posted on the Department's website in the Idaho 1115 FPCS Waiver folder at <https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=27320&dbid=0&repo=PUBLIC-DOCUMENTS>.
5. The Department holds regular recurring meetings with the Health Plans administering the Medicare Medicaid Coordinated Plan (MMCP) and Idaho Medicaid Plus. Current waiver operations and changes are a topic of ongoing discussions.
6. The Department published public notices on October 25, 2023, in the newspapers of widest circulation in the state, soliciting comments for forty-five (45) days on this proposed A&D waiver amendment via mail, email, fax, and telephone. The Department made the draft A&D waiver amendment available for public review on December 4, 2023, in all regional Department of Health and Welfare offices. These materials were also posted on the Department's website ([www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov)) in the 1915(c) HCBS A&D Waiver provider resources folder located at: <https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=20852&dbid=0&repo=PUBLIC-DOCUMENTS>.

Due to the delay in publishing the final draft text, the Department extended the deadline to submit comments related to this waiver amendment through close of business on January 3, 2024 via email communication to all attendees of the November public hearing and any other individuals who inquired about the draft text as communicated during the

meeting and published in the presentation. As of December 28, 2023, the Department received written comments and questions from three (3) Fiscal Intermediary providers regarding this waiver amendment. The Department has not received any additional comments from Tribal representatives or other stakeholders as of January 3, 2024. A Comment and Response document addressing all of the public comments received in the public hearing or submitted formally through January 3, 2024 is posted on the Department's website in the 1915(c) HCBS A&D Waiver provider resources folder located at: <https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=20852&dbid=0&repo=PUBLIC-DOCUMENTS>.

**J. Notice to Tribal Governments.** The state assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

**K. Limited English Proficient Persons.** The state assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the state assures meaningful access to waiver services by Limited English Proficient persons.

## 7. Contact Person(s)

**A.** The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

**Last Name:**

Pinkerton

**First Name:**

Jennifer

**Title:**

Medicaid Program Policy Analyst

**Agency:**

Department of Health and Welfare - Division of Medicaid

**Address:**

P.O. Box 83720

**Address 2:**

**City:**

Boise

**State:**

Idaho

**Zip:**

83720-0009

**Phone:**

(208) 287-1171

**Ext:**

**TTY**

**Fax:**

(208) 332-7283

**E-mail:**

Jennifer.Pinkerton@dhw.idaho.gov

B. If applicable, the state operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

Charron

First Name:

Juliet

Title:

Medicaid Administrator

Agency:

Department of Health and Welfare - Division of Medicaid

Address:

P.O. Box 83720

Address 2:

City:

Boise

State:

Idaho

Zip:

83720-0009

Phone:

(208) 364-1831

Ext:

TTY

Fax:

(208) 364-1811

E-mail:

Juliet.Charron@dhw.idaho.gov

## 8. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the state's request to amend its approved waiver under section 1915(c) of the Social Security Act. The state affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The state further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The state certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature:

Jennifer Pinkerton

State Medicaid Director or Designee

Submission Date:

Jul 17, 2024

**Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.**

Last Name:

Charron

First Name:

Juliet

Title:

|                    |                                                                                      |                           |     |
|--------------------|--------------------------------------------------------------------------------------|---------------------------|-----|
|                    | <input type="text" value="Medicaid Administrator"/>                                  |                           |     |
| Agency:            | <input type="text" value="Department of Health and Welfare - Division of Medicaid"/> |                           |     |
| Address:           | <input type="text" value="P.O. Box 83720"/>                                          |                           |     |
| Address 2:         | <input type="text"/>                                                                 |                           |     |
| City:              | <input type="text" value="Boise"/>                                                   |                           |     |
| State:             | <input type="text" value="Idaho"/>                                                   |                           |     |
| Zip:               | <input type="text" value="83720-0009"/>                                              |                           |     |
| Phone:             | <input type="text" value="(208) 364-1831"/>                                          | Ext: <input type="text"/> | TTY |
| Fax:               | <input type="text" value="(208) 364-1811"/>                                          |                           |     |
| E-mail:            | <input type="text" value="Juliet.Charron@dhw.idaho.gov"/>                            |                           |     |
| <b>Attachments</b> | <input type="text"/>                                                                 |                           |     |

**Attachment #1: Transition Plan**

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

**Replacing an approved waiver with this waiver.**

**Combining waivers.**

**Splitting one waiver into two waivers.**

**Eliminating a service.**

**Adding or decreasing an individual cost limit pertaining to eligibility.**

**Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**

**Reducing the unduplicated count of participants (Factor C).**

**Adding new, or decreasing, a limitation on the number of participants served at any point in time.**

**Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**

**Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

A. Medicaid billing rate changes approved during the 2023 Idaho Legislative Session are already in effect and being paid at the updated rates.

B. Public Health Emergency (PHE) Unwinding activities approved under the Appendix K emergency authority are complete as of November 11, 2023 except for spouses providing Attendant Care services. Unwinding of this flexibility is expected to be complete on or before February 29, 2024.

The State will transition participants who wish to continue using their spouse as a direct care worker for Attendant Care services under the new process in this timeline:

1. In order to use a spouse caregiver for their State Plan Personal Care Services (PCS), which are required prior to accessing Attendant Care services on this waiver, all Aged & Disabled (A&D) waiver participants also accessing the spouse caregiver flexibility were required to submit a Family Personal Care Services (FPCS) Request Form by February 29, 2024, to prevent a lapse in paid PCS provided by a spouse. All current waiver participants requesting a spouse caregiver were already approved under the FPCS process prior to the effective date of this amendment. Current participants are not required to reapply to also receive Attendant Care using a spouse caregiver. All other A&D Waiver Participants not requesting spouse caregivers will see no impact to services due to this change.

2. The Bureau of Long Term Care (BLTC) surveyed agencies for current rosters of direct care workers providing Attendant Care or State Plan Personal Care Services (PCS) for spouses in mid-November and will survey again in mid-January to ensure all participants who used a spouse providing paid Attendant Care services under this waiver during the PHE have an approved FPCS Request processed.

Additional support and resources for providers and participants are available on the BTLC Long-Term Care Provider Resources website (<https://healthandwelfare.idaho.gov/providers/home-and-community-based-long-term-care/long-term-care-provider-resources>) under the Family Personal Care Services (FPCS) heading.

For more information on the FPCS benefit and transition plan, refer to the pending 1115 FPCS application at <https://www.medicaid.gov/sites/default/files/2023-11/id-behavioral-health-transformation-pa-11072023.pdf>.

C. Compliance with Home and Community Based Settings (HCBS) Final Rule Requirements are relocated from Attachment #2 to under Appendix C-5 as of the required 2024 compliance date.

D. Updates to the Non-Medical Transportation (NMT) provider type to match current Provider Enrollment parameters, Idaho Code, and published fee tables is not a change. This update is a technical correction as there are no Residential Assisted Living Facility (RALF) Individual provider types enrolled in the Medicaid Program.

E. In this waiver amendment, the State is memorializing a change implemented in 2014 which ended new Individual Provider type enrollments for all services on this waiver. Providers enrolled at that time were permitted to continue rendering services and were encouraged to become employed with a Personal Assistance Agency (PAA) (for Companion Services) or an Environmental Accessibility Adaptation (EAA) agency in order to continue rendering EAA services under this Waiver. The State did not remove these provider types during the 2017 waiver renewal as individual provider types who did not opt to work for an agency remained active and providing services. The State did not actively disenroll these provider types, but rather continued to allow participants to retain their individual providers until they selected a new agency provider, or their individual provider no longer renewed their enrollment (either by gaining employment with an agency or opting to no longer provide services on this waiver program).

As of 2017 there were no longer any active individual providers actively enrolled in the state's Medicaid Management Information System (MMIS) under this waiver program. Based on the stable history of these services under the waiver, no impact to service access was detected while the individual provider type was being phased out or since the last provider was enrolled in 2017. As these services on this waiver are not typically higher use services (averaging under 250 unduplicated users per year for Companion Services and less than 40 unduplicated users per year for EAA) the state does not anticipate future impacts related to this change.

Programmatic changes are routinely discussed during our quarterly Personal Assistance Oversight (PAO) committee meetings; PAO is comprised of waiver participants, advocates, and providers. Additionally, the State addressed the update to provider types in this waiver amendment during the required public meeting. While the removal of these provider types was discussed in PAO meetings and the public hearing, the State received no comments pertaining to Companion Services, EAA, or NMT provider types.

**Attachment #2: Home and Community-Based Settings Waiver Transition Plan**

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

*Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.*

*To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.*

*Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.*

*Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.*

N/A

**Additional Needed Information (Optional)**

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Provide additional needed information for the waiver (optional):

**A. American Rescue Plan (ARP) Program Improvements.**

The State has a spending plan approved by CMS related to Section 9817 of the ARP Program. Effective for the period of July 1, 2022 through June 30, 2024, the State used reinvestment funding to enhance provider rates for certain Home and Community Based Services (HCBS) provider types. The following high-level summary describes the projects conditionally approved in Idaho's submitted spending plan applicable to this waiver program. More information about the state's ARP implementation is available on the Department's public website in the American Rescue Plan (ARP) public document library (<https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=18732&dbid=0&repo=PUBLIC-DOCUMENTS>).

**Project 1: Developmental Disability Agency (DDA) Rate Increases.**

ARP HCBS funding supported rate increases for four (4) services billed by DDAs. The Adult Day Health service (procedure code S5100) under this 1915(c) waiver authority, and three (3) services that fall under the 1915(i) Adult Developmental Disabilities (DD) State Plan benefit. Rate increase methodology was based on a cost survey of all DDA providers.

**Project 2: Personal Assistance Agency (PAA) Rate Increases.**

ARP HCBS funding supported rate increases for six (6) services billed by PAAs. Five (5) of these services fall under this 1915(c) waiver authority, and the other (Personal Care Services) falls under the State's Medicaid Enhanced State Plan Alternative Benefit Plan (ABP) and the Medicare Medicaid Coordinated Plan ABP. Applicable services under this waiver authority include: Attendant Care (S5125), Homemaker Services (S5130), Chore Services (S5120), Companion Services (S5135), and Respite Services (T1005). Rate increase methodology was based on a weighted average hourly rate survey for PAA direct care worker positions.

**Project 3: Residential Assisted Living Facility (RALF) Rate Increases.**

ARP HCBS funding supported changes to the Bureau of Long Term Care's (BLTC) Uniform Assessment Instrument (UAI) used to authorize care time for certain participants in a RALF setting. The 'Moderate' and 'Extensive' time allocation adjustments increased rates for certain authorized care plans under the S5140 Adult Residential Care per diem. Rate increases for 'Moderate' and 'Extensive' per diems were based on a data collection survey from RALF providers.

**Project 4: Residential Habilitation (ResHab) Agency Rate Increases.**

ARP HCBS funding supported rate increases for four (4) services billed by ResHab Agencies. All four (4) services fall under this 1915(c) waiver authority. Applicable services on this waiver for this project include the following Supported Living rate codes: H2015, H2015 (HQ), H2022, and H2016. Rate increase methodology was based on an updated cost survey from an initial cost survey completed by ResHab providers in 2018.

**Project 5: Certified Family Home (CFH) Rate Increases.**

ARP HCBS funding supported changes to three (3) procedure codes billed by CFHs. Two (2) of the three (3) procedure codes fall under this 1915(c) waiver authority. Applicable services on this waiver for this project include: S5100 and S5140. Rate increase methodology was based on an application of an inflation calculator to established rates.

**Project 6: Supported Employment Rate Increases.**

ARP HCBS funding supported changes to one (1) procedure code billed by Supported Employment agencies. The service falls under this 1915(c) waiver authority. Applicable services on this waiver for this project include: H2023. Rate increase methodology was based on an application of an inflation calculator to established rates.

**Project 7: Home Delivered Meals Rate Increases.**

ARP HCBS funding supported changes to one (1) procedure code billed by Home Delivered Meal providers. The service falls under this 1915(c) waiver authority. Applicable services on this waiver for this project include: S5170. Rate increase methodology was based on an application of an inflation calculator to established rates.

**B. PHE Unwinding Activities**

The State has completed unwinding activities related to the COVID-19 public health emergency (PHE) and approved through the Appendix K amendment authorities. Appendix K authorities expired on November 11, 2023. In addition to ongoing stakeholder meetings, the state also provided the following guidance for reference:

1. The State published Frequently Asked Questions (FAQ) for providers and participants on the public website prior to the end of the declaration ending the PHE on May 11, 2023. These websites provide information on all of the flexibilities included in the state's 1135, 1115, and Appendix K emergency waivers during the pandemic. FAQs include:

- Medicaid and the Federal Public Health Emergency (<https://healthandwelfare.idaho.gov/medicaid-and-federal-public-health-emergency>) – this page is for participants and the general public containing targeted information in sections with the following

headers: "Home and Community Based Service Participants" and "Aged and Disabled (A&D) Waiver/Personal Care Services (PCS)".

- Medicaid Providers and the Federal Public Health Emergency (<https://healthandwelfare.idaho.gov/providers/idaho-medicaid-providers/medicaid-providers-and-federal-public-health-emergency>) includes information specific to providers. This FAQ also includes a section for providers of services on this waiver under the header "Aged and Disabled Personal Care Services (PCS)".

2. The State continues to publish multiple Medicaid Information Release (IR) articles to assist stakeholders with unwinding PHE flexibilities as they became available. The State makes these IRs available in an Information Release library on the public website under the 2023 IR library

(<https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=24604&dbid=0&repo=PUBLIC-DOCUMENTS>).

Unwinding IRs include:

- MA23-02 PCS By Parents And Spouses (January 26, 2023)
- MA23-06 PCS By Parents and Spouses (March 17, 2023)
- MA23-09 COVID19 Flexibilities Under the PHE (May 10, 2023) - comprehensive summary and guidance related to unwinding of all PHE flexibilities
- MA23-10 – Change in Provider Reimbursement Rates – includes changes approved during the 2023 Legislative session related to the Appendix K rate flexibilities
- MA23-11 Update on PCS By Parents and Spouses – AMENDED (May 3, 2023; amended June 1, 2023)
- MA23-15 Personal Care Service (PCS) Reimbursement to Spouses or Parents (September 19, 2023)
- MA23-20 Administrative Rule Changes (November 6, 2023)

3. Participants who have a spouse providing Attendant Care services may continue using the spouse caregiver when they meet requirements described in Appendix B and Appendix C.

4. In addition to flexibilities for the public, the State also received authority through an Appendix K emergency amendment to delay 372 Lag Reports and related Quality Assurance (QA) Data. The State has submitted all outstanding 372 Lag Reports and QA Data as of November 9, 2023.

## Appendix A: Waiver Administration and Operation

**1. State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

**The waiver is operated by the state Medicaid agency.**

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one*):

**The Medical Assistance Unit.**

Specify the unit name:

Division of Medicaid, Bureau of Long Term Care

(Do not complete item A-2)

**Another division/unit within the state Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

(Complete item A-2-a).

**The waiver is operated by a separate agency of the state that is not a division/unit of the Medicaid agency.**

Specify the division/unit name:

In accordance with 42 CFR § 431.10, the Medicaid agency exercises administrative discretion in the administration

and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. *(Complete item A-2-b).*

## Appendix A: Waiver Administration and Operation

### 2. Oversight of Performance.

**a. Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:

**As indicated in section 1 of this appendix, the waiver is not operated by another division/unit within the state Medicaid agency. Thus this section does not need to be completed.**

**b. Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

**As indicated in section 1 of this appendix, the waiver is not operated by a separate agency of the state. Thus, this section does not need to be completed.**

## Appendix A: Waiver Administration and Operation

**3. Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

**Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**

Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*

The MCE authorizes A&D Waiver services to meet participants' needs for assistance in accordance with the results of the Uniform Assessment Instrument (UAI). The state's service authorization process is integrated with the MCE's authorization process for all covered physical health and behavioral health services.

The MCE develops, updates, and monitors an Individualized Care Plan for each participant utilizing the complete UAI results with the participant and any appropriate Interdisciplinary Care Team (ICT) members. The MCE provides information, choice and supports that include the availability of an individual to educate and assist the participant in self-direction. The MCE must pay for services rendered by a Fiscal Intermediary (FI) Agency functioning as an employer of record for participants who direct their own services. The MCE must also provide the participant with the option of having their A&D Waiver services provided by a Personal Assistance Agency (PAA).

The MCE also collects and tracks data regarding utilization patterns, consumer direction of HCBS, and quality management/quality improvement metrics to submit regular reports to the Department.

**No. Contracted entities do not perform waiver operational and administrative functions on behalf of the**

Medicaid agency and/or the operating agency (if applicable).

## Appendix A: Waiver Administration and Operation

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- 4. Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

**Not applicable**

**Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions. Check each that applies:

**Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the state and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

*Specify the nature of these agencies and complete items A-5 and A-6:*

**Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

*Specify the nature of these entities and complete items A-5 and A-6:*

## Appendix A: Waiver Administration and Operation

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- 5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

The Idaho Division of Medicaid is responsible for assessing the performance of the contracted MCEs under the MMCP and Idaho Medicaid Plus contract(s).

## Appendix A: Waiver Administration and Operation

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- 6. Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

The following are the methods used to monitor the MMCP and Idaho Medicaid Plus:

The IDHW engages in ongoing contract monitoring, which includes performance monitoring of the MCE. This performance monitoring includes review of documentation as well as onsite monitoring at operational facilities and business offices that handle any component of the Contract requirements.

During any form of performance monitoring, the MCE or any network provider or subcontractor will provide to IDHW any client treatment records, logbooks, staffing charts, time reports, claims data, administrative documents, complaints, grievances, and any other documents and data as requested when, at the discretion of the IDHW, it is determined as required to assess the performance of the MCE, a network provider or subcontractor.

If monitoring activities are conducted at a provider location, they will be conducted in a manner so as not to disrupt the provision of treatment to clients.

Any monitoring performed may or may not be scheduled in advance and may last for several days.

The performance level of the MCE or a network provider or subcontractor may affect the frequency of the monitoring.

The IDHW reserves the right to monitor any aspect of the Contract.

Additionally, if IDHW receives continued unresolved participant or provider network complaints regarding service issues, the IDHW will initiate a focused monitoring of that area, utilizing at least one of the performance criteria listed in the Contract. IDHW then follows the reporting, cure period, and appeal process as outlined in the Contract. Current Contracts may be viewed on the Department's website in the Provider Resources library located at: <https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=21144&dbid=0&repo=PUBLIC-DOCUMENTS>

Areas in which performance deficiencies are found may be followed continually, or subsequently re-examined as designated by the IDHW.

General requirements applicable to all participants are typically assessed via a randomly selected data review of approximately ten percent (10%) sample of participant files at a provider location or at the health plan's primary facility. Other requirements, relevant to a segment of the participant population, may be reviewed using a higher percentage, up to one hundred percent (100%) of the records of a sub-population. Areas in which performance deficiencies are found may be re-examined in the subsequent quarter or follow up period, as designated by the IDHW, in order to gauge progress towards satisfactory performance.

The IDHW monitors the Contract(s) for the MMCP/Idaho Medicaid Plus program by reviewing reports in the following areas on a weekly, monthly, semi-annual, annual, or as-needed basis, depending on the frequency requirement for the report:

1. Provider Network: Quarterly
2. Provider Payment: Quarterly
3. Utilization Management: Quarterly
4. Quality Management/Quality Improvement: Quarterly
5. Customer Service/Provider Service: Quarterly
6. Fraud and Abuse: Quarterly
7. Financial Management: Quarterly
8. Claims Management: Quarterly
9. Information Systems: Quarterly and annually
10. Administrative Requirements: Semi-annually
11. HIPAA: Quarterly
12. Non-Discrimination Compliance: Quarterly
13. Specialized Service: Quarterly
14. Other: as indicated

## Appendix A: Waiver Administration and Operation

**7. Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities

that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):

In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

| Function                                                                             | Medicaid Agency | Contracted Entity |
|--------------------------------------------------------------------------------------|-----------------|-------------------|
| Participant waiver enrollment                                                        |                 |                   |
| Waiver enrollment managed against approved limits                                    |                 |                   |
| Waiver expenditures managed against approved levels                                  |                 |                   |
| Level of care waiver eligibility evaluation                                          |                 |                   |
| Review of Participant service plans                                                  |                 |                   |
| Prior authorization of waiver services                                               |                 |                   |
| Utilization management                                                               |                 |                   |
| Qualified provider enrollment                                                        |                 |                   |
| Execution of Medicaid provider agreements                                            |                 |                   |
| Establishment of a statewide rate methodology                                        |                 |                   |
| Rules, policies, procedures and information development governing the waiver program |                 |                   |
| Quality assurance and quality improvement activities                                 |                 |                   |

## Appendix A: Waiver Administration and Operation

### Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

#### a. Methods for Discovery: Administrative Authority

*The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.*

#### i. Performance Measures

*For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:*

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

*Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

**Number and percent of remediation issues identified by Contract Monitoring reports & the Medicaid Complaint Submission System that were addressed by the state. a. Numerator:** Number of identified remediation issues addressed by the state. **b. Denominator:** Number of remediation issues identified by Contract Monitoring reports and the Complaint Database.

**Data Source** (Select one):

**Program logs**

If 'Other' is selected, specify:

**1. SSRS: Duals Complaint Monitoring Report 2. Duals Contract Monitoring Report**

| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies):                           |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                                            |
| <b>Operating Agency</b>                                                            | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                                                            | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text"/>                                   | <b>Annually</b>                                                           | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                                                    | <b>Continuously and Ongoing</b>                                           | <b>Other</b><br>Specify:<br><input type="text"/>                              |
|                                                                                    | <b>Other</b><br>Specify:<br><input type="text"/>                          |                                                                               |

**Data Aggregation and Analysis:**

| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               |

| Responsible Party for data aggregation and analysis (check each that applies):                                       | Frequency of data aggregation and analysis (check each that applies):                                                |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Sub-State Entity</b>                                                                                              | <b>Quarterly</b>                                                                                                     |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> | <b>Annually</b>                                                                                                      |
|                                                                                                                      | <b>Continuously and Ongoing</b>                                                                                      |
|                                                                                                                      | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> |

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The IDHW uses a SharePoint site to document, track, resolve, and subsequently analyze issues related to the administration and operation of the MMCP and Idaho Medicaid Plus by the MCE. The BLTC and MCEs follow internal policies and procedures regarding use of this Issue Log. Issues may be identified during routine daily contract monitoring activities, such as reviewing data reports, on-site audits, desk reviews, reviewing grievance/appeal data, etc. In addition, issues may be identified during the day-to-day work of IDHW or MCE staff performing functions associated with the MMCP or Idaho Medicaid Plus. Once an issue is logged, the Contract Monitor assigns the issue to the appropriate party for investigation and resolution with an identified due date. The Contract Monitor reviews the follow-up information entered for the issue and determines if the issue has been resolved satisfactorily, or if additional work is required. The state escalates any unresolved issues as performance deficiencies.

#### b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

The following are the State's methods for addressing individual problems as they are discovered:

The Contract Monitor reviews every issue entered into the Issue Log and responds within one (1) business day. The Contract Monitor assigns the issue to the appropriate resource for investigation and resolution – that individual or group may be MCE personnel, or BLTC personnel, depending on the nature of each issue. When applicable, the Contract Monitor cites the specific Scope of Work provisions impacted by the issue and assigns a priority level for resolution. The Contract Monitor routinely monitors the Issue Log throughout the course of each business day to identify and analyze any trends or recurring problems, as these may rise to the level of performance deficiencies.

The Contract Monitor issues a Monitoring Report to the MCEs on a monthly basis that identifies in writing the Performance Indicator(s) monitored, and that summarizes these preliminary results with the MCE. The MCEs utilize the same sampling methods as the state for performance and quality improvement measures. Upon request by an MCE, the state will meet with the MCE within ten (10) business days of receipt of the Monitoring Report regarding the results. The MCE may dispute the findings via written appeal to the Contract Monitor within ten (10) business days of issuance of the report. The MCE must specifically address each disputed finding and justification for the appeal of the finding. The MCE is required to provide all documents necessary to dispute monitoring results with its written appeal. The state renders a final written decision on the appeal to the MCE within ten (10) business days of receipt of the MCE's dispute information, unless both parties agree in writing to extend the decision period.

If the MCE does not dispute the findings, the MCE has ten (10) business days from the date of receipt of the state's monitoring report to cure any deficiencies found. If an MCE appeals the monitoring report findings, the MCE shall have ten

(10) business days from the date of the state's final written decision to cure any deficiencies. If the state is not satisfied that the MCE has resolved the deficiencies, or made substantial progress toward resolution, the state may assess an invoice reduction(s) in the amounts listed in the Scope of Work as liquidated damages for each day the deficiency remains uncured. The type of issue and corresponding invoice reduction amount varies by the severity of the issue; this information is captured in each MCE's Contracts with the Department. For instances where an identified issue must be remediated, but no Contract provision or invoice reduction currently exists, the state may impose a new invoice reduction to ensure remediation is achieved.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

| Responsible Party(check each that applies): | Frequency of data aggregation and analysis<br>(check each that applies): |
|---------------------------------------------|--------------------------------------------------------------------------|
| State Medicaid Agency                       | Weekly                                                                   |
| Operating Agency                            | Monthly                                                                  |
| Sub-State Entity                            | Quarterly                                                                |
| Other<br>Specify:<br><div></div>            | Annually                                                                 |
|                                             | Continuously and Ongoing                                                 |
|                                             | Other<br>Specify:<br><div></div>                                         |

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

B-1: Specification of the Waiver Target Group(s)

a. Target Group(s). Under the waiver of Section 1902(a)(10)(B) of the Act, the state limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR § 441.301(b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

| Target Group                        | Included | Target Sub Group | Minimum Age | Maximum Age       |                      |
|-------------------------------------|----------|------------------|-------------|-------------------|----------------------|
|                                     |          |                  |             | Maximum Age Limit | No Maximum Age Limit |
| Aged or Disabled, or Both - General |          |                  |             |                   |                      |

| Target Group                                                 | Included | Target Sub Group              | Minimum Age | Maximum Age       |                      |
|--------------------------------------------------------------|----------|-------------------------------|-------------|-------------------|----------------------|
|                                                              |          |                               |             | Maximum Age Limit | No Maximum Age Limit |
|                                                              |          | Aged                          | 65          |                   |                      |
|                                                              |          | Disabled (Physical)           | 18          | 64                |                      |
|                                                              |          | Disabled (Other)              | 18          | 64                |                      |
| Aged or Disabled, or Both - Specific Recognized Subgroups    |          |                               |             |                   |                      |
|                                                              |          | Brain Injury                  |             |                   |                      |
|                                                              |          | HIV/AIDS                      |             |                   |                      |
|                                                              |          | Medically Fragile             |             |                   |                      |
|                                                              |          | Technology Dependent          |             |                   |                      |
| Intellectual Disability or Developmental Disability, or Both |          |                               |             |                   |                      |
|                                                              |          | Autism                        |             |                   |                      |
|                                                              |          | Developmental Disability      |             |                   |                      |
|                                                              |          | Intellectual Disability       |             |                   |                      |
| Mental Illness                                               |          |                               |             |                   |                      |
|                                                              |          | Mental Illness                |             |                   |                      |
|                                                              |          | Serious Emotional Disturbance |             |                   |                      |

**b. Additional Criteria.** The state further specifies its target group(s) as follows:

To qualify for the disabled (physical) or disabled (other) target group, an individual must meet the definition of blindness or disability used by the Social Security Administration for Retirement, Survivors, and Disability Insurance and Supplemental Security Income benefits.

**c. Transition of Individuals Affected by Maximum Age Limitation.** When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit (*select one*):

**Not applicable. There is no maximum age limit**

**The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.**

*Specify:*

Not applicable. Cannot check "Not applicable" above because WMS template will not allow this narrative to be blank.

## Appendix B: Participant Access and Eligibility

### B-2: Individual Cost Limit (1 of 2)

**a. Individual Cost Limit.** The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual (*select one*). Please note that a state may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

**No Cost Limit.** The state does not apply an individual cost limit. *Do not complete Item B-2-b or item B-2-c.*

**Cost Limit in Excess of Institutional Costs.** The state refuses entrance to the waiver to any otherwise eligible individual when the state reasonably expects that the cost of the home and community-based services furnished to

that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the state.  
*Complete Items B-2-b and B-2-c.*

**The limit specified by the state is (select one)**

**A level higher than 100% of the institutional average.**

Specify the percentage:

**Other**

*Specify:*

**Institutional Cost Limit.** Pursuant to 42 CFR § 441.301(a)(3), the state refuses entrance to the waiver to any otherwise eligible individual when the state reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver.  
*Complete Items B-2-b and B-2-c.*

**Cost Limit Lower Than Institutional Costs.** The state refuses entrance to the waiver to any otherwise qualified individual when the state reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the state that is less than the cost of a level of care specified for the waiver.

*Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.*

**The cost limit specified by the state is (select one):**

**The following dollar amount:**

Specify dollar amount:

**The dollar amount (select one)**

**Is adjusted each year that the waiver is in effect by applying the following formula:**

*Specify the formula:*

**May be adjusted during the period the waiver is in effect. The state will submit a waiver amendment to CMS to adjust the dollar amount.**

**The following percentage that is less than 100% of the institutional average:**

Specify percent:

**Other:**

*Specify:*

## Appendix B: Participant Access and Eligibility

### B-2: Individual Cost Limit (2 of 2)

- b. Method of Implementation of the Individual Cost Limit.** When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

The state follows this procedure to determine in advance of waiver entrance that the applicant/participant's health and welfare can be assured within the cost limit. For participants enrolled in one of the state's dual plans, the Medicare Medicaid Coordinated Plan (MMCP) or Idaho Medicaid Plus, their managed care entity (MCE) completes these functions to the extent applicable (i.e., initial appeals for MCE enrollees are routed to the MCE according to contract requirements, rather than through the state's fair hearing process).

1. In advance of waiver approval, nurse reviewers (NR) complete an assessment following established processes to ensure that the participant's health and welfare can be assured within the cost limit. NRs interview the participant (and/or family or legal representative, as appropriate) using questions from the Uniform Assessment Instrument (UAI) to help determine the services needed and those not provided by family or community supports. NRs use their professional judgment to determine whether the participant meets nursing facility (NF) level of care requirements and whether they can be safely maintained in the living situation of their choice with approved waiver services. NRs use the initial service plan meeting to help make this determination. This meeting involves a NR, the participant, guardian, family members, and other individuals identified by the participant. After the determination is made, the cost of waiver services is compared to the cost limit.

2. If the cost of services exceeds the cost limit, a special rate may be considered. A special rate consists of an amount in addition to the standard NF daily rate when a participant's needs are beyond the scope of facility services, and when the cost of providing for those additional needs is not adequately reflected in the rates calculated as described in Idaho Code. This special rate add-on amount for such specialized care is in addition to any payments made in accordance with other payment provisions. The state (or the MCEs for dual plan enrollees) determines approval for a special rate on a case-by-case basis. No rate will be allowed if reimbursement for these needs is available from a non-Medicaid source. A special rate request must be based on an identified condition expected to continue for a period greater than thirty (30) days. The NR requests a special rate from Medicaid Central Office following the process outlined in the Bureau of Long Term Care (BLTC) process manual. The cost of services or equipment and diagnosis or medical condition information is submitted. The Central Office compares this information to a similar diagnosis or medical condition for a participant living in a NF. When a NF providing services for a participant with a similar diagnosis or medical condition is reimbursed at a higher special rate, that rate may be paid for a participant on this waiver even if it exceeds the cost limit.

3. Annual reassessments are completed to determine whether the special rate is still warranted and that the services still maintain the participant in a safe and effective manner.

4. Participants (and/or family or legal representative, as appropriate) may appeal decisions following the same method as any other decision using the appeal process found in Idaho Code 16.05.03, "Contested Case Proceedings and Declaratory Rulings," under Sections 100-108 and as described in Appendix F. Additional information on the state's appeal process is found on the Department of Health and Welfare's Appeals and Fair Hearings website located at: <https://healthandwelfare.idaho.gov/appeals-and-fair-hearings>.

- c. Participant Safeguards.** When the state specifies an individual cost limit in Item B-2-a and there is a change in the participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the state has established the following safeguards to avoid an adverse impact on the participant (*check each that applies*):

**The participant is referred to another waiver that can accommodate the individual's needs.**

**Additional services in excess of the individual cost limit may be authorized.**

Specify the procedures for authorizing additional services, including the amount that may be authorized:

The state follows these procedures when authorizing additional services, including the amount that may be authorized:

1. In advance of waiver approval, nurse reviewers complete an assessment following established processes to ensure that the participant's health and welfare can be assured within the cost limit. Nurse reviewers interview the participant (and/or family or legal representative, as appropriate) using questions from the Uniform Assessment Instrument (UAI) to help determine the services needed and those not provided by family or community supports. Nurse reviewers use their professional judgment to determine whether the participant meets nursing facility level of care requirements and whether the participant can be safely maintained in the living situation of their choice with approved waiver services. Nurse reviewers use the initial service plan meeting to help make this determination. This meeting involves a nurse reviewer, the participant, guardian, family members, and other individuals identified by the participant. After the determination is made, the cost of waiver services is compared to the cost limit.
2. When there is a change in a participant's condition or circumstances that require the provision of services exceeding the cost limit, a special rate may be considered as a safeguard to avoid adverse impact on the participant. A special rate consists of an amount in addition to the nursing facility daily rate when a participant requires care beyond the scope of facility services and when the cost of providing additional care is not adequately reflected in the rates calculated according to Idaho Code. This special rate add-on amount for such specialized care is in addition to any payments made in accordance with other payment provisions. The state (or the MCE for any MCE enrollees) determines whether to approve a special rate on a case-by-case basis. No rate will be allowed if reimbursement for the additional care is available from a non-Medicaid source. A special rate request must be based on an identified condition expected to continue for a period greater than thirty (30) days. Nurse reviewers request a special rate from Medicaid Central Office following the process outlined in the Bureau of Long Term Care manual by submitting the cost of services or equipment and diagnosis or medical condition information. The Central Office compares this information to a similar diagnosis or medical condition for a participant residing in a nursing facility. When a NF providing services for a participant with a similar diagnosis or medical condition is reimbursed at a higher special rate, that rate may be paid for a waiver participant even when it exceeds the cost limit.
3. Nurse reviewers conduct an annual reassessment to determine whether the special rate is still warranted and that the authorized services still maintain the participant in a safe and effective manner.
4. If the participant's condition changes, the participant (and/or family or legal representative, as appropriate) may contact the nurse reviewer or MCE registered nurse to request an increase in services or the participant's agency may complete a Significant Change/Modification Request form. After the nurse reviewer receives the request for additional services, the participant and/or family and agency are contacted by the nurse reviewer. The nurse reviewer or MCE registered nurse may schedule a meeting with other state or MCE staff, as applicable, and the participant, guardian, family members and other individuals identified by the participant to discuss the change. The nurse reviewer or MCE registered nurse updates the current UAI to reflect the participant's new needs. The nurse reviewer or MCE registered nurse ensures that the revised plan is safe and effective, that the participant continues to meet level of care, and that the plan is still cost effective. A revised UAI and a revised Negotiated Service Plan are then sent to the agency.
5. Participants (and/or family or legal representative, as appropriate) may appeal any decision following the appeal process found in Idaho Code 16.05.03, "Contested Case Proceedings and Declaratory Rulings." in Section 302, "Division of Medicaid: Appeals Process For Medicaid Participants." The state ensures that initial appeals for participants enrolled in MMCP or Idaho Medicaid Plus related to the MCE's actions are resolved by the MCE, but participants retain access to the state's fair hearing system if the MCE fails to wholly resolve the appeal in favor of the participant.

**Other safeguard(s)**

Specify:

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (1 of 4)

a. **Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The state will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

| Table: B-3-a |                                     |
|--------------|-------------------------------------|
| Waiver Year  | Unduplicated Number of Participants |
| Year 1       | 14704                               |
| Year 2       | 14883                               |
| Year 3       | 15095                               |
| Year 4       | 15237                               |
| Year 5       | 15433                               |

b. **Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the state may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the state limits the number of participants in this way: *(select one)* :

- The state does not limit the number of participants that it serves at any point in time during a waiver year.
- The state limits the number of participants that it serves at any point in time during a waiver year.

The limit that applies to each year of the waiver period is specified in the following table:

| Table: B-3-b |                                                                    |
|--------------|--------------------------------------------------------------------|
| Waiver Year  | Maximum Number of Participants Served At Any Point During the Year |
| Year 1       |                                                                    |
| Year 2       |                                                                    |
| Year 3       |                                                                    |
| Year 4       |                                                                    |
| Year 5       |                                                                    |

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (2 of 4)

c. **Reserved Waiver Capacity.** The state may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The state *(select one)*:

Not applicable. The state does not reserve capacity.

The state reserves capacity for the following purpose(s).

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served (3 of 4)

**d. Scheduled Phase-In or Phase-Out.** Within a waiver year, the state may make the number of participants who are served subject to a phase-in or phase-out schedule (*select one*):

The waiver is not subject to a phase-in or a phase-out schedule.

The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an intra-year limitation on the number of participants who are served in the waiver.

**e. Allocation of Waiver Capacity.**

*Select one:*

Waiver capacity is allocated/managed on a statewide basis.

Waiver capacity is allocated to local/regional non-state entities.

Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

**f. Selection of Entrants to the Waiver.** Specify the policies that apply to the selection of individuals for entrance to the waiver:

Individuals ages 65 and older may be eligible for entrance to the waiver. Individuals ages 18 - 64 may also be eligible for entrance to the waiver if they meet disability requirements. All waiver participants must meet nursing facility level of care as assessed by the Uniform Assessment Instrument. All waiver participants must also have income less than or equal to 300% of the SSI Federal Benefit Rate. All eligible individuals are allowed access to this waiver.

## Appendix B: Participant Access and Eligibility

### B-3: Number of Individuals Served - Attachment #1 (4 of 4)

Answers provided in Appendix B-3-d indicate that you do not need to complete this section.

## Appendix B: Participant Access and Eligibility

### B-4: Eligibility Groups Served in the Waiver

**a. 1. State Classification.** The state is a (*select one*):

Section 1634 State

SSI Criteria State

209(b) State

**2. Miller Trust State.**

Indicate whether the state is a Miller Trust State (*select one*):

No

Yes

**b. Medicaid Eligibility Groups Served in the Waiver.** Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the state plan. The state applies all applicable federal financial participation limits under the plan. *Check all that apply:*

---

***Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)***

---

Low income families with children as provided in §1931 of the Act

SSI recipients

Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121

Optional state supplement recipients

Optional categorically needy aged and/or disabled individuals who have income at:

Select one:

100% of the Federal poverty level (FPL)

% of FPL, which is lower than 100% of FPL.

Specify percentage:

Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act)

Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)

Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)

Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)

Medically needy in 209(b) States (42 CFR §435.330)

Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)

Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the state plan that may receive services under this waiver)

Specify:



---

***Special home and community-based waiver group under 42 CFR §435.217*** Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed

---

**No. The state does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217. Appendix B-5 is not submitted.**

**Yes. The state furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.**

Select one and complete Appendix B-5.

All individuals in the special home and community-based waiver group under 42 CFR § 435.217

Only the following groups of individuals in the special home and community-based waiver group under 42 CFR § 435.217

Check each that applies:

**A special income level equal to:**

Select one:

**300% of the SSI Federal Benefit Rate (FBR)**

**A percentage of FBR, which is lower than 300% (42 CFR § 435.236)**

Specify percentage:

**A dollar amount which is lower than 300%.**

Specify dollar amount:

**Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)**

**Medically needy without spend down in states which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)**

**Medically needy without spend down in 209(b) States (42 CFR §435.330)**

**Aged and disabled individuals who have income at:**

Select one:

**100% of FPL**

**% of FPL, which is lower than 100%.**

Specify percentage amount:

**Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the state plan that may receive services under this waiver)**

Specify:

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (1 of 7)

*In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the state furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group.*

- a. Use of Spousal Impoverishment Rules.** Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217:

*Note: For the period beginning January 1, 2014 and extending through September 30, 2019 (or other date as required by law), the following instructions are mandatory. The following box should be checked for all waivers that furnish waiver services to the 42 CFR §435.217 group effective at any point during this time period.*

**Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group. In the case of a participant with a community spouse, the state uses spousal post-eligibility rules under §1924 of the Act.**

*Complete Items B-5-e (if the selection for B-4-a-i is SSI State or §1634) or B-5-f (if the selection for B-4-a-i is 209b State) and Item B-5-g unless the state indicates that it also uses spousal post-eligibility rules for the time periods before January 1, 2014 or after September 30, 2019 (or other date as required by law).*

*Note: The following selections apply for the time periods before January 1, 2014 or after September 30, 2019 (or other date as required by law) (select one).*

**Spousal impoverishment rules under section 1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group.**

In the case of a participant with a community spouse, the state elects to *(select one)*:

**Use spousal post-eligibility rules under section 1924 of the Act.**

*(Complete Item B-5-b (SSI State) and Item B-5-d)*

**Use regular post-eligibility rules under 42 CFR § 435.726 (Section 1634 State/SSI Criteria State) or under § 435.735 (209b State)**

*(Complete Item B-5-b (SSI State). Do not complete Item B-5-d)*

**Spousal impoverishment rules under section 1924 of the Act are not used to determine eligibility of individuals with a community spouse for the special home and community-based waiver group. The state uses regular post-eligibility rules for individuals with a community spouse.**

*(Complete Item B-5-b (SSI State). Do not complete Item B-5-d)*

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (2 of 7)

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

#### b. Regular Post-Eligibility Treatment of Income: SSI State.

The state uses the post-eligibility rules at 42 CFR 435.726 for individuals who do not have a spouse or have a spouse who is not a community spouse as specified in §1924 of the Act. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following allowances and expenses from the waiver participant's income:

#### i. Allowance for the needs of the waiver participant *(select one)*:

**The following standard included under the state plan**

*Select one:*

**SSI standard**

**Optional state supplement standard**

**Medically needy income standard**

**The special income level for institutionalized persons**

*(select one):*

**300% of the SSI Federal Benefit Rate (FBR)**

**A percentage of the FBR, which is less than 300%**

Specify the percentage:

**A dollar amount which is less than 300%.**

Specify dollar amount:

**A percentage of the Federal poverty level**

Specify percentage:

**Other standard included under the state plan**

*Specify:*

**The following dollar amount**

Specify dollar amount:  If this amount changes, this item will be revised.

**The following formula is used to determine the needs allowance:**

*Specify:*

The base Personal Needs Allowance (PNA) equals 100% of the SSI Federal Benefit Rate (FBR). The maximum PNA is equal to 180% of the SSI FBR. Additional variances from the base PNA are as follows:

If a person:

- 1) Does not reside in Adult Residential Care or a Certified Family Home (CFH) and
- 2) Has a rent/mortgage obligation,

Then the variance to the base PNA is any countable income up to 180% of SSI FBR.

If a person:

- 1) Has no rent or mortgage obligation, or
- 2) Resides in Adult Residential Care or a CFH,

Then the following variances are applied, subject to the maximum PNA of 180% of the SSI FBR:

Persons with earned income. The PNA is increased by \$200 or the amount of their earned income, whichever is less. A greater variance is needed to offset costs incurred in earning income (and which are distinct from impairment-related work expenses described below).

Persons with taxes mandatorily withheld from unearned income for income tax purposes before the individual receives the income. A greater variance is needed to offset mandatory income taxes.

Persons with court-ordered guardian. The PNA is increased by guardianship fees not to exceed 10% of the monthly benefit handled by the guardian, or \$25, whichever is less. Where the guardian and the trustee are the same individual, the total deduction for guardian and trust fees must not exceed \$25. A greater variance is needed to offset guardian fees.

Persons with a trust. The PNA is increased by trust fees, not to exceed \$25 paid to the trustee for administering the trust. A greater variance is needed to offset trust fees.

Blind or disabled employed persons with impairment-related work expenses. Impairment-related work expenses are items and services purchased or rented to perform work. The items must be needed due to the participant's impairment. The actual monthly expense of the impairment related items is deducted. Expenses must not be averaged. A greater variance is needed to offset impairment-related work expenses.

See IDAPA 16.03.18, "Medicaid Cost Sharing" Section 400 and IDAPA 16.03.05, "Eligibility for Aid to the Aged, Blind, & Disabled," Sections 723 and 725.

The state ensures that patient liability, or Share of Cost (SOC), is applied only to the cost of home and community-based waiver services in both the fee-for-service (FFS) environment and the Medicare Medicaid Coordinated Plan (MMCP) or Idaho Medicaid Plus under a capitated system. The Division of Self Reliance (the state's entity responsible for determining participant financial eligibility) applies the post-eligibility treatment of income calculation to determine participant SOC. For FFS participants, this SOC amount is then applied in the MMIS as a deduction to the first claim submitted by a participant's HCBS service provider each month. The provider is responsible for collecting the SOC amount from the participant. For participants enrolled in the MMCP or Idaho Medicaid Plus, the SOC figure is relayed to the MCE as part of the eligibility file transmission. The MCE then applies SOC in the same fashion: by deducting the amount from the first claim submitted by the participant's HCBS service provider each month.

The long-term services and supports (LTSS) component of the blended capitation payment made to the MCE by the state is derived from actual claims paid amounts (rather than claims billed) from the MMIS – which accounts for participant SOC by not including it in the capitation rate since the participant pays this amount. When the state conducts its annual Medical Loss Ratio (MLR) review and settlement process with the MCE, actual MCE claims expenses are reviewed. Each component of the blended rate is adjusted as necessary – including the LTSS component, which accounts for participant SOC in the capitated system as described. Therefore, patient liability is only applied to the cost of HCBS services and not other Medicaid state plan services.

**Other**

Specify:

---

ii. Allowance for the spouse only (select one):

---

**Not Applicable**

**The state provides an allowance for a spouse who does not meet the definition of a community spouse in section 1924 of the Act. Describe the circumstances under which this allowance is provided:**

Specify:

**Specify the amount of the allowance (select one):**

**SSI standard**

**Optional state supplement standard**

**Medically needy income standard**

**The following dollar amount:**

Specify dollar amount:  If this amount changes, this item will be revised.

**The amount is determined using the following formula:**

Specify:

---

iii. Allowance for the family (select one):

---

**Not Applicable (see instructions)**

**AFDC need standard**

**Medically needy income standard**

**The following dollar amount:**

Specify dollar amount:  The amount specified cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the state's approved AFDC plan or the medically needy income standard established under 42 CFR §435.811 for a family of the same size. If this amount changes, this item will be revised.

**The amount is determined using the following formula:**

Specify:

**Other**

Specify:

---

**iv. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 §CFR 435.726:**

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- a. Health insurance premiums, deductibles and co-insurance charges
- b. Necessary medical or remedial care expenses recognized under state law but not covered under the state's Medicaid plan, subject to reasonable limits that the state may establish on the amounts of these expenses.

Select one:

**Not Applicable (see instructions)***Note: If the state protects the maximum amount for the waiver participant, not applicable must be selected.*

**The state does not establish reasonable limits.**

**The state establishes the following reasonable limits**

*Specify:*

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## Appendix B: Participant Access and Eligibility

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### B-5: Post-Eligibility Treatment of Income (3 of 7)

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**c. Regular Post-Eligibility Treatment of Income: 209(B) State.**

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**Answers provided in Appendix B-4 indicate that you do not need to complete this section and therefore this section is not visible.**

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## Appendix B: Participant Access and Eligibility

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### B-5: Post-Eligibility Treatment of Income (4 of 7)

*Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.*

**d. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules**

The state uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the state Medicaid Plan. The state must also protect amounts for incurred expenses for medical or remedial care (as specified below).

**i. Allowance for the personal needs of the waiver participant**

*(select one):*

**SSI standard**

**Optional state supplement standard**

**Medically needy income standard**

**The special income level for institutionalized persons**

**A percentage of the Federal poverty level**

Specify percentage:

**The following dollar amount:**

Specify dollar amount:  If this amount changes, this item will be revised

**The following formula is used to determine the needs allowance:**

*Specify formula:*

The base Personal Needs Allowance (PNA) equals 100% of the SSI FBR. The maximum PNA is equal to 180% of the SSI FBR. Additional variances from the base PNA are as follows:

If a person:

- 1) Does not reside in Adult Residential Care or a Certified Family Home (CFH), and
- 2) Has a rent/mortgage obligation,

Then the variance to the base PNA is any countable income up to 180% of SSI FBR.

If a person:

- 1) Has no rent or mortgage obligation, or
- 2) Resides in Adult Residential Care or a CFH,

Then the following variances are applied, subject to the maximum PNA of 180% of the SSI FBR:

Persons with earned income. The PNA is increased by \$200 or the amount of their earned income, whichever is less. A greater variance is needed to offset costs incurred in earning income (and which are distinct from the impairment-related work expenses described below).

Persons with taxes mandatorily withheld from unearned income for income tax purposes before the individual receives the income. A greater variance is needed to offset mandatory income taxes.

Persons with court-ordered guardian. The PNA is increased by guardianship fees not to exceed 10% of the monthly benefit handled by the guardian, or \$25, whichever is less. Where the guardian and the trustee are the same individual, the total deduction for guardian and trust fees must not exceed \$25. A greater variance is needed to offset guardian fees.

Persons with a trust. The PNA is increased by trust fees, not to exceed \$25 paid to the trustee for administering the trust. A greater variance is needed to offset trust fees.

Blind or disabled employed persons with impairment-related work expenses. Impairment-related work expenses are items and services purchased or rented to perform work. The items must be needed due to the participant's impairment. The actual monthly expense of the impairment-related items is deducted. Expenses must not be averaged. A greater variance is needed to offset impairment-related work expenses.

See IDAPA 16.03.18, "Medicaid Cost Sharing," Section 400 and IDAPA 16.03.05, "Eligibility for Aid to the Aged, Blind, & Disabled," Sections 723 and 725.

**Other**

*Specify:*

- ii. If the allowance for the personal needs of a waiver participant with a community spouse is different from the amount used for the individual's maintenance allowance under 42 CFR §435.726 or 42 CFR §435.735, explain why this amount is reasonable to meet the individual's maintenance needs in the community.**

Select one:

Allowance is the same

Allowance is different.

Explanation of difference:

**iii. Amounts for incurred medical or remedial care expenses not subject to payment by a third party, specified in 42 CFR §435.726:**

- a. Health insurance premiums, deductibles and co-insurance charges
- b. Necessary medical or remedial care expenses recognized under state law but not covered under the state's Medicaid plan, subject to reasonable limits that the state may establish on the amounts of these expenses.

Select one:

**Not Applicable (see instructions)***Note: If the state protects the maximum amount for the waiver participant, not applicable must be selected.*

**The state does not establish reasonable limits.**

**The state uses the same reasonable limits as are used for regular (non-spousal) post-eligibility.**

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (5 of 7)

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

**e. Regular Post-Eligibility Treatment of Income: SSI State - 2014 through 2018.**

**Answers provided in Appendix B-5-a indicate the selections in B-5-b also apply to B-5-e.**

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (6 of 7)

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

**f. Regular Post-Eligibility Treatment of Income: 209(B) State - 2014 through 2018.**

**Answers provided in Appendix B-4 indicate that you do not need to complete this section and therefore this section is not visible.**

## Appendix B: Participant Access and Eligibility

### B-5: Post-Eligibility Treatment of Income (7 of 7)

*Note: The following selections apply for the five-year period beginning January 1, 2014.*

**g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules - 2014 through 2018.**

The state uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the state Medicaid Plan. The state must also protect amounts for incurred expenses for medical or remedial care (as specified below).

**Answers provided in Appendix B-5-a indicate the selections in B-5-d also apply to B-5-g.**

## Appendix B: Participant Access and Eligibility

### B-6: Evaluation/Reevaluation of Level of Care

As specified in 42 CFR § 441.302(c), the state provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.

- a. Reasonable Indication of Need for Services.** In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the state's policies concerning the reasonable indication of the need for services:

**i. Minimum number of services.**

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is:

**ii. Frequency of services.** The state requires (select one):

**The provision of waiver services at least monthly**

**Monthly monitoring of the individual when services are furnished on a less than monthly basis**

*If the state also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:*

- b. Responsibility for Performing Evaluations and Reevaluations.** Level of care evaluations and reevaluations are performed (select one):

**Directly by the Medicaid agency**

**By the operating agency specified in Appendix A**

**By an entity under contract with the Medicaid agency.**

*Specify the entity:*

**Other**

*Specify:*

- c. Qualifications of Individuals Performing Initial Evaluation:** Per 42 CFR § 441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

Licensed Professional Nurse (Registered Nurse, RN) licensed in the State of Idaho perform the initial evaluation of level of care for waiver applicants.

- d. Level of Care Criteria.** Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the state's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency

(if applicable), including the instrument/tool utilized.

The state uses Nursing Facility Level of Care (LOC) criteria to evaluate and reevaluate whether a participant needs services through this waiver. Idaho developed a Uniform Assessment Instrument (UAI) as the basis of the level of care instrument. The purpose of the Uniform Assessment Instrument (UAI) is to gather information for determining participant's care needs, service eligibility and for planning participant services. The UAI is a multidimensional questionnaire which assesses a participant's functioning level, social skills, and physical and cognitive abilities. It provides a comprehensive assessment of a participant's actual functioning level including those elements that are necessary for developing an individualized service plan. The UAI was designed to provide a standardized way of conducting a participant interview to ensure that all participants receive an objective assessment of their needs.

The UAI measures deficits in Activities of Daily Living (ADL)s, Instrumental Activities of Daily Living (IADLs), and Behavioral and Cognitive Functioning. A score of 12 points is needed to demonstrate NF LOC as defined in Idaho Code 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 322.04-08.

Functional Level for Adults. Based on the results of the UAI, the level of impairment of the participant is established by the state. In determining need for nursing facility LOC, an adult must require the level of assistance according to the following formula:

Critical Indicator - 12 Points Each.

- a. Total assistance with preparing or eating meals.
- b. Total or extensive assistance in toileting.
- c. Total or extensive assistance with medications which require decision making prior to taking, or assessment of efficacy after taking.

High Indicator - 6 Points Each.

- a. Extensive assistance with preparing or eating meals.
- b. Total or extensive assistance with routine medications.
- c. Total, extensive or moderate assistance with transferring.
- d. Total or extensive assistance with mobility.
- e. Total or extensive assistance with personal hygiene.
- f. Total assistance with supervision from Section II of the Uniform Assessment Instrument (UAI).

Medium Indicator - 3 Points Each.

- a. Moderate assistance with personal hygiene.
- b. Moderate assistance with preparing or eating meals.
- c. Moderate assistance with mobility.
- d. Moderate assistance with medications.
- e. Moderate assistance with toileting.
- f. Total, extensive, or moderate assistance with dressing.
- g. Total, extensive or moderate assistance with bathing.
- h. Extensive or moderate assistance with supervision from Section II No. 18 of the UAI.

Nursing Facility Level of Care, Adults. In order to qualify for nursing facility level of care, the individual must score twelve (12) or more points in one (1) of the following ways.

- a. One (1) or more critical indicators = Twelve (12) points.
- b. Two (2) or more high indicators = Twelve (12) points.
- c. One (1) high and two (2) medium indicators = Twelve (12) points.
- d. Four (4) or more medium indicators = Twelve (12) points.

The Bureau of Long Term Care (BLTC) Manual and the Uniform Assessment Instrument Resource Manual aid nurse reviewers in completing the UAI.

- e. **Level of Care Instrument(s).** Per 42 CFR § 441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care (*select one*):

**The same instrument is used in determining the level of care for the waiver and for institutional care under the state plan.**

**A different instrument is used to determine the level of care for the waiver than for institutional care under the**

state plan.

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

**f. Process for Level of Care Evaluation/Reevaluation:** Per 42 CFR § 441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

The state uses the Uniform Assessment Instrument (UAI) to gather information when determining a participant's care needs, 1915(c) service eligibility and for planning participant services. The UAI is a multidimensional questionnaire which assesses a participant's functioning level, social skills, and physical and cognitive abilities. It provides a comprehensive assessment of a participant's actual functioning level including those elements that are necessary for developing an individualized service plan. The UAI was designed to provide a standardized way of conducting a participant interview to ensure that all participants receive an objective assessment of their needs.

Nurse reviewers conduct interviews of each participant (and/or family or legal representative, as appropriate) in their home/community-based setting using the questions from the Uniform Assessment Instrument. Initial assessments and signification change interviews are completed using a face-to-face interview. Annual redetermination interviews for participants who have not had any significant changes reported over the prior year may be completed via electronic communication: telehealth; all other interviews are face-to-face. Significant change reports are logged in the UAI. Additional information may be provided by caregivers, family or legal representative as appropriate. The tool is computerized and calculates the score based on the unmet needs/available supports to determine the level of assistance required of the participant.

A score of 12 points is needed to demonstrate Nursing Facility (NF) Level of Care (LOC) as defined in Idaho Code 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 322.04-.08.

Functional Level for Adults. Based on the results of the UAI, the level of impairment of the participant is established by the Department. In determining need for NF LOC, an adult must require a level of assistance according to the following formula:

Critical Indicator - 12 Points Each.

- a. Total assistance with preparing or eating meals.
- b. Total or extensive assistance in toileting.
- c. Total or extensive assistance with medications which require decision making prior to taking, or assessment of efficacy after taking.

High Indicator - 6 Points Each.

- a. Extensive assistance with preparing or eating meals.
- b. Total or extensive assistance with routine medications.
- c. Total, extensive or moderate assistance with transferring.
- d. Total or extensive assistance with mobility.
- e. Total or extensive assistance with personal hygiene.
- f. Total assistance with supervision from Section II of the Uniform Assessment Instrument (UAI).

Medium Indicator - 3 Points Each.

- a. Moderate assistance with personal hygiene.
- b. Moderate assistance with preparing or eating meals.
- c. Moderate assistance with mobility.
- d. Moderate assistance with medications.
- e. Moderate assistance with toileting.
- f. Total, extensive, or moderate assistance with dressing.
- g. Total, extensive or moderate assistance with bathing.
- h. Extensive or moderate assistance with supervision from Section II No. 18 of the UAI.

Nursing Facility Level of Care, Adults. In order to qualify for NF LOC, the participant must score twelve (12) or more points in one (1) of the following ways.

- a. One (1) or more critical indicators = Twelve (12) points.
- b. Two (2) or more high indicators = Twelve (12) points.
- c. One (1) high and two (2) medium indicators = Twelve (12) points.
- d. Four (4) or more medium indicators = Twelve (12) points.

The Bureau of Long Term Care (BLTC) Manual and the Uniform Assessment Instrument Resource Manual and professional judgment aid nurse reviewers in completing the UAI.

- g. Reevaluation Schedule.** Per 42 CFR § 441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule (*select one*):

Every three months

Every six months

Every twelve months

Other schedule

*Specify the other schedule:*

**h. Qualifications of Individuals Who Perform Reevaluations.** Specify the qualifications of individuals who perform reevaluations (*select one*):

**The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.**

**The qualifications are different.**

*Specify the qualifications:*

**i. Procedures to Ensure Timely Reevaluations.** Per 42 CFR § 441.303(c)(4), specify the procedures that the state employs to ensure timely reevaluations of level of care (*specify*):

To ensure timely level of care reevaluations, Medicaid staff run reports via a computerized database. The database is available on the Department's Intranet maintained by the State's Information Technology Division. Program managers run monthly reports to monitor timeliness of reevaluations.

To ensure timely level of care reevaluations for participants enrolled in the MMCP or Idaho Medicaid Plus, the MCE registered nurses submit an electronic workflow request to the Medicaid nurse reviewer forty-five (45) days prior to the due date. These requests are routed to the appropriate Medicaid nurse reviewer for completion and are then returned to the MCE. The Contract Monitor uses this system to generate reports and to monitor timeliness of reevaluations for MMCP and Idaho Medicaid Plus enrollees.

**j. Maintenance of Evaluation/Reevaluation Records.** Per 42 CFR § 441.303(c)(3), the state assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR § 92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

Written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum of three (3) years. The State maintains all records, including Family Personal Care Services (FPCS) Forms requesting a spouse caregiver, in the participant's electronic record. Paper records are maintained for five (5) years.

The MCE retains written and/or electronically retrievable documentation of all evaluations and reevaluations under the Contract for a period of six (6) years in accordance with 42 CFR §455 and 45 CFR §164.530(j)(2), or for the duration of contested case proceedings, whichever is longer.

## Appendix B: Evaluation/Reevaluation of Level of Care

### Quality Improvement: Level of Care

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

**a. Methods for Discovery: Level of Care Assurance/Sub-assurances**

*The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for*

*evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.*

**i. Sub-Assurances:**

- a. Sub-assurance:** *An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

**Number and percent of applicants for HCB services who received a Level of Care evaluation prior to receiving services. a. Numerator:** Number of applicants for HCB services who received a Level of Care evaluation prior to receiving services. **b. Denominator:** Number of applicants for HCB services.

**Data Source** (Select one):

**Record reviews, off-site**

If 'Other' is selected, specify:

| <b>Responsible Party for data collection/generation</b><br>(check each that applies): | <b>Frequency of data collection/generation</b><br>(check each that applies): | <b>Sampling Approach</b><br>(check each that applies):                        |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                | <b>100% Review</b>                                                            |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text"/>                                      | <b>Annually</b>                                                              | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                                                       | <b>Continuously and Ongoing</b>                                              | <b>Other</b><br>Specify:                                                      |

|  |                                                  |                      |
|--|--------------------------------------------------|----------------------|
|  |                                                  | <input type="text"/> |
|  | <b>Other</b><br>Specify:<br><input type="text"/> |                      |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis(check each that applies): |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                               |
| Operating Agency                                                               | Monthly                                                              |
| Sub-State Entity                                                               | Quarterly                                                            |
| <b>Other</b><br>Specify:<br><input type="text"/>                               | Annually                                                             |
|                                                                                | Continuously and Ongoing                                             |
|                                                                                | <b>Other</b><br>Specify:<br><input type="text"/>                     |

- b. Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.**

**Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- c. **Sub-assurance:** *The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.*

#### Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

#### Performance Measure:

**Number and percent of Level of Care UAI completed according to established processes and timeframes. a. Numerator:** Number of Level of Care UAI completed according to established processes and timeframes. **b. Denominator:** Number of Level of Care UAI completed for the time period.

**Data Source** (Select one):

**Other**

If 'Other' is selected, specify:

**SSRS Report: Initial LOC Assessment**

| <b>Responsible Party for data collection/generation</b><br>(check each that applies): | <b>Frequency of data collection/generation</b><br>(check each that applies): | <b>Sampling Approach</b><br>(check each that applies):                 |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------|
| State Medicaid Agency                                                                 | Weekly                                                                       | 100% Review                                                            |
| Operating Agency                                                                      | Monthly                                                                      | Less than 100% Review                                                  |
| Sub-State Entity                                                                      | Quarterly                                                                    | Representative Sample<br>Confidence Interval =<br><input type="text"/> |
| Other<br>Specify:<br><input type="text"/>                                             | Annually                                                                     | Stratified<br>Describe Group:<br><input type="text"/>                  |
|                                                                                       | Continuously and Ongoing                                                     | Other<br>Specify:<br><input type="text"/>                              |

|  |                                                                                                     |  |
|--|-----------------------------------------------------------------------------------------------------|--|
|  | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> |  |
|--|-----------------------------------------------------------------------------------------------------|--|

**Data Aggregation and Analysis:**

| <b>Responsible Party for data aggregation and analysis (check each that applies):</b>               | <b>Frequency of data aggregation and analysis(check each that applies):</b>                         |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                                        | <b>Weekly</b>                                                                                       |
| <b>Operating Agency</b>                                                                             | <b>Monthly</b>                                                                                      |
| <b>Sub-State Entity</b>                                                                             | <b>Quarterly</b>                                                                                    |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> | <b>Annually</b>                                                                                     |
|                                                                                                     | <b>Continuously and Ongoing</b>                                                                     |
|                                                                                                     | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> |

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

**Uniform Assessment Instrument (UAI) Report:**

Information on the numbers of assessments (initial & redetermination) and significant changes are retrieved from the Assessment and Certification Tool (ACT) database and the Medicaid Management Information System (MMIS). Medicaid Central Office compiles the information into a report that goes to the Bureau of Long Term Care (BLTC) Committee or its designee for analysis on workload and case load distribution.

**Internal File Audit:**

Each Regional Nurse Manager (NM) conducts a minimum of ten (10) internal file audits per Nurse Reviewer (NR) each month for this program to review the accuracy of each NR's Level of Care (LOC) decisions, including whether the narrative and documentation support the level designated for each category of care needs. The NM enters the results of the Internal File Audit into the BLTC Quality Improvement (QI) Tracking Tool. The NM provides additional training and guidance for any NR with greater than three (3) misaligned scores and narratives. Medicaid Central Office compiles statewide reports on statewide trends to the BLTC Committee or its designee.

**QI Processes and Instruments:**

The BLTC Quality Improvement Team (QIT) reviews the QI processes and instruments through periodic meetings (supported by QIT team minutes). The QIT identifies and reports on remediation and possible system improvement issues (which is supported through a QI Action Plan Form).

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.
- SSRS Report: Initial LOC Assessment:  
All errors identified on the quarterly automated report are provided to the regional Nurse Manager for review and correction by the team. Quarterly reports are stored on the BLTC QA SharePoint and aggregated as part of our cumulative annual BLTC Quality Improvement Strategy report. These reports are monitored by the QA team to detect and identify potential trends quarter-after-quarter, which may result in individual staff remediation, team remediation, or statewide staff retraining.

SSRS Report: Functional Ability Score & Narratives:  
Regional Nurse Managers (NM) address/change/remediate errors in score and narrative misalignment with staff as errors are identified on each quarterly report. If a staff person exceeds three (3) errors per sample, the NM initiates a targeted audit of that staff person's work, including pulling a larger sample to audit. Inaccurate scores or inadequate narratives to support scores are addressed directly with the staff.

Each quarterly report is stored on the BLTC QA SharePoint for future reference and to identify trends per staff person or per region. Individual scores are corrected as they are identified with retraining occurring. Repeated issues are documented as performance deficiencies. Repeated performance deficiencies may result in staff performance improvement plans.

**ii. Remediation Data Aggregation**

**Remediation-related Data Aggregation and Analysis (including trend identification)**

| Responsible Party <i>(check each that applies):</i> | Frequency of data aggregation and analysis<br><i>(check each that applies):</i> |
|-----------------------------------------------------|---------------------------------------------------------------------------------|
| State Medicaid Agency                               | Weekly                                                                          |
| Operating Agency                                    | Monthly                                                                         |
| Sub-State Entity                                    | Quarterly                                                                       |
| Other<br>Specify:<br><div></div>                    | Annually                                                                        |
|                                                     | Continuously and Ongoing                                                        |
|                                                     | Other<br>Specify:<br><div></div>                                                |

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.

**No**

**Yes**

Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

**Freedom of Choice.** As provided in 42 CFR § 441.302(d), when an individual is determined to be likely to require a level of care for this waiver, the individual or his or her legal representative is:

- i. informed of any feasible alternatives under the waiver; and
- ii. given the choice of either institutional or home and community-based services.

**a. Procedures.** Specify the state's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

When a participant meets nursing facility level of care, the Nurse Reviewer (NR) informs the participant or their legal representative(s) of feasible alternatives under this Aged & Disabled (A&D) waiver, and presents the choice of either institutional or home and community-based services. The NR answers questions asked by the participant (and/or family or legal representative(s), as appropriate).

At the time of initial contact to set the assessment time with an applicant, the NR provides the applicant with information about waiver services. Prior to conducting the level of care assessment, the NR provides the participant (and/or family or legal representative(s), as appropriate) information about this waiver, including explaining living options (i.e. nursing facility, certified family home, residential assisted living facility, or in their own home). The participant chooses services and providers by signing the Service and Provider Choice form. This form allows participants to agree to the waiver services identified in the assessment, acknowledge the living arrangement they have chosen, and to accept or decline the waiver service in lieu of nursing facility placement. The participant (and/or family or legal representative, as appropriate) makes a choice of providers and services annually at redetermination.

When a participant requests a spouse provider for Attendant Care services, the NR directs the participant and/or spouse to the Bureau of Long Term Care (BLTC) website for information and instructions on how to complete a Family Personal Care Services (FPCS) Request and work with their hiring Personal Assistance Agency (PAA) to submit it using the online submission portal. Upon review and approval, the BLTC Quality Assurance (QA) team issues a notice to both the requester and the hiring PAA with information on receiving these services using a spouse caregiver.

For participants enrolled in a Managed Care Entity (MCE) the Medicare Medicaid Coordinated Care Plan (MMCP) Care Coordinator or Idaho Medicaid Plus Care Specialist reviews the MCE equivalent of the Service and Provider Choice form with the participant and retains the signed form. The Care Coordinator is responsible for providing information about A&D waiver services to MMCP enrollees, and the Care Specialist is responsible for providing information about A&D waiver services to Idaho Medicaid Plus enrollees.

**b. Maintenance of Forms.** Per 45 CFR § 92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

Copies of the Service and Provider Choice form (or the Managed Care Entity's (MCE) equivalent form) and any applicable Family Personal Care Services (FPCS) Requests are maintained by Medicaid and/or the MCE, as applicable, for five (5) years in the participant's electronic case file.

## Appendix B: Participant Access and Eligibility

### B-8: Access to Services by Limited English Proficiency Persons

**Access to Services by Limited English Proficient Persons.** Specify the methods that the state uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):

The following are the Department of Health & Welfare's methods to ensure meaningful access to the waiver related to Limited English Proficiency:

1. The state's goal is to ensure persons with limited English skills (language, hearing, or other sensory impairment) can effectively access health and human services. More specifically, the state and the MCEs provide effective communications with clients with limited English proficiency (LEP), are deaf/hard of hearing or are blind, and to ensure interpreter services are provided to these participants on an as needed basis at no cost to them.
2. The MCEs adopt methods and procedures that guarantee each participant enrolled in the MMCP or Idaho Medicaid Plus the right to receive information, including but not limited to: all enrollment notices, informational materials, and instructional materials in a manner and format that may be easily understood.
3. The Directory of Communication Resources lists sources available to help staff obtain the assistance needed when communicating with participants who are limited in their communication ability. The External Resources Section of the Directory also helps staff locate communication assistance. Listed in this section are brief overviews of the Over-the-Phone Interpretation Services, the Idaho Relay Service, and other organizations. The Civil Rights Manager is also available to provide assistance in obtaining services. This Directory is offered simply as a communication aid. Staff are encouraged to refer to the state's Procedure for Obtaining Interpreter and Translation Services. If staff have a question about this procedure, they should ask their immediate supervisor. If further assistance is needed, they may contact the Department's Civil Rights Manager.

Interpreter sources include:

a. Foreign Languages

Department of Health and Welfare Employees. Employees identified as having bilingual skills are listed in the Directory of Interpreter/Communication Resources. Staff contact their organizational unit's Human Resource Specialist to identify those individuals associated with a designated bilingual position.

Over-the-Phone Interpretation Services. Provides over-the-phone interpretation twenty-four (24) hours a day, seven (7) days a week. These telephone conversations should be made in a private location such as an office or interview room, and the conversations should be conducted with the use of a speakerphone, if possible.

On-Call Individual and/or Contract Interpreters

Staff initially utilize the employees listed as internal interpreters in the Department's Directory of Interpreter/Communication Resources. If none are available, staff work with their supervisor to contact one of the On-Call Individual and/or Contract Interpreters in their area.

Other

If appropriate interpreters cannot be identified by using the sources listed in this procedure, staff contact a Human Resource Specialist or the Department's Civil Rights Manager at (208) 334-5617 for further assistance.

b. Braille

Idaho Commission for the Blind and Visually Impaired, 341 W. Washington, P.O. Box 83720, Boise, ID 83720-0012, or 1-800-542-8688.

c. Sign Language

Network Interpreting Service (NIS) - schedule sign language interpreters for a fee (1-800-284-1043). To identify the local sign language interpreting services available in the area, refer to Regional Off-Site Resources in the Department's Directory of Interpreter/Communication Resources.

The Department's Division of Human Resources maintains a list of staff and external individuals available for translation assistance. This list is maintained on the Department's Intranet.

The Idaho Department of Health and Welfare's Web page, <http://www.healthandwelfare.idaho.gov/>, is available for Spanish speaking consumers. English and Spanish versions of Idaho's Health Plan booklet is available at this website: <https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=3479&dbid=0&repo=PUBLIC-DOCUMENTS>.

The 2-1-1 Idaho CareLine is a toll-free, statewide service available to link Idahoans with health or human service providers and programs and also has translation assistance services.

## Appendix C: Participant Services

### C-1: Summary of Services Covered (1 of 2)

a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

| Service Type                | Service                                    |  |  |
|-----------------------------|--------------------------------------------|--|--|
| Statutory Service           | Adult Day Health                           |  |  |
| Statutory Service           | Day Habilitation                           |  |  |
| Statutory Service           | Homemaker                                  |  |  |
| Statutory Service           | Residential Habilitation                   |  |  |
| Statutory Service           | Respite                                    |  |  |
| Statutory Service           | Supported Employment                       |  |  |
| Extended State Plan Service | Attendant Care                             |  |  |
| Other Service               | Adult Residential Care                     |  |  |
| Other Service               | Chore Service                              |  |  |
| Other Service               | Companion Services                         |  |  |
| Other Service               | Consultation                               |  |  |
| Other Service               | Environmental Accessibility Adaptations    |  |  |
| Other Service               | Home Delivered Meals                       |  |  |
| Other Service               | Non-medical Transportation                 |  |  |
| Other Service               | Personal Emergency Response System         |  |  |
| Other Service               | Skilled Nursing                            |  |  |
| Other Service               | Specialized Medical Equipment and Supplies |  |  |
| Other Service               | Transition Services                        |  |  |

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Adult Day Health

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04060 adult day services (social model)

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Adult day health is a supervised, structured service generally furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week. It is provided in a non-institutional, community-based setting, and it encompasses health services, social services, recreation, supervision for safety, and assistance with activities of daily living needed to ensure the optimal functioning of the participant. Adult day health services provided under this waiver will not include room and board payments.

Transportation between participant’s place of residence and adult day health service site is not included in the adult day health rate but may be provided as non-medical transportation (a separately billable service).

Participants residing in a home-based setting may only receive adult day health care services twelve (12) hours in any 24-hour period. Participants residing in a certified family home may only receive adult day health care services if there is an assessed unmet socialization need that cannot be provided by the certified family home provider. Adult day health care services are not offered to participants who reside in a Residential Assisted Living Facility.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

| Provider Category | Provider Type Title       |
|-------------------|---------------------------|
| Agency            | Adult Day Health Provider |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Adult Day Health

Provider Category:

Agency

Provider Type:

Adult Day Health Provider

Provider Qualifications

License (specify):

N/A

Certificate (specify):

Services provided in a home must meet the standards of home certification identified in IDAPA 16.03.19, "Certified Family Homes."

Other Standard (specify):

Adult Day Health. Providers of adult day health must meet the following requirements:

a. Services provided in a facility must meet the building and health standards identified in IDAPA 16.03.21, "Developmental Disabilities Agencies (DDA)."

b. Services provided in a Residential Adult Living Facility must meet the standards identified in IDAPA 16.03.22, "Residential Care or Assisted Living Facilities."

c. Adult day health providers who provide direct care or services must satisfactorily complete a criminal history check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."

d. Adult day health providers who provide direct care or services must be free from communicable disease.

e. All providers of adult day health services must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff. Idaho Code 16.03.10, "Medicaid Enhanced Plan Benefits," Section 329.03. "Provider Qualifications."

Verification of Provider Qualifications

Entity Responsible for Verification:

Medicaid Certified Family Home Management/RALF/Medicaid/MCE

Frequency of Verification:

Every two (2) years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Day Habilitation

Alternate Service Title (if any):

HCBS Taxonomy:

|                 |                        |
|-----------------|------------------------|
| Category 1:     | Sub-Category 1:        |
| 04 Day Services | 04020 day habilitation |
| Category 2:     | Sub-Category 2:        |
|                 |                        |
| Category 3:     | Sub-Category 3:        |
|                 |                        |
| Category 4:     | Sub-Category 4:        |
|                 |                        |

Service Definition (Scope):

Day habilitation consists of assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills that take place in a non-residential setting, separate from the home or facility in which the participant resides. Services will normally be furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week, unless provided as an adjunct to other day activities included in a participant's plan of care. Day habilitation services will focus on enabling the participant to attain or maintain their maximum functional level and will be coordinated with any physical therapy, occupational therapy, or speech-language pathology services listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

Transportation to and from the site of other discrete waiver services is not included in the day habilitation rate but may be provided as non-medical transportation (a separate billable service).

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Limited to thirty (30) hours a week.

**Service Delivery Method** (check each that applies):

**Participant-directed as specified in Appendix E**

**Provider managed**

**Specify whether the service may be provided by** (check each that applies):

**Legally Responsible Person**

**Relative**

**Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title |
|-------------------|---------------------|
| Agency            | Habilitation Agency |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Statutory Service**

**Service Name: Day Habilitation**

**Provider Category:**

Agency

**Provider Type:**

Habilitation Agency

**Provider Qualifications**

**License** (specify):

Standard licensing specific to their discipline.

**Certificate** (specify):

**Other Standard** (specify):

Providers of day habilitation services must have a minimum of two (2) years of experience working directly with persons with a traumatic brain injury, must provide documentation of standard licensing specific to their discipline, and must have taken a traumatic brain injury course approved by the Department. Day habilitation providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Department of Health and Welfare and MCE

**Frequency of Verification:**

Every 2 years

**Appendix C: Participant Services****C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Homemaker

**Alternate Service Title (if any):****HCBS Taxonomy:****Category 1:**

08 Home-Based Services

**Sub-Category 1:**

08050 homemaker

**Category 2:****Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Homemaker services consist of performing tasks for the participant, or assisting with, or both, the following tasks: laundry, essential errands (such as picking up groceries or prescriptions for the participant), meal preparation, and other routine housekeeping duties when there is no one else in the household capable of performing these tasks.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:****Service Delivery Method (check each that applies):**

Participant-directed as specified in Appendix E

Provider managed

**Specify whether the service may be provided by (check each that applies):**

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

|                   |                            |
|-------------------|----------------------------|
| Provider Category | Provider Type Title        |
| Agency            | Personal Assistance Agency |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Homemaker

Provider Category:

Agency

Provider Type:

Personal Assistance Agency

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

The homemaker must be an employee of record or fact of an agency. Homemaker service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." All providers of homemaker must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff. Idaho Code 16.03.10, "Medicaid Enhanced Plan Benefits," Section 329.03. "Provider Qualifications."

Verification of Provider Qualifications

Entity Responsible for Verification:

Department of Health & Welfare and MCE

Frequency of Verification:

Every 2 years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Residential Habilitation

Alternate Service Title (if any):

**HCBS Taxonomy:****Category 1:**

02 Round-the-Clock Services

**Sub-Category 1:**

02031 in-home residential habilitation

**Category 2:**

08 Home-Based Services

**Sub-Category 2:**

08010 home-based habilitation

**Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Residential habilitation services consist of an integrated array of individually-tailored services and supports furnished to eligible participants. These services and supports are designed to assist the participants to reside successfully in their own homes, alone or with their families/roommates. The services and supports that may be furnished consist of the following:

- a. Habilitation services aimed at assisting the participant to acquire, retain, or improve their ability to reside as independently as possible in the community or maintain family unity. Habilitation services include training in one (1) or more of the following areas:
  - i. Self-direction consists of identifying and responding to dangerous or threatening situations, making decisions and choices affecting the participant's life, and initiating changes in living arrangements or life activities;
  - ii. Money management consists of training or assistance in handling personal finances, making purchases, and meeting personal financial obligations;
  - iii. Daily living skills consist of training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self-administration of medications, and other areas of daily living including proper use of adaptive and assistive devices, appliances, as well as following home safety, first aid, and emergency procedures;
  - iv. Socialization consists of training or assistance in participation in general community activities and establishing relationships with peers with an emphasis on connecting the participant to their community. Socialization training associated with participation in community activities includes assisting the participant to identify activities of interest, working out arrangements to participate in such activities, and identifying specific training activities necessary to assist the participant to continue to participate in such activities on an on-going basis. Socialization training does not include participation in nontherapeutic activities that are merely diversional or recreational in nature;
  - v. Mobility consists of training or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community; or
  - vi. Behavior shaping and management consist of training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors, or extension of therapeutic services that consist of reinforcing physical, occupational, speech, and other therapeutic programs.
- b. Personal Assistance Services, necessary to assist the participant in daily living activities, household tasks, and such other routine activities as the person or the person's primary caregiver(s) are unable to accomplish on their own behalf. Personal Assistance Services under the State Plan Personal Care Services (PCS) benefit and the Attendant Care and Homemaker services under this waiver are not authorized to be provided at the same time.
- c. Skills training to teach waiver participants (alone or with their family members, alternative family caregiver(s), their roommate and/or neighbor) to perform activities with greater independence and to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skills training is provided to encourage and accelerate development in independent daily living skills, self-direction, money management, socialization, mobility and other therapeutic programs.
- d. Transportation integral to meeting the participant's goals, desired outcomes, and needs. Transportation to and from the site

of other discrete waiver services is not included in the residential habilitation rate but may be provided as non-medical transportation (a separate billable service).

Supported Living Residential Habilitation services may be provided in the individual's home or in the community but not in a Developmental Disabilities facility, defined in Section 39-4604, Idaho Code, and must not duplicate other types of habilitation services provided to the individual.

Provider owned or leased facilities where residential services are furnished must be compliant with the Americans with Disabilities Act.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method** (check each that applies):

**Participant-directed as specified in Appendix E**

**Provider managed**

**Specify whether the service may be provided by** (check each that applies):

**Legally Responsible Person**

**Relative**

**Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title             |
|-------------------|---------------------------------|
| Agency            | Residential Habilitation Agency |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Statutory Service**

**Service Name: Residential Habilitation**

**Provider Category:**

Agency

**Provider Type:**

Residential Habilitation Agency

**Provider Qualifications**

**License** (specify):

**Certificate** (specify):

As described in Idaho Code 16.04.17, "Residential Habilitation Agencies," and in 16.03.10 "Medicaid Enhanced Plan Benefits," Section 329.17.

**Other Standard** (specify):

Residential Habilitation -- Supported Living. When residential habilitation services are provided by an agency, the agency must be certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Residential Habilitation Agencies," and must be capable of supervising the direct services provided. Participants who provide residential habilitation services in the home of the participant (supported living) must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements:

a. Direct service staff must meet the following minimum qualifications:

- i. Be at least eighteen (18) years of age;
- ii. Be a high school graduate, or have a GED, or demonstrate the ability to provide services according to a plan of service;
- iii. Have current CPR and First Aid certifications;

- iv. Be free from communicable diseases;
- v. If transporting participants, have a current and valid driver's license and vehicle insurance;
- vi. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other Department-approved training.
- vii. Residential habilitation service providers who provide direct care or services must satisfactorily complete a criminal background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."
- vii. Have appropriate certification or licensure if required to perform tasks which require certification or licensure. Direct service staff must also have taken a traumatic brain injury training course approved by the Department.
- b. The provider agency is responsible for providing direct service staff with training specific to the needs of the participant.
- c. Prior to delivering services to a participant, agency direct service staff must complete an orientation program. The orientation program must include the following subjects:
  - i. Purpose and philosophy of services;
  - ii. Service rules;
  - iii. Policies and procedures;
  - iv. Proper conduct in relating to waiver participants;
  - v. Handling of confidential and emergency situations that involve the waiver participant;
  - vi. Participant rights;
  - vii. Methods of supervising participants;
  - viii. Working with individuals with developmental disabilities; and
  - ix. Training specific to the needs of the participant.
- x. Working with individuals with traumatic brain injuries
- d. Additional training requirements must be completed within six (6) months of employment with the residential habilitation agency and include at a minimum:
  - i. Instructional techniques: Methodologies for training in a systematic and effective manner;
  - ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors;
  - iii. Feeding;
  - iv. Communication;
  - v. Mobility;
  - vi. Activities of daily living;
  - vii. Body mechanics and lifting techniques;
  - viii. Housekeeping techniques; and
  - ix. Maintenance of a clean, safe, and healthy environment.
- e. The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed.

**Verification of Provider Qualifications****Entity Responsible for Verification:**

Department of Health &amp; Welfare and MCE

**Frequency of Verification:**

Residential habilitation providers are surveyed when they seek renewal of their certificate. The Department issues certificates that are in effect for a period of no longer than three (3) years.

**Appendix C: Participant Services****C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Respite

**Alternate Service Title (if any):**

HCBS Taxonomy:

Category 1:

09 Caregiver Support

Sub-Category 1:

09011 respite, out-of-home

Category 2:

09 Caregiver Support

Sub-Category 2:

09012 respite, in-home

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Respite Care. Short-term breaks from care giving responsibilities to non-paid care givers. The care giver or participant is responsible for selecting, training, and directing the provider. While receiving respite care services, the waiver participant cannot receive other services which are duplicative in nature. Respite care services provided under this waiver will not include room and board payments. Respite care services may be provided in the participant's residence, a Certified Family Home, a Developmental Disabilities Agency, a Residential Assisted Living Facility, and an Adult Day Health Facility.

Respite care may be provided for a few hours up to several days. Respite care lasting more than thirty (30) consecutive days and provided outside of the normal residence of the participant must be provided in a location compliant with the HCB Settings Rule.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

| Provider Category | Provider Type Title        |
|-------------------|----------------------------|
| Agency            | Personal Assistance Agency |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

**Provider Type:**  
Personal Assistance Agency

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Respite. Providers of respite care services must meet the following minimum qualifications:

a. Have received care giving instructions in the needs of the person who will be provided the service;

b. Demonstrate the ability to provide services according to a plan of service;

c. Be free of communicable diseases; and

d. Respite care service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."

e. Training requirements contained in the Idaho provider training matrix and standards for direct care staff as required by Idaho Code 16.03.329.03, "Provider Qualifications."

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Department of Health & Welfare and MCE

**Frequency of Verification:**

Every 2 years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Statutory Service

**Service:**

Supported Employment

**Alternate Service Title (if any):**

**HCBS Taxonomy:**

**Category 1:**

03 Supported Employment

**Sub-Category 1:**

03021 ongoing supported employment, individual

**Category 2:**

**Sub-Category 2:**

03/30/2026

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Supported employment consists of competitive work in integrated work settings for individuals with the most severe disabilities for whom competitive employment has not traditionally occurred, or for whom competitive employment has been interrupted or intermittent as a result of a severe disability. Due to the nature and severity of their disability, these individuals need intensive supported employment services or extended services in order to perform their work.

a. Supported employment services rendered under this waiver are not available under a program funded by either the Rehabilitation Act of 1973, as amended, or the Individuals with Disabilities Education Act (IDEA). Documentation must be maintained in the file of each participant receiving this service verifying that the service is not otherwise available or funded under the Rehabilitation Act of 1973, as amended, or the IDEA.

b. Federal Financial Participation (FFP) cannot be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: incentive payments made to an employer of waiver participants to encourage or subsidize the employer's participation in a supported employment program, payments that are passed through to beneficiaries of a supported employment program, or payments for vocational training that are not directly related to a waiver participant's supported employment program.

Supported employment includes activities needed to sustain paid work at or above the minimum wage by participants, including oversight and training. Service payment is made only for the adaptations, oversight and training required by participants receiving waiver services as a result of their disabilities but does not include payment for the supervisory activities rendered as a normal part of the business setting.

c. Supported employment services does not include employment services offered under other waiver services or State programs. Supported employment may be provided for jobs that the participant procured on their own or with assistance through Idaho's Division of Vocational Rehabilitation program.

d. Transportation of the participant to and from the job site is not covered under this Supported Employment service but may be provided as non-medical transportation (a separate billable service).

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

| Provider Category | Provider Type Title         |
|-------------------|-----------------------------|
| Agency            | Supported Employment Agency |

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service  
Service Name: Supported Employment

Provider Category:

Agency

Provider Type:

Supported Employment Agency

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Supported Employment. Supported Employment services must be provided by an agency that supervises the direct service and is accredited by the Commission on Accreditation of Rehabilitation Facilities; or other comparable standards; or meet requirements to be a State approved provider. Supported employment service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." Providers must take a traumatic brain injury training course approved by the Department.

Verification of Provider Qualifications

Entity Responsible for Verification:

Department of Health & Welfare and MCE

Frequency of Verification:

Every 2 years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Attendant Care

HCBS Taxonomy:

Category 1:

08 Home-Based Services

Sub-Category 1:

08030 personal care

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Attendant Care services provided under a Medicaid Home and Community-Based Services waiver involve personal and medically oriented tasks dealing with the functional needs of the participant and accommodating the participant's needs for long-term maintenance, supportive care, or activities of daily living (ADL). These services may include personal assistance and medical tasks that can be done by unlicensed persons or delegated to an unlicensed person by a health care professional or the participant. Services are based on the person's abilities and limitations, regardless of age, medical diagnosis, or other category of disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Attendant Care services are provided when personal care services (PCS) furnished under the approved State Plan PCS or 1115 Family Personal Care Service (PFCS) benefit limits are exhausted.

Services and equipment that are available through the Medicaid State plan as 1905(a) services for children per Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements are not allowed as payable under Attendant Care services. Experimental or prohibited treatments are excluded.

When a participant requests a spouse provider for Attendant Care services, the Nurse Reviewer (NR) directs the participant to the Bureau of Long Term Care (BLTC) website for information and instructions on how to complete a Family Personal Care Services (FPCS) Request and work with their hiring Personal Assistance Agency (PAA) to submit it using the online submission portal. Upon review and approval, the BLTC Quality Assurance (QA) team issues a notice to both the requester and the hiring PAA with information on continuing to receive these services using a spouse caregiver.

Participants approved for a spouse caregiver require additional quarterly nursing oversight visits.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

| Provider Category | Provider Type Title        |
|-------------------|----------------------------|
| Agency            | Personal Assistance Agency |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Attendant Care

Provider Category:

Agency

Provider Type:

Personal Assistance Agency

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Attendant care providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with Idaho Code 16.05.06, "Criminal History and Background Checks."

All providers of attendant care must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Idaho Code 16.03.10.329.03, "Provider Qualifications."

Verification of Provider Qualifications

Entity Responsible for Verification:

Idaho Department of Health and Welfare and Managed Care Entities (MCE)

Frequency of Verification:

Every two (2) years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Adult Residential Care

HCBS Taxonomy:

Category 1:

02 Round-the-Clock Services

Category 2:

02 Round-the-Clock Services

Category 3:

Sub-Category 1:

02013 group living, other

Sub-Category 2:

02023 shared living, other

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Adult Residential Care Services. Adult residential care services consist of a range of services provided in a homelike, non-institutional setting that include residential assisted living facilities and certified family homes. Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.

Provider owned or leased facilities where adult residential care waiver services are furnished must be compliant with the Americans with Disabilities Act.

a. Adult residential care services consist of a range of services provided in a congregate setting licensed under Idaho Code 16.03.22, "Residential Assisted Living Facilities," that include:

- i. Medication assistance, to the extent permitted under State law;
- ii. Assistance with activities of daily living;
- iii. Meals, including special diets;
- iv. Housekeeping;
- v. Laundry;
- vi. Transportation;
- vii. Opportunities for socialization;
- viii. Recreation; and
- ix. Assistance with personal finances.
- x. Administrative oversight must be provided for all services provided or available in this setting.
- xi. A written individual service plan must be negotiated between the participant or their legal representative, and a facility representative.

b. Adult residential care services also consist of a range of services provided in a setting licensed under Idaho Code 16.03.19, "Certified Family Homes," that include:

- i. Medication assistance, to the extent permitted under State law;
- ii. Assistance with activities of daily living;
- iii. Meals, including special diets;
- iv. Housekeeping;
- v. Laundry;
- vi. Transportation;
- vii. Recreation; and
- viii. Assistance with personal finances.
- ix. Administrative oversight must be provided for all services provided or available in this setting.
- x. A written individual service plan must be negotiated between the participant or their legal representative, and a facility representative.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

| Provider Category | Provider Type Title   |
|-------------------|-----------------------|
| Agency            | Certified Family Home |

|                   |                                        |
|-------------------|----------------------------------------|
| Provider Category | Provider Type Title                    |
| Agency            | Residential Assisted Living Facilities |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

|                                      |  |
|--------------------------------------|--|
| Service Type: Other Service          |  |
| Service Name: Adult Residential Care |  |

Provider Category:

Agency

Provider Type:

Certified Family Home

Provider Qualifications

License (specify):

Certificate (specify):

Certified Family Home certificate as described in Idaho Code 16.03.19.110, "Issuance of Certificate." A certificate is valid for no more than twelve (12) months from the date of approval.

Other Standard (specify):

Adult residential care providers will meet all applicable state laws and regulations. In addition, the provider must ensure that adequate staff are provided to meet the needs of the participants accepted for admission. Adult residential care providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with Idaho Code 16.03.19, "Certified Family Homes." Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.

All providers of adult residential care, must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in Idaho Code 16.03.10.329.03, "Provider Qualifications."

Verification of Provider Qualifications

Entity Responsible for Verification:

Department of Health & Welfare and MCE

Frequency of Verification:

Every twelve (12) months.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

|                                      |  |
|--------------------------------------|--|
| Service Type: Other Service          |  |
| Service Name: Adult Residential Care |  |

Provider Category:

Agency

Provider Type:

Residential Assisted Living Facilities

Provider Qualifications

License (specify):

Licensed by Department

Certificate (specify):

License is required for all Residential Assisted Living Facilities in Idaho, as described in Idaho Code 16.03.22.100, "Licensing Requirements."

**Other Standard (specify):**  
Adult residential care providers will meet all applicable state laws and regulations. In addition, the provider must ensure that adequate staff are provided to meet the needs of the participants accepted for admission. Adult residential care providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with Idaho Code 16.03.22, "Residential Assisted Living Facilities." Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement.  
  
All providers of adult residential care, must meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in Idaho Code 16.03.10.329.03, "Provider Qualifications."

**Verification of Provider Qualifications**  
**Entity Responsible for Verification:**  
Department of Health & Welfare and MCE  
**Frequency of Verification:**  
Every one (1) to three (3) years, depending on performance in the prior visit.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**  
Other Service  
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.  
**Service Title:**  
Chore Service

HCBS Taxonomy:

|                                                         |                                                  |
|---------------------------------------------------------|--------------------------------------------------|
| <b>Category 1:</b><br><div>08 Home-Based Services</div> | <b>Sub-Category 1:</b><br><div>08060 chore</div> |
| <b>Category 2:</b><br><div></div>                       | <b>Sub-Category 2:</b><br><div></div>            |
| <b>Category 3:</b><br><div></div>                       | <b>Sub-Category 3:</b><br><div></div>            |
| <b>Category 4:</b><br><div></div>                       | <b>Sub-Category 4:</b><br><div></div>            |

**Service Definition (Scope):**

Chore Services. Chore services include the following services when necessary to maintain the functional use of the home, or to provide a clean, sanitary and safe environment:

a. Intermittent Assistance may include the following.

i. Yard maintenance;

ii. Minor home repair;

iii. Heavy housework;

iv. Sidewalk maintenance; and

v. Trash removal to assist the participant to remain in their home.

b. Chore activities may include the following:

i. Washing windows;

ii. Moving heavy furniture;

iii. Shoveling snow to provide safe access inside and outside the home;

iv. Chopping wood when wood is the participant's primary source of heat; and

v. Tacking down loose rugs and flooring.

c. These services are only available when neither the participant, nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community volunteer, agency, or third-party payer is willing to or is responsible for their provision.

d. In the case of rental property, the landlord's responsibility under the lease agreement will be examined prior to any authorization of service. Chore services are limited to the services provided in a home rented or owned by the participant.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method (check each that applies):**

Participant-directed as specified in Appendix E

Provider managed

**Specify whether the service may be provided by (check each that applies):**

Legally Responsible Person

Relative

Legal Guardian

**Provider Specifications:**

| Provider Category | Provider Type Title        |
|-------------------|----------------------------|
| Agency            | Personal Assistance Agency |

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Chore Service

**Provider Category:**

Agency

**Provider Type:**

Personal Assistance Agency

**Provider Qualifications**

**License (specify):**

03/30/2026

Certificate (specify):

Other Standard (specify):

Chore Services. Providers of chore services must meet the following minimum qualifications:

a. Be skilled in the type of service to be provided; and

b. Demonstrate the ability to provide services according to a plan of service.

c. Chore service providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."

d. Meet, either by formal training or demonstrated competency, the training requirements in the Idaho provider training matrix and the standards for direct care staff in Idaho Code 16.03.10.329.03, "Provider Qualifications."

Verification of Provider Qualifications

Entity Responsible for Verification:

Department of Health & Welfare and MCE

Frequency of Verification:

Every two (2) years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Companion Services

HCBS Taxonomy:

|                        |                 |
|------------------------|-----------------|
| Category 1:            | Sub-Category 1: |
| 08 Home-Based Services | 08040 companion |
| Category 2:            | Sub-Category 2: |
|                        |                 |
| Category 3:            | Sub-Category 3: |
|                        |                 |
| Category 4:            | Sub-Category 4: |
|                        |                 |

Service Definition (Scope):

Companion Services include non-medical care, supervision, and socialization provided to a functionally impaired adult. Companion Services are in-home services to ensure the safety and well-being of a person who cannot be left alone because of frail health, a tendency to wander, inability to respond to emergency situations, or other conditions that would require a person on-site. The service provider, who may live with the participant, may provide voice cuing and occasional assistance with toileting, personal hygiene, dressing, and other activities of daily living. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. However, the primary responsibility is to provide companionship and be there in case they are needed.

Companion Services are not authorized for participants living in Certified Family Homes or Residential Assisted Living Facilities. Companion services do not include room and board.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method** (check each that applies):

**Participant-directed as specified in Appendix E**

**Provider managed**

**Specify whether the service may be provided by** (check each that applies):

**Legally Responsible Person**

**Relative**

**Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title        |
|-------------------|----------------------------|
| Agency            | Personal Assistance Agency |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**

**Service Name: Companion Services**

**Provider Category:**

Agency

**Provider Type:**

Personal Assistance Agency

**Provider Qualifications**

**License** (specify):

**Certificate** (specify):

**Other Standard** (specify):

All providers of Companion Services must meet, either by formal training or demonstrated competency, the training requirements contained in the Provider Training Matrix and the standards for direct care staff and allowable tasks or activities in the Department's Aged and Disabled waiver as approved by CMS. Individuals who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with Idaho Code 16.05.06, "Criminal History and Background Checks."

See Idaho Code 16.03.10.329.03, "Provider Qualifications."

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Department of Health & Welfare and Managed Care Entities (MCE)

Frequency of Verification:  
Every two (2) years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:  
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:  
Consultation

HCBS Taxonomy:

|                                                      |                                                                                  |
|------------------------------------------------------|----------------------------------------------------------------------------------|
| Category 1:<br>12 Services Supporting Self-Direction | Sub-Category 1:<br>12020 information and assistance in support of self-direction |
| Category 2:<br>                                      | Sub-Category 2:<br>                                                              |
| Category 3:<br>                                      | Sub-Category 3:<br>                                                              |
| Category 4:<br>                                      | Sub-Category 4:<br>                                                              |

Service Definition (Scope):  
Consultation services are services to a participant or family member. Services are provided by a Personal Assistance Agency to a participant or family member to increase their skills as an employer or manager of their own care. Such services are directed at achieving the highest level of independence and self-reliance possible for the participant and the participant's family. Services include consulting with the participant and family to gain a better understanding of the special needs of the participant and the role of the caregiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (check each that applies):

- ☐ Legally Responsible Person
- ☐ Relative
- ☐ Legal Guardian

Provider Specifications:

| Provider Category | Provider Type Title        |
|-------------------|----------------------------|
| Agency            | Personal Assistance Agency |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Consultation

Provider Category:

Agency

Provider Type:

Personal Assistance Agency

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Consultation services must be provided through a Personal Assistance Agency by a person who has demonstrated skills in training participants/family members in hiring, firing, training, and supervising their own care providers.

Verification of Provider Qualifications

Entity Responsible for Verification:

Department of Health & Welfare and MCE

Frequency of Verification:

Every two (2) years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Environmental Accessibility Adaptations

03/30/2026

HCBS Taxonomy:

Category 1:

14 Equipment, Technology, and Modifications

Sub-Category 1:

14020 home and/or vehicle accessibility adaptations

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Environmental Accessibility Adaptations include minor housing adaptations that are necessary to enable the participant to function with greater independence in the home, or without which, the participant would require institutionalization or have a risk to health, welfare, or safety as determined in the level of care assessment. Such adaptations may include:

a. The installation of ramps and lifts, widening of doorways, modification of bathroom facilities, or installation of electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant, but must exclude those adaptations or improvements to the home that are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, or central air conditioning.

b. Unless otherwise authorized by the Department, permanent environmental modifications are limited to a home that is the participant's principal residence and is owned by the participant or the participant's non-paid family.

c. Portable or non-stationary modifications may be made when such modifications can follow the participant to their next place of residence or be returned to the Department.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

| Provider Category | Provider Type Title                     |
|-------------------|-----------------------------------------|
| Agency            | Environmental Accessibility Adaptations |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Environmental Accessibility Adaptations

Provider Category:

Agency

Provider Type:

Environmental Accessibility Adaptations

Provider Qualifications

License (specify):

Licenses are required when mandated by State or local building codes for particular types of environmental accessibility adaptations. For instance, a provider must have a plumbing license to be permitted to complete plumbing work.

Certificate (specify):

Certificates are required when mandated by State or local building codes for particular types of environmental accessibility adaptations.

Other Standard (specify):

All services must be provided in accordance with applicable state or local building codes and meet state or local building, plumbing, and electrical requirements for certification.

Environmental Accessibility Adaptations are delivered through an executed provider agreement with the provider and Medicaid, or, in the case of Medicare Medicaid Managed Care Plan (MMCP) enrollees, through an executed provider agreement with the provider and the Managed Care Entity (MCE). Providers are reviewed during the initial provider agreement approval process and when services are authorized.

Verification of Provider Qualifications

Entity Responsible for Verification:

Department of Health & Welfare and Managed Care Entity (MCE)

Frequency of Verification:

Verified with initial Provider Agreement and when services are authorized

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Home Delivered Meals

HCBS Taxonomy:

Category 1:

06 Home Delivered Meals

Sub-Category 1:

06010 home delivered meals

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Home Delivered Meals are meals that are delivered to the participant's home to promote adequate participant nutrition. One (1) or two (2) meals per day may be provided to a participant who:

a. Rents or owns a home;

b. Is alone for significant parts of the day;

c. Has no regular caretaker for extended periods of time; and

d. Is unable to prepare a balanced meal without assistance.

This service will not constitute a full nutritional regimen.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

| Provider Category | Provider Type Title  |
|-------------------|----------------------|
| Agency            | Home Delivered Meals |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Home Delivered Meals

Provider Category:

Agency

Provider Type:

Home Delivered Meals

Provider Qualifications

License (specify):

Certificate (specify):

The agency or business is inspected and licensed as a food establishment by the district health department.

**Other Standard (specify):**

Providers of home delivered meals must be a public agency or private business, and must exercise supervision to ensure that:

a. Each meal meets one-third (1/3) of the recommended daily allowance, as defined by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences and does not constitute a full nutritional regimen;

b. Meals are delivered in accordance with the service plan, in a sanitary manner, and at the correct temperature for the specific type of food;

c. Documentation is maintained demonstrating that the meals served are made from the highest USDA grade for each specific food served;

d. Registered Dietitian documented review and approval of menus, menu cycles, and any changes or substitutes is maintained; and

e. Either by formal training or demonstrated competency, the training requirements contained in the Idaho provider training matrix and the standards for direct care staff in accordance with Idaho Code, 16.03.10.329.03, "Provider Qualifications" have been met.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Department of Health & Welfare and MCE

**Frequency of Verification:**

Every two (2) years

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Non-medical Transportation

**HCBS Taxonomy:**

**Category 1:**

15 Non-Medical Transportation

**Category 2:**

**Category 3:**

**Category 4:**

**Sub-Category 1:**

15010 non-medical transportation

**Sub-Category 2:**

**Sub-Category 3:**

**Sub-Category 4:**

**Service Definition** *(Scope):*

Non-medical transportation (NMT) enables a waiver participant to gain access to waiver and other community services and resources.

a. NMT is offered in addition to medical transportation required in Idaho Code 16.03.09, "Medicaid Basic Plan Benefits," and will not replace it.

b. Whenever possible, family, neighbors, friends, or community agencies who can provide this service without charge, or public transit providers.

c. Participants eligible for NMT benefit under the Adult Developmental Disabilities 1915(i) State Plan Benefit must use authorized benefits under that State Plan prior to waiver services.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method** *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

**Specify whether the service may be provided by** *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

| Provider Category | Provider Type Title                  |
|-------------------|--------------------------------------|
| Agency            | Residential Assisted Living Facility |
| Agency            | Commercial Transportation Agencies   |
| Agency            | Certified Family Home                |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Non-medical Transportation

**Provider Category:**

Agency

**Provider Type:**

Residential Assisted Living Facility

**Provider Qualifications**

**License** *(specify):*

Driver's License

**Certificate** *(specify):*

**Other Standard** *(specify):*

Providers of Non-Medical Transportation services must:

- a. Possess a valid driver's license;
- b. Possess valid vehicle insurance; and
- c. Meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho Provider

Training Matrix and the standards for direct care staff in accordance with Idaho Code 16.03.10.329.03, "Provider Qualifications."

**Verification of Provider Qualifications****Entity Responsible for Verification:**

The Department of Health & Welfare and Managed Care Entities (MCE)

**Frequency of Verification:**

Verified with initial provider application, and at least once every three (3) years after the initial provider application.

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**

**Service Name: Non-medical Transportation**

**Provider Category:**

Agency

**Provider Type:**

Commercial Transportation Agencies

**Provider Qualifications****License (specify):**

Driver's License

**Certificate (specify):****Other Standard (specify):**

Providers of Non-Medical Transportation services must:

- Possess a valid driver's license;
- Possess valid vehicle insurance; and
- Meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho Provider Training Matrix and the standards for direct care staff in accordance with Idaho Code, 16.03.10.329.03, "Provider Qualifications."

**Verification of Provider Qualifications****Entity Responsible for Verification:**

The Department of Health & Welfare and Managed Care Entities (MCE)

**Frequency of Verification:**

Verified with initial provider application.

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**

**Service Name: Non-medical Transportation**

**Provider Category:**

Agency

**Provider Type:**

Certified Family Home

Provider Qualifications

License (specify):

Driver's License

Certificate (specify):

Other Standard (specify):

Providers of Non-Medical Transportation services must:  
  
a. Possess a valid driver's license;  
b. Possess valid vehicle insurance; and  
c. Meet, either by formal training or demonstrated competency, the training requirements contained in the Idaho Provider Training Matrix and the standards for direct care staff in accordance with Idaho Code 16.03.10.329.03, "Provider Qualifications."

Verification of Provider Qualifications

Entity Responsible for Verification:

The Department of Health & Welfare and Managed Care Entities (MCE)

Frequency of Verification:

Annual

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Personal Emergency Response System

HCBS Taxonomy:

|                                                        |                                                            |
|--------------------------------------------------------|------------------------------------------------------------|
| Category 1:                                            | Sub-Category 1:                                            |
| <div>14 Equipment, Technology, and Modifications</div> | <div>14010 personal emergency response system (PERS)</div> |
| Category 2:                                            | Sub-Category 2:                                            |
| <div></div>                                            | <div></div>                                                |
| Category 3:                                            | Sub-Category 3:                                            |
| <div></div>                                            | <div></div>                                                |
| Category 4:                                            | Sub-Category 4:                                            |

**Service Definition (Scope):**

PERS is an electronic device that enables a waiver participant to secure help in an emergency. The participant may also wear a portable "help" button to allow for mobility. The system is connected to the participant's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals.

This service is limited to participants who:

- a. Rent or own a home, or live with unpaid caregivers;
- b. Are alone for significant parts of the day;
- c. Have no caregiver for extended periods of time; and
- d. Would otherwise require extensive routine supervision.

Installation of the equipment is provided and is billed as a separate item under this waiver service. Maintenance and upkeep is furnished by the supplier.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method** *(check each that applies):*

Participant-directed as specified in Appendix E

Provider managed

**Specify whether the service may be provided by** *(check each that applies):*

Legally Responsible Person

Relative

Legal Guardian

**Provider Specifications:**

| Provider Category | Provider Type Title                |
|-------------------|------------------------------------|
| Agency            | Personal Emergency Response System |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Personal Emergency Response System

**Provider Category:**

Agency

**Provider Type:**

Personal Emergency Response System

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Personal emergency response system providers must demonstrate that the devices installed in a waiver participant's home meets Federal Communications Standards, or Underwriter's Laboratory standards, or equivalent standards.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

|                                        |
|----------------------------------------|
| Department of Health & Welfare and MCE |
| <b>Frequency of Verification:</b>      |
| Every two (2) years                    |

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Skilled Nursing

HCBS Taxonomy:

|                    |                        |
|--------------------|------------------------|
| <b>Category 1:</b> | <b>Sub-Category 1:</b> |
| 05 Nursing         | 05020 skilled nursing  |
| <b>Category 2:</b> | <b>Sub-Category 2:</b> |
|                    |                        |
| <b>Category 3:</b> | <b>Sub-Category 3:</b> |
|                    |                        |
| <b>Category 4:</b> | <b>Sub-Category 4:</b> |
|                    |                        |

**Service Definition (Scope):**

Skilled nursing includes intermittent or continuous oversight, training, or skilled care that is within the scope of the Nurse Practice Act (<https://ibn.idaho.gov/practice/>). Such care must be provided by a licensed registered nurse (RN), or licensed practical nurse (LPN) under the supervision of a RN, licensed to practice in Idaho.

Skilled Nursing services on this waiver are authorized when the participant’s needs exceed the level of care provided under this waiver’s Attendant Care service or the State Plan Personal Care Services (PCS). Intermittent or continuous oversight and training refers to the Supervisory RN who must oversee LPN services. Additionally, training may be provided for natural supports for the participant, so they may properly assist with tasks such as transferring participants whether a nurse is on site or not.

The state’s Private Duty Nursing (PDN) service is provided under a 1915(a) State Plan benefit which is excluded from and not payable under this waiver service.

Services and equipment that are available through the Medicaid State plan as 1905(a) services for children per Early

Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements are not allowed as payable under Skilled Nursing services. Experimental or prohibited treatments are excluded.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method** (check each that applies):

**Participant-directed as specified in Appendix E**

**Provider managed**

**Specify whether the service may be provided by** (check each that applies):

**Legally Responsible Person**

**Relative**

**Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title        |
|-------------------|----------------------------|
| Agency            | Personal Assistance Agency |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**

**Service Name: Skilled Nursing**

**Provider Category:**

Agency

**Provider Type:**

Personal Assistance Agency

**Provider Qualifications**

**License** (specify):

Skilled nursing service providers must be licensed in Idaho as a registered nurse or licensed practical nurse in Idaho good standing, or must be practicing on a federal reservation and be licensed in another state. Skilled nursing providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with Idaho Code 16.05.06, "Criminal History and Background Checks."

**Certificate** (specify):

**Other Standard** (specify):

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Department of Health & Welfare and MCE

**Frequency of Verification:**

Every two (2) years

## Appendix C: Participant Services

### C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

**Service Type:**

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Specialized Medical Equipment and Supplies

**HCBS Taxonomy:**

**Category 1:**

14 Equipment, Technology, and Modifications

**Sub-Category 1:**

14032 supplies

**Category 2:**

14 Equipment, Technology, and Modifications

**Sub-Category 2:**

14031 equipment and technology

**Category 3:**

**Sub-Category 3:**

**Category 4:**

**Sub-Category 4:**

**Service Definition (Scope):**

Specialized Medical Equipment and Supplies.

a. Specialized medical equipment and supplies include:

- i. Devices, controls, or appliances that enable a participant to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live; and
- ii. Items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan.

b. Items reimbursed with waiver funds are in addition to any medical equipment and supplies furnished under the Medicaid State plan and exclude those items that are not of direct medical or remedial benefit to the participant.

For waiver participants under age 21: Specialized medical equipment and supplies that can be covered under Medicaid State plan as 1905(a) services for children per Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements are furnished under State Plan EPSDT.

Maintenance and upkeep of equipment purchased under this benefit category may be included and is evaluated on a case-by-case basis.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

**Service Delivery Method (check each that applies):**

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

| Provider Category | Provider Type Title                        |
|-------------------|--------------------------------------------|
| Agency            | Specialized Medical Equipment and Supplies |

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Specialized Medical Equipment and Supplies

Provider Category:

Agency

Provider Type:

Specialized Medical Equipment and Supplies

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Providers of specialized medical equipment and supplies must be enrolled in the Medicaid program as participating medical vendor providers. Providers must ensure all items must meet applicable standards of manufacture, design and installation. Preference will be given to equipment and supplies that are the most cost effective option to meet the participant's needs.

Verification of Provider Qualifications

Entity Responsible for Verification:

Department of Health & Welfare and MCE

Frequency of Verification:

Verified with initial provider agreement.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Transition Services

**HCBS Taxonomy:****Category 1:**

16 Community Transition Services

**Sub-Category 1:**

16010 community transition services

**Category 2:****Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Transition Services: Transition Services include non-recurring set-up expenses that enable a participant residing in a nursing facility, hospital, Institution for Mental Diseases (IMD), or Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID) to transition to a community-based setting where the person is directly responsible for their own living expenses. A participant is eligible to receive Transition Services following discharge from a qualified institution after residing within that institution for a minimum of forty-five (45) Medicaid-reimbursed days and eligibility under this waiver is determined. The costs of Transition Services waiver services are considered to be incurred and billable when the person leaves the institutional setting and enters the waiver.

IDAPA 16.03.10.326.17, "Transition Services," lists the qualified institutions as the following:

- Skilled, or Intermediate Care Facilities;
- Nursing Facility;
- Licensed Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID);
- Hospitals; and
- Institutions for Mental Diseases (IMD).

Idaho Code 16.03.10.326.17, "Transition Services," lists the following allowable non-recurring set-up expenses:

- Security deposits that are required to obtain a lease on an apartment or home;
- Cost of essential household furnishings, including furniture, window coverings, food preparation items, and bed/bath linens;
- Set-up fees or deposits for utility or service access, including telephone, electricity, heating, and water;
- Services necessary for the participant's health and safety such as pest eradication and one-time cleaning prior to occupancy;
- Moving expenses; and
- Activities to assess need, arrange for, and procure transition services.

Allowable expenses are those necessary to enable a participant to establish a basic household, and that do not constitute room and board.

Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the Service Plan development process, clearly identified in the Service Plan, and the participant is unable to meet such expense or when the support cannot be obtained from other sources.

Transition Services do not include monthly rent or mortgage expenses, food, household appliances, ongoing recurring expenses, real property, ongoing utility changes, décor, and/or items specifically for diversion/recreational purposes.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Transition Services are limited to a total cost of \$2,000 per participant and can only be accessed every two (2) years,

contingent upon a qualifying transition from an institutional setting.

**Service Delivery Method** (*check each that applies*):

**Participant-directed as specified in Appendix E**

**Provider managed**

**Specify whether the service may be provided by** (*check each that applies*):

**Legally Responsible Person**

**Relative**

**Legal Guardian**

**Provider Specifications:**

| Provider Category | Provider Type Title        |
|-------------------|----------------------------|
| Agency            | Transition Manager         |
| Agency            | Personal Assistance Agency |

## Appendix C: Participant Services

### C-1/C-3: Provider Specifications for Service

**Service Type: Other Service**

**Service Name: Transition Services**

**Provider Category:**

Agency

**Provider Type:**

Transition Manager

**Provider Qualifications**

**License** (*specify*):

**Certificate** (*specify*):

**Other Standard** (*specify*):

Transition managers provide oversight and coordination activities for participants during a transitional period up to twelve (12) months following a return to community. This provider type functions as a liaison between the participant, institutional or facility discharge staff, and the Department to support a successful and sustainable transition to the community. A participant is eligible to receive transition management when planning to discharge from a qualifying institution after residing within that institution for a minimum of forty-five (45) Medicaid-reimbursed days.

Transition Managers must:

1. Satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks".
2. Have documented successful completion of the Department approved Transition Manager training prior to providing any transition management and transition services.
- c. Have a Bachelor's Degree in a human services field from a nationally accredited university or college, or three (3) years' supervised work experience with the population being serviced; and
- d. Be employed with a provider type approved by the Department.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

Department of Health and Welfare and MCEs

**Frequency of Verification:**

At least every two (2) years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Transition Services

Provider Category:

Agency

Provider Type:

Personal Assistance Agency

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Transition Managers are responsible for administering Transition Services. All providers of Transition Services must:

- Satisfactorily complete a criminal history and background check in accordance with Idaho Code 16.05.06, "Criminal History and Background Checks;" and
- Have documented successful completion of the Department-approved Transition Manager Training prior to providing any Transition Management and/or Transition Services; and
- Have a Bachelor's Degree in a Human Services field from a nationally accredited university or college; or three (3) years' supervised work experience with the population being served; and
- Be employed with a provider type approved by the Department.

Verification of Provider Qualifications

Entity Responsible for Verification:

Department of Health and Welfare and MCE

Frequency of Verification:

Every two (2) years

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. Provision of Case Management Services to Waiver Participants.

Indicate how case management is furnished to waiver participants (select one):

Not applicable - Case management is not furnished as a distinct activity to waiver participants.

Applicable - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

As a waiver service defined in Appendix C-3. Do not complete item C-1-c.

As a Medicaid state plan service under §1915(i) of the Act (HCBS as a State Plan Option). Complete item C-1-c.

**As a Medicaid state plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*

**As an administrative activity.** *Complete item C-1-c.*

**As a primary care case management system service under a concurrent managed care authority.** *Complete item C-1-c.*

**c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

**Do not complete this item.**

## Appendix C: Participant Services

### C-2: General Service Specifications (1 of 3)

**a. Criminal History and/or Background Investigations.** Specify the state's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

**No. Criminal history and/or background investigations are not required.**

**Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

a. Providers of Adult Day Health, Day Habilitation, Homemaker, Residential Habilitation, Respite, Supported Employment, Attendant Care, Adult Residential Care, Chore Services, Companion Services, Consultation, Skilled Nursing, and Transition Services.

b. The criminal history & background check is a fingerprint-based check consisting of a self-declaration, fingerprints of the individual, information obtained from the Federal Bureau of Investigation, the National Criminal History Background Check System, Bureau of Criminal Identification, the Statewide Child Abuse Registry, Adult Protection Registry, Sexual Offender Registry, and Idaho Medicaid Exclusion List, and the HHS-OIG Exclusion List, completed in with IDAPA 16.05.06, "Criminal History & Background Checks."

c. Quality improvement audits of provider records ensure compliance. Non-compliance results in recoupment. All individuals shall complete a criminal history & background check, including fingerprints, when accepting employment with a new employer or agency providing Department funded direct care or services when their last criminal history check was completed more than three (3) years from the date of the new employment. It is the provider's responsibility (including Fiscal Intermediary agencies) to ensure the employee has either the department approved self-declaration, or a department approved background clearance prior to service delivery.

The Quality Improvement (QI) Specialist completes provider quality improvement reviews every two (2) years to assure criminal history & background checks are completed on all employees. The QI Specialist completes a random sampling of participant's records to be reviewed. At least 10% of the provider's participant files or a minimum of four (4) records are reviewed. If the provider has less than 4 participants, 100% of the records will be reviewed. The QI Specialist reviews the provider employee files of direct care staff who provided cares for the participant records selected. The QI Specialist reviews the employee records to ensure a self-declaration or clearance is in the file and that the employee was approved to provide services by the Department's Criminal History Unit.

**b. Abuse Registry Screening.** Specify whether the state requires the screening of individuals who provide waiver services through a state-maintained abuse registry (select one):

**No. The state does not conduct abuse registry screening.**

**Yes. The state maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

(a) The Idaho Commission on Aging (<https://aging.idaho.gov/>) maintains the Adult Protection Registry.

(b) Providers and direct care workers that require abuse registry screening are the same as positions that require a criminal history & background check.

(c) Criminal history & background checks outlined above include Adult Protection Registry screening as required by IDAPA 16.05.06, "Criminal History & Background Checks".

## Appendix C: Participant Services

### C-2: General Service Specifications (2 of 3)

**Note:** Required information from this page is contained in response to C-5.

## Appendix C: Participant Services

### C-2: General Service Specifications (3 of 3)

**d. Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under state law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the state, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

**No. The state does not make payment to legally responsible individuals for furnishing personal care or similar services.**

**Yes. The state makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) state policies that specify the circumstances when payment may be authorized for the provision of **extraordinary care** by a legally responsible individual and how the state ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the state policies specified here.*

Waiver participants who request to use a spouse as their paid caregiver of Attendant Care services during the Service Plan Development Process described in Appendix D-1.f must submit an FPCS Request Form verifying the following:

- The participant and/or spouse attempted to find a minimum of two (2) Personal Assistance Agencies (PAA) that could provide non-spouse staff to provide the Attendant Care services but were unsuccessful.
- The spouse is capable of being trained to provide the service and meets the same requirements to be employed by a PAA as non-spouse caregivers.
- The spouse agrees to abide by all oversight requirements of their PAA and the State Medicaid Agency. Failure to do so results in termination of their ability to continue to provide Attendant Care services to the participant under any PAA.
- Spouses only provide medically necessary care activities that exceed the range of activities that a spouse would ordinarily perform, if the participant did not have a disability or chronic illness.
- Services are in the best interest, health, and safety of the participant; and
- The Service Plan developed by the PAA meets all person-centered planning requirements.

Spouses approved to provide Attendant Care may not assist the participant in self-direction related to the Attendant Care services provided, and spouse caregiver must comply with their agency's Electronic Visit Verification (EVV) policies required for all Attendant Care services.

To ensure comprehensive oversight of service delivery and quality for participants who receive Attendant Care provided by a spouse, PAAs employing spouse caregivers must include additional quarterly onsite supervisory visits for these participants in the Service Plan. PAAs must include descriptions of how adequate oversight is conducted, and this information must be submitted to and reviewed by the BLTC Quality Assurance Team quarterly.

#### **Self-directed**

#### **Agency-operated**

**e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify state policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

**The state does not make payment to relatives/legal guardians for furnishing waiver services.**

**The state makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

**Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

Relatives/legal guardians may be paid to provide waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3. Spouses are only eligible to receive payment for Attendant Care services as described in Appendix C-1/C-3 and C-2-d.

There are numerous safeguards in place to ensure that payments are only made for services rendered including oversight by provider agencies, Electronic Visit Verification (EVV), person-centered planning teams, circles of supports, and by the Department through review and approval of proposed Service Plans and retrospective Quality Assurance (QA) reviews. Oversight of services under this program occurs at the Department level via QA activities (both routine and targeted monitoring activities) in addition to oversight by the employing provider agency (in the case of in-home services) or the state licensing entity (in the case of certified family home settings). Part of this oversight includes ensuring that these arrangements (legal guardian as paid provider) are in the best interest of the participant. Initial requests for a legal guardian to be the individual's paid provider are presumed to be in the best interest of the participant unless the overseeing entity detects that the guardian is unable or unwilling to provide the care required by the individual; the guardian is unable or unwilling to honor the choices of the individual (absent an approved risk modification or HCBS setting quality exception); or there is any indication of potential exploitation.

The State does not enroll individual provider types to be paid caregivers under this waiver. All individuals, including spouses, other relatives, and/or legal guardians, must be employees of an agency to provide direct care services to participants. This ensures that all relatives and legal guardians meet the same standards for quality of service delivery and are subject to the same oversight for prevention of abuse, neglect, and exploitation as non-relative caregivers. Provider agencies, Managed Care Entities (MCE) and the State all maintain oversight of relative/legal guardian direct care workers.

Provider claims for participant services are edited against the eligibility file in MMIS to ensure claims are paid for Medicaid eligible participants only. Additionally, Attendant Care, Homemaker, and Respite service providers must comply with Electronic Visit Verification (EVV) requirements.

Finally, the Medicaid Fraud & Program Integrity Unit (MPIU) conducts ongoing utilization reviews by categorizing all providers by type and specialty, ranking them in categories and completing a peer grouping analysis and comparing provider billing patterns against their peers. It ranks probable abusive patterns from most to least severe. MPIU staff review these ranking reports and initiate follow-up reviews when warranted.

#### Other policy.

Specify:

**f. Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

The Department permits continuous, open enrollment of all willing and qualified waiver service providers. Waiver service providers are not selected through a Request for Proposal (RFP) process that limits the number of providers and does not have additional contracting requirements or other qualifications that are unnecessary to ensure that services are performed in a safe and effective manner.

Provider enrollment information and forms are continuously available via the Internet. In order to enroll, providers must submit an enrollment application to the state's MMIS contractor through an electronic application form. Provider enrollment help is available through a toll-free number given to interested provider applicants. If providers have additional questions, they may also contact the local Medicaid office, a Quality Improvement (QI) Specialist, or the Medicaid Central Office.

Under 1915(a) authority, the MCEs may limit providers. The Department ensures that the MCEs meet the access network adequacy standards required in the Contracts. However, the MCE may limit the number of providers it accepts provided network adequacy standards are met.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

- a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**  
**Number & % of initial waiver providers that meet licensure/certification standards & training requirements prior to providing services. a. Numerator: Number of initial waiver providers that meet licensure/certification standards & training requirements, prior to providing services. b. Denominator: Number of initial waiver providers with licensure/certification & training requirements.**

**Data Source (Select one):**  
**Other**  
If 'Other' is selected, specify:  
**1. Licensing & Certification FLARES system (RALF) 2. Certified Family Home (CFH) provided report**

| Responsible Party for data collection/generation (check each that applies): | Frequency of data collection/generation (check each that applies): | Sampling Approach (check each that applies):   |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|
| State Medicaid Agency                                                       | Weekly                                                             | 100% Review                                    |
| Operating Agency                                                            | Monthly                                                            | Less than 100% Review                          |
| Sub-State Entity                                                            | Quarterly                                                          | Representative Sample<br>Confidence Interval = |

|                                                  |                                                  |                                                              |
|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|
|                                                  |                                                  | <input type="text"/>                                         |
| <b>Other</b><br>Specify:<br><input type="text"/> | <b>Annually</b>                                  | <b>Stratified</b><br>Describe Group:<br><input type="text"/> |
|                                                  | <b>Continuously and Ongoing</b>                  | <b>Other</b><br>Specify:<br><input type="text"/>             |
|                                                  | <b>Other</b><br>Specify:<br><input type="text"/> |                                                              |

**Data Aggregation and Analysis:**

|                                                                                              |                                                                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i> | <b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i> |
| <b>State Medicaid Agency</b>                                                                 | <b>Weekly</b>                                                                       |
| <b>Operating Agency</b>                                                                      | <b>Monthly</b>                                                                      |
| <b>Sub-State Entity</b>                                                                      | <b>Quarterly</b>                                                                    |
| <b>Other</b><br>Specify:<br><input type="text"/>                                             | <b>Annually</b>                                                                     |
|                                                                                              | <b>Continuously and Ongoing</b>                                                     |
|                                                                                              | <b>Other</b><br>Specify:<br><input type="text"/>                                    |

**Performance Measure:**

Number and percent of ongoing waiver providers that meet licensure or certification standards, including training requirements. a. Numerator: Number of ongoing waiver providers that meet licensure or certification standards, including training

requirements. b. Denominator: Number of ongoing waiver providers with licensure or certification and training requirements.

Data Source (Select one):

**Other**

If 'Other' is selected, specify:

**1. Licensing & Certification FLARES system (RALF) 2. Certified Family Home (CFH) provided report**

| Responsible Party for data collection/generation<br>(check each that applies): | Frequency of data collection/generation<br>(check each that applies): | Sampling Approach<br>(check each that applies):                        |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                                | 100% Review                                                            |
| Operating Agency                                                               | Monthly                                                               | Less than 100% Review                                                  |
| Sub-State Entity                                                               | Quarterly                                                             | Representative Sample<br>Confidence Interval =<br><input type="text"/> |
| Other<br>Specify:<br><input type="text"/>                                      | Annually                                                              | Stratified<br>Describe Group:<br><input type="text"/>                  |
|                                                                                | Continuously and Ongoing                                              | Other<br>Specify:<br><input type="text"/>                              |
|                                                                                | Other<br>Specify:<br><input type="text"/>                             |                                                                        |

Data Aggregation and Analysis:

| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis (check each that applies): |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                                |

|                                                                                                     |                                                                                                     |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies):               | <b>Frequency of data aggregation and analysis</b> (check each that applies):                        |
| <b>Operating Agency</b>                                                                             | <b>Monthly</b>                                                                                      |
| <b>Sub-State Entity</b>                                                                             | <b>Quarterly</b>                                                                                    |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> | <b>Annually</b>                                                                                     |
|                                                                                                     | <b>Continuously and Ongoing</b>                                                                     |
|                                                                                                     | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> |

**b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.**

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

**Number and percent of initial, non-certified/non-licensed providers that meet waiver requirements. a. Numerator: Number of initial, non-certified/non-licensed providers that meet waiver requirements. b. Denominator: Number of initial, non-certified/non-licensed providers.**

**Data Source** (Select one):

**Other**

If 'Other' is selected, specify:

**SSRS: Quality Reviews Completed**

|                                                                                    |                                                                           |                                                     |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies): |
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                  |
| <b>Operating Agency</b>                                                            | <b>Monthly</b>                                                            | <b>Less than 100%</b>                               |

|                                                  |                                                  |                                                                               |
|--------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|
|                                                  |                                                  | <b>Review</b>                                                                 |
| <b>Sub-State Entity</b>                          | <b>Quarterly</b>                                 | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text"/> | <b>Annually</b>                                  | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                  | <b>Continuously and Ongoing</b>                  | <b>Other</b><br>Specify:<br><input type="text"/>                              |
|                                                  | <b>Other</b><br>Specify:<br><input type="text"/> |                                                                               |

**Data Aggregation and Analysis:**

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis (check each that applies):</b> |
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             |
| <b>Other</b><br>Specify:<br><input type="text"/>                                      | <b>Annually</b>                                                              |
|                                                                                       | <b>Continuously and Ongoing</b>                                              |
|                                                                                       | <b>Other</b><br>Specify:                                                     |

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
|                                                                                       |                                                                              |

**Performance Measure:**

**Number and percent of ongoing non-licensed/non-certified waiver providers that meet waiver requirements a. Numerator: Number of ongoing non-licensed/non-certified waiver providers that meet waiver requirements. b. Denominator: Number of ongoing non-licensed/non-certified waiver providers.**

**Data Source** (Select one):

**Program logs**

If 'Other' is selected, specify:

|                                                                                    |                                                                           |                                                                               |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies):                           |
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                                            |
| <b>Operating Agency</b>                                                            | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                                                            | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text"/>                                   | <b>Annually</b>                                                           | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                                                    | <b>Continuously and Ongoing</b>                                           | <b>Other</b><br>Specify:<br><input type="text"/>                              |
|                                                                                    | <b>Other</b><br>Specify:<br><input type="text"/>                          |                                                                               |

**Data Aggregation and Analysis:**

|                                                                                                     |                                                                                                     |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies):               | <b>Frequency of data aggregation and analysis</b> (check each that applies):                        |
| <b>State Medicaid Agency</b>                                                                        | <b>Weekly</b>                                                                                       |
| <b>Operating Agency</b>                                                                             | <b>Monthly</b>                                                                                      |
| <b>Sub-State Entity</b>                                                                             | <b>Quarterly</b>                                                                                    |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> | <b>Annually</b>                                                                                     |
|                                                                                                     | <b>Continuously and Ongoing</b>                                                                     |
|                                                                                                     | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> |

**c. Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

**Number and percent of initial waiver providers that received Department training prior to providing services. a. Numerator: Number of initial waiver providers that received Department training prior to providing services. b. Denominator: Number of initial waiver providers.**

**Data Source** (Select one):**Training verification records**

If 'Other' is selected, specify:

|                                                                                    |                                                                           |                                                     |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies): |
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                  |

|                                                  |                                                  |                                                                               |
|--------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Operating Agency</b>                          | <b>Monthly</b>                                   | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                          | <b>Quarterly</b>                                 | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text"/> | <b>Annually</b>                                  | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                  | <b>Continuously and Ongoing</b>                  | <b>Other</b><br>Specify:<br><input type="text"/>                              |
|                                                  | <b>Other</b><br>Specify:<br><input type="text"/> |                                                                               |

**Data Aggregation and Analysis:**

|                                                                                       |                                                                             |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis(check each that applies):</b> |
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                               |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                              |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                            |
| <b>Other</b><br>Specify:<br><input type="text"/>                                      | <b>Annually</b>                                                             |
|                                                                                       | <b>Continuously and Ongoing</b>                                             |
|                                                                                       | <b>Other</b><br>Specify:                                                    |

| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis (check each that applies): |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
|                                                                                |                                                                       |

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

**Provider Enrollment:**

The Quality Improvement Specialist (QI Specialist) or designee reviews the application packet which may include reviewing the provider's policies and procedures and recommends the approval or denial of initial provider application. Providers are required to attend a department training prior to delivering waiver services to participants.

Medicaid Central Office compiles information from the Provider Agency Review Tracking Tool and gathers data for the number of initial applications received and number approved. This data is compiled in a quarterly report.

**Provider Reviews:**

The Quality Improvement Specialist (QI Specialist) or designee conducts provider reviews every two (2) years and enters the results in the Provider Agency Review Tracking Tool. The QI Specialist works with non-compliant providers on plans of correction and recommends appropriate provider sanctions or actions when applicable.

Medicaid Central Office compiles information from the Provider Agency Review Tracking Tool and gathers data for the number of providers due and the number of providers completed. This data is compiled in a quarterly report.

**Provider Training:**

The QI Specialists provide initial training for all new waiver providers. Ongoing provider trainings may be provided as concerns are identified from Provider Agency Reviews or Nurse Reviewer Home Visits. The QI Specialists are responsible for 1:1 provider training and technical assistance, in addition to remediation for participant specific complaints/critical incidents and statewide provider trainings for program-wide changes or system improvement processes identified by the Bureau of Long Term Care Committee (BLTCC) or designee.

Medicaid Central Office completes an analysis of the provider data on a quarterly basis and reports to the BLTCC or designee.

**Participant Experience Data:**

The participant experience questions on the Quality Survey provides HCBS participants (and/or family or legal representative, as appropriate) with the opportunity to provide feedback to the Department regarding Medicaid HCBS providers. Participant experience response data are entered in the BLTC Data Management Tool. The nurse reviewer home visit data is analyzed on a quarterly basis and reported to the BLTCC or designee.

**MCE Oversight:**

The Department Contract Monitor oversees operations of the MCEs, and ensures compliance with all terms of the Contracts that pertain to Aged and Disabled Waiver participants. The MCEs are subject to remedies for violations of contractual requirements. The MCEs must provide a Provider Network Report, including a Provider Enrollment File, on a quarterly basis for review by the Department. The report shall include information on all Providers of services outlined in the contract, including HCBS providers. The Contract Monitor ensures that the MCEs have enrolled HCBS providers in sufficient number and type to meet the needs of waiver participants that have enrolled in the MMCP and Idaho Medicaid Plus. All providers that enroll with an MCE to serve MMCP or Idaho Medicaid Plus waiver participants must first be enrolled with Idaho Medicaid as providers in good standing. The BLTC has in place policies and procedures to immediately notify the MCEs in the event of a terminated provider agreement for a provider that also serves MCE enrollees.

**b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on

the methods used by the state to document these items.

**Provider Reviews:**

The Quality Improvement (QI) Team reviews provider review processes, instruments or concerns through periodic meetings (supported by QI team minutes). QI team submits recommendations for QI to the Bureau of Long Term Care (BLTC) Committee or its designee. The BLTC Committee identifies and addresses statewide resource or program issues identified in the analysis of this information. The results of this analysis are documented in BLTC Committee meeting minutes and recommended program changes or system improvement processes are sent to the Bureau Leadership Team (BLT) for consideration.

**Provider Enrollment:**

The QI Team reviews the provider enrollment process, initial provider trainings or concerns through periodic conference calls (supported by QI team minutes). The BLTC Committee identifies and addresses statewide provider enrollment issues identified in the analysis of this information. The results of this analysis are documented in the BLTC Committee minutes and recommended provider enrollment changes are submitted to the Medicaid Quality Management Oversight Committee for consideration.

The Medicaid Quality Management Oversight Committee reviews BLTC Committee and other Medicaid program report analysis and recommendations, considers Division-wide resources, coordination issues and strategies to make final system-wide change decisions.

**Provider Training:**

The BLTC Committee identifies and addresses statewide provider issues identified in the analysis of this information. The result of this analysis is reported through the BLTC Committee minutes and recommended provider training changes are sent to the Medicaid Quality Management Oversight Committee for approval.

The Medicaid Quality Management Oversight Committee reviews BLTC Committee and other Medicaid program report analysis and recommendations, considers Division-wide resources, coordination issues and strategies to make final system wide change decisions.

**Participant Experience Data:**

The BLTC Committee identifies and addresses statewide provider issues identified in the analysis of participant experience data. The results of this analysis are documented in BLTC Committee minutes and recommended provider training changes are submitted to the Medicaid Quality Management Oversight Committee for approval. The Medicaid Quality Management Oversight Committee reviews BLTC Committee and other Medicaid program report analysis and recommendations, considers Division-wide resources and coordination issues and strategies and makes final system-wide change decisions.

**Managed Care Entity (MCE) Oversight:**

The MCEs utilize the same sampling methods as the state for performance and QI measures. The MCEs remediate problems that arise related to the MCE and their waiver participants as needed. If needed, the Contract Monitor may pursue remedies specified in the terms of the state's contract with the MCEs.

The Contract Monitor issues a Monitoring Report to the MCEs that identifies in writing the Performance Indicator(s) monitored, and that summarizes the preliminary results with the MCE. Upon request by an MCE, the state will meet with the MCE within ten (10) business days of their receipt of the Monitoring Report regarding the results. The MCE may dispute the findings via written appeal to the Contract Monitor within ten (10) business days of issuance of the report. The MCE must specifically address each disputed finding and justification for the appeal of the finding. The MCE is required to provide all documents necessary to dispute monitoring results with its written appeal. The state renders a final written decision on the appeal to the MCE within ten (10) business days of receipt of the MCE's dispute information, unless the parties agree in writing to extend the decision period.

If the MCE does not dispute the findings, the MCE shall have ten (10) business days from the date of receipt of the state's monitoring report to cure the deficiencies found. If the MCE appeals the monitoring report, the MCE shall have ten (10) business days from the date of the state's final written decision to cure the deficiencies. If the state is not satisfied that the MCE has resolved the deficiencies, or made substantial progress toward resolution, the state may assess the amounts listed in the contract's Scope of Work as liquidated damages for each day the deficiency remains uncured.

**ii. Remediation Data Aggregation**

**Remediation-related Data Aggregation and Analysis (including trend identification)**

| Responsible Party( <i>check each that applies</i> ): | Frequency of data aggregation and analysis<br>( <i>check each that applies</i> ): |
|------------------------------------------------------|-----------------------------------------------------------------------------------|
| State Medicaid Agency                                | Weekly                                                                            |
| Operating Agency                                     | Monthly                                                                           |
| Sub-State Entity                                     | Quarterly                                                                         |
| Other<br>Specify:<br><div></div>                     | Annually                                                                          |
|                                                      | Continuously and Ongoing                                                          |
|                                                      | Other<br>Specify:<br><div></div>                                                  |

**c. Timelines**

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

**No**

**Yes**

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

## Appendix C: Participant Services

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### C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

## Appendix C: Participant Services

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### C-4: Additional Limits on Amount of Waiver Services

- a. Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

**Not applicable-** The state does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

**Applicable** - The state imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

**Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.  
*Furnish the information specified above.*

**Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.  
*Furnish the information specified above.*

**Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.  
*Furnish the information specified above.*

**Other Type of Limit.** The state employs another type of limit.  
*Describe the limit and furnish the information specified above.*

## Appendix C: Participant Services

### C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

*Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.*

Participants on this waiver reside in the following settings: a participant’s own home, participant’s own apartment, homes and/or apartments where participants live with family members, Certified Family Homes (CFH), and Residential Assisted Living Facilities (RALF).

Home and Community Based Settings (HCBS) principles are built into the structure of this Aged and Disabled (A&D) Waiver, which offers important services provided in the participants residence (as described above) and in their community, based on each participant’s choice of venue, when appropriate. In addition to their residence, participants on this waiver may receive services in any of the following locations as detailed in their Service Plan: their church, their place of employment, any approved facilities of providers offering these waiver services (Developmental Disabilities Agencies (DDA), Residential Habilitation agencies, Supported Employment agencies, and Adult Day Health agencies), and other requested venues where a specific residential and non-residential services are safely and effectively able to be provided, Participants are not able to receive waiver services in hospitals or other institutional settings.

The State validates compliance for all A&D waiver settings during provider enrollment, routine biannual audits, and during targeted audits resulting from complaints or critical incidents as described in the Quality Improvement performance measures throughout this waiver application.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (1 of 8)

State Participant-Centered Service Plan Title:

Individual Service Plan

a. **Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals (*select each that applies*):

- Registered nurse, licensed to practice in the state
- Licensed practical or vocational nurse, acting within the scope of practice under state law
- Licensed physician (M.D. or D.O)
- Case Manager (qualifications specified in Appendix C-1/C-3)
- Case Manager (qualifications not specified in Appendix C-1/C-3).  
Specify qualifications:

Social Worker  
Specify qualifications:

Other  
Specify the individuals and their qualifications:

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (2 of 8)

b. **Service Plan Development Safeguards.** *Select one:*

**Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.**

**Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.**

The state has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify:*

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (3 of 8)

- c. Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

A. To support the participant (and/or family or legal representative, as appropriate) in the direction and active involvement in the service plan development process the following supports and information are made available:

1. The Bureau of Long Term Care (BLTC) Nurse Reviewer or Managed Care Entity (MCE) Care Coordinator provides a copy of the "Service and Provider Choice" form or the MCE's equivalent form, if applicable, to the participant (and/or family or legal representative as appropriate). The form outlines the assistance needed as identified during the assessment and any additional waiver services needed. The participant (and/or family or legal representative, as appropriate) is asked to specify the place of service at this time (their own home, a certified family home, a residential assisted living facility, etc.). In instances where the participant has not identified a provider at the time of the assessment, they may complete and return the "Service and Provider Choice" form to the Department or the MCE after selecting their preferred provider(s) of services.
2. Lists of service providers are given to the participant (and/or family or legal representative, as appropriate). These lists contain providers with current valid provider agreements with the Department (or, as applicable, the MCE). The Department of Health & Welfare maintains several booklets about long-term services and supports, choosing a provider, and identifying a place to live and these are made available to the participant (and/or family or legal representative, as appropriate). The MCEs maintain an up-to-date searchable Provider Directory on its website. Participants who request a spouse provide Attendant Care Services are provided information on how their spouse can become their caregiver through the Family Personal Care Services (FPCS) application process as described in Appendix B and C.
3. The participant (and/or family or legal representative as appropriate) retains the authority to determine who attends the service planning meetings. The planning meeting should include at a minimum, the participant (and/or family or legal representative, as appropriate), the provider (Registered Nurse or Licensed Practical Nurse) and others identified by the participant. The Nurse Reviewer informs the participant (and/or family or legal representative as appropriate) that they may have anyone attend the meeting to assist them. The service planning meetings typically occur in the participant's current living arrangement which facilitates the attendance of family, guardian, or legal representative.

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (4 of 8)

- d. Service Plan Development Process.** In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses

participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

#### Service Plan Development Process.

Service plan development for this program occurs in two (2) distinct steps:

1. The Bureau of Long Term Care (BLTC) Nurse Reviewer (NR) conducts the functional assessment and captures preliminary information to populate a template service plan (including: participant's choice of services, choice of setting, goals and objectives).
  - a. Upon initial application and thereafter yearly at reassessment, a BLTC NR identifies the level of care and unmet needs of each participant by administering the Uniform Assessment Instrument (UAI). A participant's family or legal representative and/or caregiver(s) may also be present and supply information if desired by the participant. Caregivers, facility staff, or others may contribute information or be called by a NR to aid in completing the assessment.
  - b. The NR references the Medicaid Management Information System (MMIS) (or, as applicable, the Managed Care Entity (MCE) nurse references the MCE's system) to identify other Medicaid services used for cost effectiveness and for coordination of services. The participant (and/or family or legal representative, as appropriate) is consulted on choice of services. The "Service and Provider Choice Form" or the MCE's equivalent form, is provided showing all the services offered under this waiver. Based on the UAI results, the services a participant is eligible to receive are identified on this form. The NR refers to this form as the basis for discussion with the participant (and/or family or legal representative, as appropriate) to identify services they would like to receive and which providers they would like to select to furnish those services.
  - c. During the discussion with the participant (and/or family or legal representative, as appropriate), the NR documents which services the participant (and/or family or legal representative, as appropriate) chooses and the number of hours or units needed. These hours/units are then incorporated into the UAI Support Plan and serve to calculate the Nursing Facility (NF) Level of Care points, weekly/monthly units, daily rates, monthly costs, and determine cost effectiveness. The Support Plan provides the basis for the Individual Service Plan. For Medicare/Medicaid Coordinated Plan (MMCP) and Idaho Medicaid Plus enrollees, BLTC transmits the completed UAI to the MCE Registered Nurse (RN) for inclusion in the participant's Individualized Care Plan.
2. The provider's RN from a Residential Assisted Living Facility (RALF), Certified Family Home (CFH), or an agency (for in-home services) completes the template service plan to capture the participant's individual preferences for the services authorized to that entity, in addition to any risks and interventions specific to those services.
  - a. For fee-for-service participants, BLTC sends the UAI information to the provider (agency, CFH, or RALF, etc.) chosen by the participant (and/or family or legal representative, as appropriate). The provider then completes the Service Plan to be used by caregivers when providing services that meet the assessed needs and address the strengths, preferences, risks, and interventions of the participant. The Service Plan must contain at a minimum the following components:
    - i. For In-Home services, the Service Plan must be developed by an RN. RALFs must have an RN on staff or contracted involved in the development of the Service Plan when applicable. CFH providers must develop a plan that is approved by the BLTC Nurse Reviewer (who are all RNs) prior to service authorization to ensure the plan is appropriate for the participant.
    - ii. The participant (and/or family or legal representative, as appropriate) must participate in the development of the Service Plan. Spouses providing Attendant Care services may not direct the planning for that service.
    - iii. The Service Plan must include the details for how all the needs of the participant will be met, including those that will be met by natural supports or other provider entities (including paid spouse caregivers employed by an agency). Sufficient detail must be in the plan for the caregiver to understand participant preferences, level of assistance needed, amount, scope and duration for each task.
    - iv. The Service Plan must include the goals of the participant and how they will be met.
    - v. The Service Plan must include an assessment of any risks that may interfere with the participant's needs being met and/or potential health and safety issues with an identified back-up plan to meet those needs. In the event of health or safety risks associated with the Home and Community-Based Setting (HCBS) requirements described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 310-317, the Service Plan must also identify corresponding risk mitigation strategies.
    - vi. For CFH or RALF participants who, due to health or safety needs, require an exception to any of the provider owned or controlled residential setting qualities as described in IDAPA 16.03.10.315, "Exceptions To Residential Provider-Owned or Controlled Setting Qualities," the Service Plan must include documentation of the participant's assessed need related to the exception, interventions and supports implemented prior to the exception and prior methods that did not

work in addressing the participant's needs, a clear description of the intervention, evidence of regular data collection to monitor the effectiveness of the exception, time limits for periodic review to determine if the exception is still necessary, informed consent of the participant, and an assurance of no harm.

vii. To ensure comprehensive oversight of service delivery and quality for participants who receive Attendant Care provided by a spouse, Personal Assistance Agencies (PAA) employing spouse caregivers must include quarterly onsite supervisory visits for these participants in the Service Plan. PAAs must include descriptions of how adequate oversight is conducted, and this information must be submitted to and reviewed by the BLTC Quality Assurance Team quarterly.

viii. The Service Plan must be accepted and signed by the participant (and/or family or legal representative, as appropriate) indicating informed consent. The provider must also sign the plan, indicating they will deliver services according to the authorized plan and consistent with HCBS requirements.

b. The BLTC NR assesses the current Service Plan during the redetermination process and requests remediation when the Service Plan does not meet all required components. For MMCP and Idaho Medicaid Plus enrollees, the MCE Care Coordinator/Specialist also reviews the Service Plan to ensure compliance with Service Plan requirements.

i. The Service Plan must be revised and updated by the Service Plan Team based upon treatment results or changes in the participant's needs, demonstrated outcomes, or changes in risk factors. A new Service Plan must be developed and approved annually or as a result of changes in the participant's condition. Additional assessments or information may be clinically necessary. Adjustment of the Service Plan is subject to prior authorization by the BLTC NR or MCE RN. The provider completes a Significant Change/Modification Request Form (or the MCE's equivalent form) and submits it to the BLTC NR or MCE RN. The BLTC NR or MCE RN reviews the information and may authorize additional services. BLTC revises the UAI, Individual Service Plan, and Negotiated Service Agreement, then mails copies of these revised documents to the participant (and/or family or legal representative, as appropriate) and provider with a Notice of Decision. The BLTC NR, MCE RN, and/or MCE Care Coordinator/Specialist monitors the participant's Service Plan and all waived services throughout the year.

ii. The Service Provider must notify the BLTC, MCE, physician and/or authorized provider and family when applicable, and when any significant changes in the participant's condition are noted during service delivery. Such notification is documented in the provider's service record. The participant (and/or family or legal representative as appropriate) or other interested party can contact the BLTC NR or MCE RN and request a new assessment or change in Service Plan at any time. The provider is responsible for updating the participant's Service Plan.

#### Significant Change Process.

The participant (and/or family or legal representative, as appropriate) may initiate changes to the Service Plan. The participant (and/or family or legal representative, as appropriate) can contact their agency to coordinate the change. If the change results in a change to authorized services, the participant (and/or family or legal representative, as appropriate) may contact their agency to initiate a Significant Change Request to the department. Also, the participant (and/or family or legal representative, as appropriate) can directly contact the BLTC NR or MCE RN who assists with updating the services and coordinating this information to the provider agency.

#### Person-Centered Planning (PCP) Process.

Prior to the initial plan development process, participants are encouraged to invite others to their PCP meeting if desired, and a to select a time and date the interview. Contact information for the BLTC NR is included in the event that the participant needs to reschedule.

The UAI includes person-centered topics at the initiation of an assessment interview, rather than at the end, and includes narrative fields to document participant desired outcomes, strengths, and preferences prior to any discussion of specific functional areas. This helps establish a personalized framework for the remainder of the assessment process to ensure focus on the participant.

Supporting documentation (including the UAI User Manual and supplemental job aids) describes how to effectively use these fields in the assessment tool during conversations with the participant to help focus the interview. Job Aids include examples of appropriate narratives, sample prompting questions, etc.

In addition, the BLTC provides ongoing training to staff ensuring they have the tools and skills needed to solicit the participant's full engagement during the assessment interview and plan development process.

## Appendix D: Participant-Centered Planning and Service Delivery

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### D-1: Service Plan Development (5 of 8)

- e. Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

The Department and the Managed Care Entities (MCE) use the following processes to assure that potential risks are assessed during the service plan development and strategies to mitigate risks are incorporated into the service plan, subject to the participant needs and preferences:

1. The Uniform Assessment Instrument (UAI) is the basis for the service plan. This tool assesses: medical history, Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), list of medications, vision, hearing, speech, nutrition, cognitive and behavioral functions, assistive devices or medical equipment. If in their own home, the tool also assesses environmental barriers or needs. The Bureau of Long Term Care (BLTC) Nurse Reviewer (NR) or MCE Care Coordinator/Care Specialist also assesses the participant's potential and perceived health, behavioral and personal safety risks (neglect, abuse, and exploitation, etc.), and ability to live safely in their residence. The NR will discuss their concerns with the participant (and/or family or legal representative, as appropriate) after the assessment is completed. The risks identified are documented in the UAI. If the participant (and/or family or legal representative, as appropriate, on behalf of the participant) chooses to live in a Certified Family Home (CFH) or Residential Assisted Living Facility (RALF), they must, by IDAPA rule and State law, meet the needs of the participant. All of the UAI information is considered when the service plan is being developed.
2. The Personal Assistance Agency's (PAA) Registered Nurse (RN) or Licensed Practical Nurse (LPN) is responsible for the completion of service plans which reflect, address, and coordinate the participant's waiver service care needs. The service plan is developed by the provider's RN or LPN, participant (and/or family or legal representative, as appropriate), providers and any person(s) that the participant (and/or family or legal representative, as appropriate) wishes to invite. The participant (and/or family or legal representative, as appropriate) is actively involved in determining when and how services identified in the UAI are delivered. The agency's nurse is responsible for assuring the caregiver understands, is capable of implementing the service plan and coordinating services.
3. The agency RN or LPN works with the participant, MCE, guardian, and other parties as requested by the participant (and/or family or legal representative, as appropriate) to identify strategies for identified risks and individualized interventions developed in the participant care plan to create a system of services and supports to appropriately address individual needs and preferences and assure health and welfare. Community supports will be outlined in the service plan if required.
4. The service provider must have and implement policies and procedures addressing back-up plans for contingencies such as emergencies, including the failure of an employee to appear when scheduled to provide necessary services when the absence of the service presents risk to the participant's health and welfare. Processes must include adding quarterly nursing oversight visits for participants receiving Attendant Care services with a spouse caregiver.
5. The BLTC NR or MCE registered nurse will not approve a service plan if services provided will not be safe and effective. Concerns for health and safety may be addressed by the participant's service planning team, the participant's physician or other health care providers, and Medicaid or MCE staff.
6. The service provider is responsible for ensuring that any risks posed to the participant by the home and community-based setting (HCBS) requirements described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," and corresponding mitigation strategies are justified and documented appropriately in the service plan. For residential provider owned or controlled settings, any exceptions to the HCBS residential setting requirements must be submitted to the Department (or MCE, for MMCP or Idaho Medicaid Plus participants) for review and approval within 30 days of implementing an exception.
7. The BLTC NR will review the UAI documentation and the service plan during the annual redetermination and whenever applicable to ensure that participant risks have been documented and interventions developed in the service plan. During provider Quality Improvement (QI) reviews, the QI staff will monitor the provider's records to ensure the staff emergency back up policy is followed if applicable.

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (6 of 8)

- f. Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

Participants (and/or family or legal representative(s), as appropriate) are assisted in obtaining information about and selecting from among qualified providers of waiver services by the following processes:

1. The participant (and/or family or legal representative(s), as appropriate) is provided an alphabetical list of Aged and Disabled waiver providers by the Nurse Reviewer (NR) at the completion of the level of care assessment. The NR explains the purpose of the list and their right to choose a provider and answers participant (and/or family or legal representative(s), as appropriate) questions. The participant (and/or family or legal representative(s), as appropriate) may contact the NR if they require additional assistance with provider selection or to request another provider list.

When a participant requests a spouse provider for Attendant Care services, the NR informs the participant of how to submit a Family Personal Care Services (FPCS) Request as described in Appendix B-7.f. Spouses are only permitted to provide Attendant Care services under this waiver when they are employed by a Personal Assistance Agency (PAA) and meet additional requirements as described in Appendix C-2.d and C-2.d.

2. Participants (and/or family or legal representative(s), as appropriate) may contact the Department any time and request a list of current providers with valid Provider Agreements that operate in the participant's living area.

3. The Department ensures that the Managed Care Entities (MCE) maintain an up-to-date searchable Provider Directory on a website that is available to participants enrolled in the Medicare Medicaid Managed Care Plan (MMCP) or Idaho Medicaid Plus.

## Appendix D: Participant-Centered Planning and Service Delivery

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### D-1: Service Plan Development (7 of 8)

**g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency.** Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR § 441.301(b)(1)(i):

The following is the process by which the service plan is made subject to the approval of the Medicaid agency:

1. From the UAI assessment information, individual service plan is generated by the Department Nurse Reviewer. The plan is mailed to the personal assistance agencies, certified family home or assisted living providers chosen by the participant (and/or family or legal representative as appropriate).
2. The agency licensed nurse will complete the service plan development process using participant feedback and information from the UAI report. The appropriateness of the plan will be checked during QA review by the QI staff and the nurse reviewer during home visits.
3. All waiver services require prior authorization and must be on the service plan. Certified Family Home providers must submit the plan of care to the nurse reviewer for approval.
4. The participant's service plan may be adjusted during the year. These adjustments must be based on changes in a participant's need, demonstrated outcomes, or changes in risk factors. Additional assessments or information may be clinically necessary. Adjustment of the service plan is subject to prior authorization by the nurse reviewer. The provider completes a Change/Modification Request Form and submits it to the nurse reviewer. The reviewer reviews the information and may authorize additional services. The UAI and service plan are revised and a copy of the revised UAI and notice of decision are mailed to the participant (and/or family or legal representative, as appropriate) and provider. Personal assistance agencies, certified family home providers, and assisted living providers are provided a revised plan by the nurse reviewer.
5. The participant (and/or family or legal representative, as appropriate) may initiate changes to the service plan. The participant (and/or family or legal representative, as appropriate) can contact the personal assistance agency to coordinate the service plan change. If the service plan change will result in a change in authorized services, the participant (and/or family or legal representative, as appropriate) may contact their agency to initiate a Change/Modification Request for the Department; or the participant (and/or family or legal representative, as appropriate) can directly contact their Medicaid nurse reviewer who will assist with updating the services and coordinating this information to the provider.
6. The Department ensures that the MCE will provide waiver services in accordance with the requirements in this approved waiver and in accordance with the requirements specified in the contract. The MCE will accept the Department's decision to approve or reject a service plan. The MCE will revise the service plan if the Department determines that a revision to a service plan is needed.

## Appendix D: Participant-Centered Planning and Service Delivery

### D-1: Service Plan Development (8 of 8)

- h. Service Plan Review and Update.** The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

**Every three months or more frequently when necessary**

**Every six months or more frequently when necessary**

**Every twelve months or more frequently when necessary**

**Other schedule**

*Specify the other schedule:*

- i. Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following (*check each that applies*):

**Medicaid agency**

Operating agency

Case manager

Other

*Specify:*

The Department ensures that the MCEs maintain service plan forms for participants enrolled in the MMCP or Idaho Medicaid Plus.

## Appendix D: Participant-Centered Planning and Service Delivery

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### D-2: Service Plan Implementation and Monitoring

- a. Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

1. The state's Department of Health & Welfare, Division of Medicaid, Bureau of Long Term Care (BLTC) staff are responsible for monitoring the implementation of the Service Plans and each participant's health and welfare. Additionally, BLTC staff ensure that the Managed Care Entities (MCE) monitor the implementation of Service Plans and the health and welfare of Medicare Medicaid Coordinated Plan (MMCP) or Idaho Medicaid Plus enrollees.
2. BLTC follows these methods to monitor the implementation of the Service Plans and each participant's health and welfare and follows up on issues identified during the monitoring processes.
  - a. During the annual reassessment, the Nurse Reviewer (NR) compares the services on the participant's Service Plan from the prior year against services billed.
  - b. During the annual reassessment the NR completes a NR Home Visit in the participant's home, face-to-face. During periods of high work volume and/or staffing shortages, the BLTC NR may conduct telephone assessments only when the participant received a face-to-face visit for the prior assessment, and the participant did not have a significant change in condition reported during the last plan year. During the annual reassessment, the NR checks for the following:
    - i. Current Service Plan available in the home;
    - ii. Service Plan includes all services identified in the previous assessment;
    - iii. Service Plan was updated as needed over the previous year;
    - iv. Service Plan is signed by the participant and provider;
    - v. Compares Service Plan to progress notes from the last year to determine whether services have been provided in the amount/scope/duration as identified in the assessment and on the Service Plan;
    - vi. Interviews the participant (and/or family or legal representative as appropriate) and specifically asks questions regarding their satisfaction of services received and for input into the next year's Service Plan; and
    - vii. Verifies that risk mitigation strategies to address Home and Community-Based Settings (HCBS) quality requirements and/or exceptions to HCBS residential setting quality requirements, if present, are documented appropriately in the Service Plan.

BLTC then sends data from the NR Home Visit to the provider for remediation when applicable. Quality Improvement (QI) Specialists investigate when there are issues that require additional review. NR Home Visit data is compiled quarterly for analysis. QI Specialists review individual provider performance for identification of any trends and statewide QI needs on Service Plans. QI Specialists follow up with providers on corrective action plans to improve Service Plan development and implementation.

  - c. BLTC completes a quality assurance (QA) review on providers every two (2) years or more frequently when issues are identified in a complaint, or issues/trends are identified during the NR Home Visit process. During the provider QA reviews, a statistically valid random sample of participant Service Plans are reviewed to determine if needs identified in the Uniform Assessment Instrument (UAI) are addressed on the Service Plan and delivered in accordance with the Service Plan.
  - d. Providers must have a QI plan in place as a condition of their Provider Agreement. This QI plan must be approved by the BLTC QI Specialist before a Medicaid Provider Agreement is issued and must address how the provider monitors Service Plans.
3. BLTC Monitors Service Plans with the following frequencies:
  - a. Provider QI Reviews - at least every two (2) years;
  - b. NR Home Visits - annually at redetermination;
  - c. Within ten (10) days of a complaint regarding the Service Plan; and
  - d. By the provider at the interval approved in their QI plan.
4. BLTC ensures that the MCEs complete Service Plan implementation and monitoring consistent with these waiver requirements. The MCEs continuously monitor the Individualized Care Plan and ensure any gaps in care are addressed in an integrated manner by the Interdisciplinary Care Team, including any necessary revisions to the Individualized Care

Plan. The MCEs ensure that the Individualized Care Plan is updated on an ongoing basis as appointments occur, tests are completed, medications change, transitions made, goals are added or completed, etc.

5. BLTC evaluates the appropriateness of back-up plans and interventions, in addition to appropriate documentation of participant health and safety risks, on at least an annual basis during the participant redetermination process and during biennial provider audits.

6. BLTC does not evaluate access to non-waiver services as a component of monitoring waiver services. However, under Idaho Medicaid, Aged and Disabled (A&D) waiver participants have access to the following additional services:

- a. For Participants on fee-for-service: Participants enroll in the Healthy Connections program for assistance with referrals and access to non-waiver services. In addition, Idaho operates a Primary Care Medical Home model of tiered reimbursement for certain primary care providers to encourage improved coordination of participant services.
- b. For Dual Eligible Participants: Participants who meet dual eligibility on this waiver, have the option of a voluntary or mandatory enrollment into either the MMCP or Idaho Medicaid Plus, depending on the county of residence. Participants who are enrolled in these plans receive care coordination through the health plan in which they are enrolled.

**b. Monitoring Safeguards.** *Select one:*

**Entities and/or individuals that have responsibility to monitor service plan implementation, participant health and welfare, and adherence to the HCBS settings requirements may not provide other direct waiver services to the participant.**

**Entities and/or individuals that have responsibility to monitor service plan implementation, participant health and welfare, and adherence to the HCBS settings requirements may provide other direct waiver services to the participant because they are the only the only willing and qualified entity in a geographic area who can monitor service plan implementation.**

The state has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. *Specify:*

## Appendix D: Participant-Centered Planning and Service Delivery

### Quality Improvement: Service Plan

*As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.*

**a. Methods for Discovery: Service Plan Assurance/Sub-assurances**

***The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.***

**i. Sub-Assurances:**

- a. ***Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.***

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

**Number and percent of service plans that address participants' needs and health and safety risks as identified in the individual's assessment(s). a. Numerator: Number of service plans that addressed participants' needs and health and safety risks as identified in the individual's assessment(s). b. Denominator: Number of plans reviewed.**

**Data Source** (Select one):

**Record reviews, off-site**

If 'Other' is selected, specify:

| Responsible Party for data collection/generation<br>(check each that applies): | Frequency of data collection/generation<br>(check each that applies): | Sampling Approach<br>(check each that applies):                                                                                                                         |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                                | 100% Review                                                                                                                                                             |
| Operating Agency                                                               | Monthly                                                               | Less than 100% Review                                                                                                                                                   |
| Sub-State Entity                                                               | Quarterly                                                             | Representative Sample<br>Confidence Interval =<br><input type="text"/>                                                                                                  |
| Other<br>Specify:<br><br><input type="text" value="MCE"/>                      | Annually                                                              | Stratified<br>Describe Group:<br><br><input type="text"/>                                                                                                               |
|                                                                                | Continuously and Ongoing                                              | Other<br>Specify:<br><br><input type="text" value="30% sample of the population (or a minimum of 15 records, whichever is greater) for each provider audit conducted"/> |
|                                                                                | Other                                                                 |                                                                                                                                                                         |

|  |                         |  |
|--|-------------------------|--|
|  | Specify:<br><div></div> |  |
|--|-------------------------|--|

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis (check each that applies): |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                                |
| Operating Agency                                                               | Monthly                                                               |
| Sub-State Entity                                                               | Quarterly                                                             |
| Other<br>Specify:<br><div>MCE</div>                                            | Annually                                                              |
|                                                                                | Continuously and Ongoing                                              |
|                                                                                | Other<br>Specify:<br><div></div>                                      |

**Performance Measure:**

**Number and percent of service plans that address participants' personal goals. a.**

**Numerator: Number of service plans that address participants' personal goals. b.**

**Denominator: Number of service plans reviewed.**

**Data Source (Select one):****Program logs**

If 'Other' is selected, specify:

| Responsible Party for data collection/generation (check each that applies): | Frequency of data collection/generation (check each that applies): | Sampling Approach (check each that applies): |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|
| State Medicaid Agency                                                       | Weekly                                                             | 100% Review                                  |
| Operating Agency                                                            | Monthly                                                            | Less than 100% Review                        |
| Sub-State Entity                                                            | Quarterly                                                          | Representative                               |

|                                            |                                         |                                                                                                                                                          |
|--------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            |                                         | <b>Sample</b><br>Confidence Interval =<br><div></div>                                                                                                    |
| <b>Other</b><br>Specify:<br><div>MCE</div> | <b>Annually</b>                         | <b>Stratified</b><br>Describe Group:<br><div></div>                                                                                                      |
|                                            | <b>Continuously and Ongoing</b>         | <b>Other</b><br>Specify:<br><div>30% sample of the population (or a minimum of 15 records, whichever is greater) for each provider audit conducted</div> |
|                                            | <b>Other</b><br>Specify:<br><div></div> |                                                                                                                                                          |

**Data Aggregation and Analysis:**

|                                                                                       |                                                                             |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis(check each that applies):</b> |
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                               |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                              |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                            |
| <b>Other</b><br>Specify:<br><div>MCE</div>                                            | <b>Annually</b>                                                             |
|                                                                                       | <b>Continuously and Ongoing</b>                                             |
|                                                                                       | <b>Other</b>                                                                |

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
|                                                                                       | Specify:<br><div></div>                                                      |

**Performance Measure:**

**Number and percent of service plans that document the backup plan identified in the individual's assessment(s).** a. Numerator: Number of service plans that document the backup plan identified in the individual's assessment(s). b. Denominator: Number of service plans reviewed.

**Data Source** (Select one):

**Program logs**

If 'Other' is selected, specify:

|                                                                                    |                                                                           |                                                                      |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies):                  |
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                                   |
| <b>Operating Agency</b>                                                            | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                                         |
| <b>Sub-State Entity</b>                                                            | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval =<br><div></div> |
| <b>Other</b><br>Specify:<br><div>MCE</div>                                         | <b>Annually</b>                                                           | <b>Stratified</b><br>Describe Group:<br><div></div>                  |
|                                                                                    | <b>Continuously and Ongoing</b>                                           | <b>Other</b><br>Specify:                                             |

|  |                                                  |                                                                                                                   |
|--|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
|  |                                                  | 30% sample of the population (or a minimum of 15 records, whichever is greater) for each provider audit conducted |
|  | <b>Other</b><br>Specify:<br><input type="text"/> |                                                                                                                   |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis (check each that applies): |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                                |
| Operating Agency                                                               | Monthly                                                               |
| Sub-State Entity                                                               | Quarterly                                                             |
| <b>Other</b><br>Specify:<br><input type="text"/> MCE                           | Annually                                                              |
|                                                                                | Continuously and Ongoing                                              |
|                                                                                | <b>Other</b><br>Specify:<br><input type="text"/>                      |

**b. Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.**

**Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are

identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- c. **Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.**

#### Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

#### Performance Measure:

**Number and percent of service plans updated at least annually. a. Numerator:**

**Number of service plans updated at least annually. b. Denominator: Number of service plans reviewed.**

**Data Source** (Select one):

**Record reviews, on-site**

If 'Other' is selected, specify:

| <b>Responsible Party for data collection/generation</b><br>(check each that applies): | <b>Frequency of data collection/generation</b><br>(check each that applies): | <b>Sampling Approach</b><br>(check each that applies):                        |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                | <b>100% Review</b>                                                            |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text"/>                                      | <b>Annually</b>                                                              | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                                                       | <b>Continuously and Ongoing</b>                                              | <b>Other</b><br>Specify:                                                      |

|  |                                                  |                                                                                                                   |
|--|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
|  |                                                  | 30% sample of the population (or a minimum of 15 records, whichever is greater) for each provider audit conducted |
|  | <b>Other</b><br>Specify:<br><input type="text"/> |                                                                                                                   |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis(check each that applies): |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                               |
| Operating Agency                                                               | Monthly                                                              |
| Sub-State Entity                                                               | Quarterly                                                            |
| <b>Other</b><br>Specify:<br><input type="text"/>                               | Annually                                                             |
|                                                                                | Continuously and Ongoing                                             |
|                                                                                | <b>Other</b><br>Specify:<br><input type="text"/>                     |

**Performance Measure:**

**Number and percent of service plans that were revised when warranted by changes in participants' needs. a. Numerator:** Number of service plans that were revised when warranted by changes in participants' needs. **b. Denominator:** Number of service plans that required revision as warranted by changes in participants' needs.

**Data Source (Select one):****Other**

If 'Other' is selected, specify:

**SSRS: Revised Service Plans**

| Responsible Party for data collection/generation<br>(check each that applies): | Frequency of data collection/generation<br>(check each that applies): | Sampling Approach<br>(check each that applies):                        |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                                | 100% Review                                                            |
| Operating Agency                                                               | Monthly                                                               | Less than 100% Review                                                  |
| Sub-State Entity                                                               | Quarterly                                                             | Representative Sample<br>Confidence Interval =<br><input type="text"/> |
| Other<br>Specify:<br><input type="text" value="MCE"/>                          | Annually                                                              | Stratified<br>Describe Group:<br><input type="text"/>                  |
|                                                                                | Continuously and Ongoing                                              | Other<br>Specify:<br><input type="text"/>                              |
|                                                                                | Other<br>Specify:<br><input type="text"/>                             |                                                                        |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis (check each that applies): |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                                |
| Operating Agency                                                               | Monthly                                                               |
| Sub-State Entity                                                               | Quarterly                                                             |
| Other<br>Specify:                                                              | Annually                                                              |

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
| MCE                                                                                   |                                                                              |
|                                                                                       | <b>Continuously and Ongoing</b>                                              |
|                                                                                       | <b>Other</b><br>Specify:<br>                                                 |

- d. *Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.*

#### Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

#### Performance Measure:

**Number & percent of participant records indicating services were delivered consistent with service type, scope, amount, duration & frequency in the approved service plan. a. Numerator: Number of participant records indicating services were delivered consistent with service type, scope, amount, duration & frequency in the approved service plan. b. Denominator: Number of records reviewed.**

**Data Source** (Select one):

**Program logs**

If 'Other' is selected, specify:

|                                                                                    |                                                                           |                                                     |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies): |
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                  |
| <b>Operating Agency</b>                                                            | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                        |
| <b>Sub-State Entity</b>                                                            | <b>Quarterly</b>                                                          | <b>Representative Sample Confidence</b>             |

|                                            |                                         |                                                                                                                                                          |
|--------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            |                                         | Interval =<br><div></div>                                                                                                                                |
| <b>Other</b><br>Specify:<br><div>MCE</div> | <b>Annually</b>                         | <b>Stratified</b><br>Describe Group:<br><div></div>                                                                                                      |
|                                            | <b>Continuously and Ongoing</b>         | <b>Other</b><br>Specify:<br><div>30% sample of the population (or a minimum of 15 records, whichever is greater) for each provider audit conducted</div> |
|                                            | <b>Other</b><br>Specify:<br><div></div> |                                                                                                                                                          |

**Data Aggregation and Analysis:**

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             |
| <b>Other</b><br>Specify:<br><div>MCE</div>                                            | <b>Annually</b>                                                              |
|                                                                                       | <b>Continuously and Ongoing</b>                                              |
|                                                                                       | <b>Other</b><br>Specify:                                                     |

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
|                                                                                       |                                                                              |

**e. Sub-assurance: Participants are afforded choice: Between/among waiver services and providers.**

**Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

**Number and percent of participant records that indicated participants were given a choice when selecting waiver services and providers. a. Numerator: Number of participant records that indicated participants were given a choice when selecting waiver services and providers. b. Denominator: Number of participant records.**

**Data Source** (Select one):

**Record reviews, off-site**

If 'Other' is selected, specify:

|                                                                                    |                                                                           |                                                                      |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies):                  |
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                                   |
| <b>Operating Agency</b>                                                            | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                                         |
| <b>Sub-State Entity</b>                                                            | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval =<br><div></div> |
| <b>Other</b><br>Specify:<br><div>MCE</div>                                         | <b>Annually</b>                                                           | <b>Stratified</b><br>Describe Group:<br><div></div>                  |

|  |                                         |                                         |
|--|-----------------------------------------|-----------------------------------------|
|  | <b>Continuously and Ongoing</b>         | <b>Other</b><br>Specify:<br><div></div> |
|  | <b>Other</b><br>Specify:<br><div></div> |                                         |

**Data Aggregation and Analysis:**

|                                                                                              |                                                                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i> | <b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i> |
| State Medicaid Agency                                                                        | Weekly                                                                              |
| Operating Agency                                                                             | Monthly                                                                             |
| Sub-State Entity                                                                             | Quarterly                                                                           |
| <b>Other</b><br>Specify:<br><div>MCE</div>                                                   | Annually                                                                            |
|                                                                                              | Continuously and Ongoing                                                            |
|                                                                                              | <b>Other</b><br>Specify:<br><div></div>                                             |

**Performance Measure:**

**Number and percent of service plans that reflected participant choices (i.e., waiver services, time of service, days of service, etc.). a. Numerator: Number of service plans that reflected participant choices (i.e., waiver services, time of service, days of service, etc.). b. Denominator: Number of service plans reviewed.**

**Data Source** (Select one):**On-site observations, interviews, monitoring**

If 'Other' is selected, specify:

|                                                         |                                                                                  |                                                            |
|---------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> | <b>Frequency of data collection/generation</b> <i>(check each that applies):</i> | <b>Sampling Approach</b> <i>(check each that applies):</i> |
|---------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------|

|                                                                                            |                                                                                                      |                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (check each that applies):                                                                 |                                                                                                      |                                                                                                                                                                                                         |
| <b>State Medicaid Agency</b>                                                               | <b>Weekly</b>                                                                                        | <b>100% Review</b>                                                                                                                                                                                      |
| <b>Operating Agency</b>                                                                    | <b>Monthly</b>                                                                                       | <b>Less than 100% Review</b>                                                                                                                                                                            |
| <b>Sub-State Entity</b>                                                                    | <b>Quarterly</b>                                                                                     | <b>Representative Sample</b><br>Confidence Interval =<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                        |
| <b>Other Specify:</b><br><br><div style="border: 1px solid black; padding: 2px;">MCE</div> | <b>Annually</b>                                                                                      | <b>Stratified</b><br>Describe Group:<br><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                                                                                     |
|                                                                                            | <b>Continuously and Ongoing</b>                                                                      | <b>Other Specify:</b><br><br><div style="border: 1px solid black; padding: 2px;">30% sample of the population (or a minimum of 15 records, whichever is greater) for the provider audit conducted</div> |
|                                                                                            | <b>Other Specify:</b><br><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                                                                                                                                                                                                         |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis(check each that applies): |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                               |
| Operating Agency                                                               | Monthly                                                              |
| Sub-State Entity                                                               | Quarterly                                                            |
| Other                                                                          | Annually                                                             |

|                                                                                                           |                                                                                                          |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b>                     | <b>Frequency of data aggregation and analysis (check each that applies):</b>                             |
| Specify:<br><div style="border: 1px solid black; padding: 5px; width: 150px; margin-top: 10px;">MCE</div> |                                                                                                          |
|                                                                                                           | <b>Continuously and Ongoing</b>                                                                          |
|                                                                                                           | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div> |

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Medicaid uses a variety of strategies to discover/identify problems/issues within the waiver program as detailed below:

1. Internal File Audits: BLTC reviews participant records during the Internal File Audit process. The Nurse Managers (NM) audit a minimum of five (5) waiver participant records each month. The results of these audits are entered into a data management tool and analyzed quarterly. The Internal File Audit monitors the following aspects of the Service Plan development and delivery.

- a. Participants (and/or family or legal representative, as appropriate) are afforded a choice between waiver services and institutional care and offered a choice between/among waiver services and providers.
- c. Services are cost effective.
- d. The informed consent is completed and signed by the participant (and/or family or legal representative as appropriate).

2. Review and approval of the Certified Family Home (CFH) Negotiated Service Agreement: All Service Plans for services provided in a CFH are reviewed to assure they meet the participant's needs and are approved by the Nurse Reviewer (NR) prior to authorization of services.

3. Nurse Reviewer Home Visit Process: NRs complete a NR Home Visit by conducting a review of the participant's Service Plan and interviewing each participant on the A&D Waiver during the annual redetermination assessment. The results of the home visit are entered into a data management tool and analyzed quarterly. Results are also sent to the provider for immediate remediation if necessary. Provider corrective plans are requested when needed. The BLTC Quality Survey addresses the following aspects of Service Plan development and service delivery:

- a. Service Plans address participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
- b. Service Plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.
- c. Services are delivered in accordance with the Service Plan, including the type, scope, amount, duration, and frequency specified in the Service Plan.
- d. Participant experience regarding aspects of the Service Plan development. For example, participants are asked if they had input into the days and times that they will receive services.
- e. Service Plan is signed by the participant (and/or family or legal representative as appropriate).
- f. Service Plan is signed by the participant and provider.
- g. If necessary, any mitigation strategies needed to ameliorate risk to the participant associated with the Home and Community-Based Services (HCBS) setting requirements described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 310-317 and evidence of participant consent.
- h. If necessary, any exception to the provider owned or residential HCBS qualities is documented appropriately and evidence of participant consent and Department approval is included with the participant's plan.

4. Provider Quality Assurance Reviews. The Medicaid Quality Improvement (QI) Specialist reviews each waiver provider

per the provider qualification schedule in Appendix B. This review includes review of a random sample of participant records and monitors the following aspects of the Service Plan and service delivery:

- a. Plan includes specific type, amount, frequency, & duration of services to be provided;
- b. Plan includes supports provided by family, friends, community, etc.;
- c. Plan includes participant goals;
- d. Plan promotes progress, prevention of regression/maintenance of skills, etc.; and
- e. Plan includes providers of waiver services

5. Paid Claims Report: NRs retrieve this report and review during the redetermination assessment. RNs compare this report to the progress notes to determine if services were provided (as evidenced by billed/paid claims).

6. MCE: The MCEs are required to monitor Service Plan development to ensure compliance with this waiver's requirements.

## **b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

The State remediates individual problems as they are discovered via the following Quality Improvement (QI) strategies:

1. Internal File Audit: Nurse Manager (NM) and Program Manager (PM) remediate any specific performance issues with the appropriate staff.
  2. Nurse Reviewer Home Visit Report: BLTC sends a copy of the Quality Survey form with results to the provider during the redetermination process. QI Specialists compile and analyze individual provider data quarterly. QI Specialists also request and monitor provider corrective action plans as needed.
  3. Participant Experience Data: BLTC collects participant experience data as part of the Quality Survey and refers any specific participant complaints/incidents through the Complaint/Critical Incident Reporting Process. NM/PMs follow up as appropriate.
  4. Non-licensed/non-certified providers are responsible for the development and implementation of a quality assurance program assuring service delivery consistent with applicable waiver requirements. Results of individual quality assurance reviews conducted by the state shall be transmitted to the provider within forty-five (45) days of a review being completed. When deficiencies are identified by the review, the provider agency submits a corrective action plan to the state addressing the identified deficiencies. This corrective action plan must be submitted to the state within forty-five (45) calendar days of receiving the results of a quality assurance review. Upon request, an agency shall also forward to the state the results of any implemented corrective action plan.
  5. The Medicaid Contract Monitor issues a Monitoring Report to the MCEs that identifies in writing the Performance Indicator(s) monitored, and that summarizes the preliminary results with each MCE. The MCEs utilize the same sampling methods as the state for performance and Quality Improvement (QI) measures. Upon request by an MCE, the state will meet with that MCE within ten (10) business days of their receipt of the Monitoring Report regarding these results. The MCE may dispute the findings via written appeal to the Contract Monitor within ten (10) business days of issuance of the report. The MCE must specifically address each disputed finding and justification for the appeal of the finding. The MCE is required to provide all documents necessary to dispute monitor results with its written appeal. The state renders a final written decision on the appeal to the MCE within ten (10) business days of receipt of the MCE's dispute information, unless the parties agree in writing to extend the decision period.
- If the MCE does not dispute the findings, the MCE has ten (10) business days from the date of the state's Monitoring Report to cure any deficiencies found. If the MCE appeals the Monitoring Report, the MCE has ten (10) business days from the date of the state's final written decision to cure any deficiencies. If the state is not satisfied that the MCE has resolved the deficiencies, or made substantial progress toward resolution, the state may assess the amounts listed in the Scope of Work as liquidated damages for each day the deficiency remains uncured.

## **ii. Remediation Data Aggregation**

### **Remediation-related Data Aggregation and Analysis (including trend identification)**

|                                                     |                                                                                 |
|-----------------------------------------------------|---------------------------------------------------------------------------------|
| Responsible Party <i>(check each that applies):</i> | Frequency of data aggregation and analysis<br><i>(check each that applies):</i> |
| State Medicaid Agency                               | Weekly                                                                          |
| Operating Agency                                    | Monthly                                                                         |
| Sub-State Entity                                    | Quarterly                                                                       |
| Other<br>Specify:<br><div></div>                    | Annually                                                                        |
|                                                     | Continuously and Ongoing                                                        |
|                                                     | Other<br>Specify:<br><div></div>                                                |

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix E: Participant Direction of Services

Applicability *(from Application Section 3, Components of the Waiver Request):*

**Yes. This waiver provides participant direction opportunities.** Complete the remainder of the Appendix.

**No. This waiver does not provide participant direction opportunities.** Do not complete the remainder of the Appendix.

CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.

Indicate whether Independence Plus designation is requested *(select one):*

**Yes. The state requests that this waiver be considered for Independence Plus designation.**

**No. Independence Plus designation is not requested.**

Appendix E: Participant Direction of Services

E-1: Overview (1 of 13)

**a. Description of Participant Direction.** In no more than two pages, provide an overview of the opportunities for participant direction in the waiver, including: (a) the nature of the opportunities afforded to participants; (b) how participants may take advantage of these opportunities; (c) the entities that support individuals who direct their services and the supports that they provide; and, (d) other relevant information about the waiver's approach to participant direction.

1. The nature of opportunities afforded to participants regarding participant direction of services:

The participants (and/or family or legal representative, as appropriate) may engage a Fiscal Intermediary (FI) agency as their provider or they may use a traditional agency model. There are several agencies throughout the state that provide Aged and Disabled (A&D) waiver services under the umbrella of a FI model. Participants (and/or family or legal representatives, as appropriate) choosing FI services have opportunities, take responsibility for, accept potential risks and any resulting consequences for choices to manage certain waiver services which include, recruiting, selecting, managing, training, scheduling, dismissing, and arranging backup coverage. Specifically, the participant (and/or family or legal representative, as appropriate) may direct attendant care, homemaker, chore, companion, consultation, skilled nursing, and transition services.

2. How participants may take advantage of participant direction service opportunities:

At the time of assessment or reassessment, Nurse Reviewers (NR) discuss the findings of the assessment and the services that were indicated, as well as inform the participant (and/or family or legal representative, as appropriate) about the various options available. If participants are interested in the FI model, the NR or MCE Care Coordinator provides information about the participant (and/or family or legal representative, as appropriate) responsibilities and their role in overseeing their care. Choosing a FI agency is an option under this A&D Waiver program. This option is designed for participants who desire more independence and responsibility for certain waiver services they receive. Specifically, the participant (and/or family or legal representative, as appropriate) may direct attendant care, homemaker, chore, companion, consultation, skilled nursing, and transition services. The participant directs these services themselves, or they can select a personal representative to direct services on their behalf. Participants hire a Personal Assistant (PA) to assist with activities they would prefer to do themselves whenever possible. The PA's job duties are different depending on each participant's assessed needs. The PA's job is to assist the participant with Activities of Daily Living (ADL). ADLs include but are not limited to, personal care services, housekeeping, and participant health and safety.

3. The entities that support individuals directing their services and the supports that they provide:

A FI is an agency with responsibility for the following: directly assuring compliance with legal requirements related to employment of waiver service providers; offering supportive services to enable participants and their families to perform the required employer tasks themselves; billing the Medicaid program or an MCE, as appropriate, for services approved and authorized by the BLTC or an MCE; collecting any participation in cost due; paying PAs and other waiver service providers for services; performing all necessary withholdings as required by state and federal labor and tax laws, rules and regulations; assuring that PAs providing services meet the standards and qualifications under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 329.02; maintaining liability insurance coverage; conducting, at least annually, participant satisfaction or quality control reviews that are made available to the state, the MCEs, and the general public; offering a full range of services and performing all services contained in a written agreement between the participant (and/or family or legal representative, as appropriate) and the provider; and obtaining such criminal history and background checks and health screens on all new and existing employees of record and fact as required.

4. MMCP and Idaho Medicaid Plus Self-Direction of A&D Waiver Services:

The MCEs provide information, choice, and supports that include the availability of an individual to educate and assist Enrollees in self-direction to promote self-direction of A&D Waiver services by Enrollees or their representative. The MCEs allows Enrollees self-direction of the following services through Personal Assistance Agencies (PAA) functioning as FI Agencies:

Companion Services,  
Skilled Nursing,  
Consultation,  
Attendant Care,  
Homemaker,  
Chore Service, and  
Transition Services.

The MCEs allow Enrollees to use FI services from providers meeting qualifications specified in the A&D Waiver located on the Department of Health and Welfare's website ([healthandwelfare.idaho.gov](http://healthandwelfare.idaho.gov)) under the Waiver Resources library: <https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=14566&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>.

The MCEs pay for services rendered by a FI Agency functioning as an employer of record which includes payment for services, required taxes, and administrative activities for Enrollees who direct their own services.

FI Agencies must be enrolled as Medicaid providers to receive payment under this Contract.

The MCEs provide Enrollees with the option of having their A&D Waiver services provided by a PAA. Services provided by a PAA must be person-centered and Enrollees must have a choice of the schedule for services and of who provides these services for them.

## Appendix E: Participant Direction of Services

### E-1: Overview (2 of 13)

**b. Participant Direction Opportunities.** Specify the participant direction opportunities that are available in the waiver.  
*Select one:*

**Participant: Employer Authority.** As specified in *Appendix E-2, Item a*, the participant (or the participant's representative) has decision-making authority over workers who provide waiver services. The participant may function as the common law employer or the co-employer of workers. Supports and protections are available for participants who exercise this authority.

**Participant: Budget Authority.** As specified in *Appendix E-2, Item b*, the participant (or the participant's representative) has decision-making authority over a budget for waiver services. Supports and protections are available for participants who have authority over a budget.

**Both Authorities.** The waiver provides for both participant direction opportunities as specified in *Appendix E-2*. Supports and protections are available for participants who exercise these authorities.

**c. Availability of Participant Direction by Type of Living Arrangement.** *Check each that applies:*

Participant direction opportunities are available to participants who live in their own private residence or the home of a family member.

Participant direction opportunities are available to individuals who reside in other living arrangements where services (regardless of funding source) are furnished to fewer than four persons unrelated to the proprietor.

The participant direction opportunities are available to persons in the following other living arrangements

Specify these living arrangements:

## Appendix E: Participant Direction of Services

### E-1: Overview (3 of 13)

**d. Election of Participant Direction.** Election of participant direction is subject to the following policy (*select one*):

Waiver is designed to support only individuals who want to direct their services.

The waiver is designed to afford every participant (or the participant's representative) the opportunity to elect to direct waiver services. Alternate service delivery methods are available for participants who decide not to direct their services.

The waiver is designed to offer participants (or their representatives) the opportunity to direct some or all of their services, subject to the following criteria specified by the state. Alternate service delivery methods are available for participants who decide not to direct their services or do not meet the criteria.

Specify the criteria

## Appendix E: Participant Direction of Services

### E-1: Overview (4 of 13)

- e. Information Furnished to Participant.** Specify: (a) the information about participant direction opportunities (e.g., the benefits of participant direction, participant responsibilities, and potential liabilities) that is provided to the participant (or the participant's representative) to inform decision-making concerning the election of participant direction; (b) the entity or entities responsible for furnishing this information; and, (c) how and when this information is provided on a timely basis.

#### 1. To inform decision-making concerning the election of participant direction:

Participants (and/or family or legal representatives, as appropriate) are provided information from the state to assist them when making decisions about participant direction. This documentation includes: Fiscal Intermediary (FI) Services Information Sheet, Agency Choice Form, Fiscal Intermediary - Participant Responsibilities Form (that outlines respective responsibilities), Personal Assistant Training Log, Personal Assistant and FI Choice and Responsibilities. In addition, participants (and/or family or legal representatives, as appropriate) are given written information by the FI provider. This details what it means to self-direct (i.e. able and willing to make informed choices, ability to organize their environment), the responsibilities of self-direction (i.e. recruiting, interviewing, hiring, training, supervising, scheduling, and, if need be, dismissing the attendant of their choice, and developing an Implementation Plan), and the responsibilities of self-direction with respect to grievances with their attendant (these are to be resolved by the participant (and/or family or legal representatives, as appropriate)). The state ensures that the Managed Care Entities (MCE) provide information, choice, and supports that include the availability of an individual to educate and assist the participant in self-direction that promote self-direction of Aged and Disabled (A&D) Waiver services by participants or their representative.

#### 2. The entity or entities responsible for furnishing Direction of Services information:

The state and/or the MCEs provide participants (and/or family or legal representative(s), as appropriate) written information by the FI provider. During the level of care assessment the Nurse Reviewer (NR) explains self-direction and informs the participant (and/or family or legal representative(s), as appropriate) of their responsibilities, their role as an employer, the process they must follow as far as signing an employee's time sheet, maintaining progress notes, communicating with the provider agency, arranging and scheduling back-up, and training the attendant. The Bureau of Long Term Care (BLTC) provides the participant (and/or family or legal representative(s), as appropriate) with a list of qualified provider agencies. The participant (and/or family or legal representative(s), as appropriate) may contact the BLTC NR as needed for assistance or for assistance when requesting a spouse direct care worker for Attendant Care services as described in Appendix D-1.f.

The FI also provides information when a participant (and/or family or legal representatives, as appropriate) first contacts them. The FI may also offer training and education concerning a participant's role and responsibilities. The state ensures that the MCEs provide information about the self-direction of services. The state also ensures that the MCEs make an individual available to educate and assist enrollees with self-direction.

#### 3. Providing Direction of Services information on a timely basis:

NRs provide written and verbal information during the assessment, or whenever requested. The FI provides this information when the participant (and/or family or legal representative(s), as appropriate) contacts them or whenever requested.

## Appendix E: Participant Direction of Services

### E-1: Overview (5 of 13)

- f. Participant Direction by a Representative.** Specify the state's policy concerning the direction of waiver services by a representative (*select one*):

**The state does not provide for the direction of waiver services by a representative.**

**The state provides for the direction of waiver services by representatives.**

Specify the representatives who may direct waiver services: *(check each that applies):*

**Waiver services may be directed by a legal representative of the participant.**

**Waiver services may be directed by a non-legal representative freely chosen by an adult participant.**

Specify the policies that apply regarding the direction of waiver services by participant-appointed representatives, including safeguards to ensure that the representative functions in the best interest of the participant:

A participant’s spouse, legal representative, or designee can assist with self-direction when they are able to demonstrate that they are willing and able to support the participant fulfilling their responsibilities as a self-directing entity. The spouse, legal representative, or designee only assists the participant with directing services; they will not provide any companion, homemaker, chore services, skilled nursing, consultation, attendant care, or transition services.

If the participant requires a legal representative/designee, the representative works with the Bureau of Long Term Care (BLTC) Nurse Reviewer (NR) or a Managed Care Entity (MCE) Registered Nurse (RN), the participant, and the Fiscal Intermediary (FI) agency representative to discuss minimum monitoring expectations by the representative. The typical monitoring expectations are weekly to monthly. When more monitoring is required, documentation supporting the need is entered in the participant's file.

For a legal representative or designee to effectively complete their responsibilities, they must be able to provide impartial supervision and management of services. The BLTC NR or RN Manager or MCE RN may require the removal or exclusion of a spouse, legal representative, or designee whenever any apparent or probable conflict-of-interest exists. Situations that constitute a conflict-of-interest include, but are not limited to when the spouse, legal representative, or designee: is employed as the caregiver; employs a member of their immediate family as the caregiver; employs a caregiver who is directly or indirectly able to exercise a significant fiscal/personal influence over the participant; employs a caregiver over whom they are able to directly or indirectly exercise a significant fiscal/personal influence; who refuses to comply with the policies and procedures of the FI agency the participant selected.

If the BLTC NR discovers through the annual reassessment; or, if the BLTC NR or MCE RN discovers through a Significant Change/Modification request, or agency staff or RN, that the participant's appointed representative is unable to fulfill the self-direction role (ability to make informed choices, recruit, interview, hire, train, supervise employees), the BLTC NR or MCE RN works with the FI agency to retrain the representative. If the representative is still unable to complete the self-direction responsibilities, the participant (and/or family or legal representative, as appropriate) and agency will receive written notification. This notification directs the participant and/or the guardian to select a different non-legal representative.

If the participant, guardian, or non-legal representative disagrees with the BLTC NR decision, a meeting can be scheduled to discuss the decision. If the issue is not resolved, the parties may file a formal complaint with the State or an MCE.

Appendix E: Participant Direction of Services

E-1: Overview (6 of 13)

**g. Participant-Directed Services.** Specify the participant direction opportunity (or opportunities) available for each waiver service that is specified as participant-directed in Appendix C-1/C-3.

| Waiver Service | Employer Authority | Budget Authority |
|----------------|--------------------|------------------|
| Consultation   |                    |                  |

| Waiver Service      | Employer Authority | Budget Authority |
|---------------------|--------------------|------------------|
| Homemaker           |                    |                  |
| Skilled Nursing     |                    |                  |
| Attendant Care      |                    |                  |
| Companion Services  |                    |                  |
| Chore Service       |                    |                  |
| Transition Services |                    |                  |

Appendix E: Participant Direction of Services

E-1: Overview (7 of 13)

**h. Financial Management Services.** Except in certain circumstances, financial management services are mandatory and integral to participant direction. A governmental entity and/or another third-party entity must perform necessary financial transactions on behalf of the waiver participant. *Select one:*

**Yes. Financial Management Services are furnished through a third party entity.** *(Complete item E-1-i).*

Specify whether governmental and/or private entities furnish these services. *Check each that applies:*

**Governmental entities**

**Private entities**

**No. Financial Management Services are not furnished. Standard Medicaid payment mechanisms are used.** *Do not complete Item E-1-i.*

Appendix E: Participant Direction of Services

E-1: Overview (8 of 13)

**i. Provision of Financial Management Services.** Financial management services (FMS) may be furnished as a waiver service or as an administrative activity. *Select one:*

**FMS are covered as the waiver service specified in Appendix C-1/C-3**

**The waiver service entitled:**

**FMS are provided as an administrative activity.**

**Provide the following information**

**i. Types of Entities:** Specify the types of entities that furnish FMS and the method of procuring these services:

Participants who choose to self-direct employ Personal Assistance Agencies operating as Fiscal Intermediaries (FI). The participant (and/or family or legal representative, as appropriate) chooses an FI when they want to self-direct as opposed to the traditional waiver agency provider. The FI provider advertises their services as such, and BLTC staff direct the participant (and/or family or legal representative, as appropriate) to these agencies when they chose to self-direct.

Prior to receiving approval to be a Medicaid PAA-FI, the BLTC Quality Improvement (QI) Specialist reviews the applying agency's operating policies and procedures, criminal history clearances, liability and workers compensation policies, quality assurance processes and procedures, and current licenses and certification for staff. The QI Specialist provides initial training for all new providers.

According to Idaho Code 16.03.10, "Medicaid Enhanced Plan Benefits," Section 329.02, each provider must sign a Provider Agreement with the state for each of the services it provides. Providers of Aged and Disabled (A&D) waiver services must also sign an addendum to the Provider Agreement that contains Additional Terms providers are expected to adhere to. This section of Idaho Code also lists core tasks for PAAs providing FI services.

The QI Specialist conducts FI agency reviews every two (2) years, or more frequently when concerns arise.

**ii. Payment for FMS.** Specify how FMS entities are compensated for the administrative activities that they perform:

The administrative functions are part of the service Fiscal Intermediaries (FI) provide to participants who choose to self-direct. They are not reimbursed by Medicaid beyond the regular Medicaid reimbursement. The state ensures that the MCEs reimburse all FIs at rates no less than current Medicaid provider rates.

**iii. Scope of FMS.** Specify the scope of the supports that FMS entities provide (*check each that applies*):

---

Supports furnished when the participant is the employer of direct support workers:

---

**Assist participant in verifying support worker citizenship status**

**Collect and process timesheets of support workers**

**Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance**

**Other**

*Specify:*

Fiscal Intermediaries (FI) provide education to the participant (and/or family or legal representative, as appropriate) about interviewing, hiring, firing and the components of self-direction.

Criminal history checks are required in accordance with Idaho Code 16.05.06, "Criminal History and Background Checks." Staff of Personal Assistance Agencies (PAA) acting as FIs are required to complete criminal history background checks.

The FI agency is responsible for verifying staff qualifications and obtaining criminal history background clearances.

---

Supports furnished when the participant exercises budget authority:

---

**Maintain a separate account for each participant's participant-directed budget**

**Track and report participant funds, disbursements and the balance of participant funds**

**Process and pay invoices for goods and services approved in the service plan**

**Provide participant with periodic reports of expenditures and the status of the participant-directed budget**

**Other services and supports**

Specify:

Additional functions/activities:

Execute and hold Medicaid provider agreements as authorized under a written agreement with the Medicaid agency

Receive and disburse funds for the payment of participant-directed services under an agreement with the Medicaid agency or operating agency

Provide other entities specified by the state with periodic reports of expenditures and the status of the participant-directed budget

Other

Specify:

**iv. Oversight of FMS Entities.** Specify the methods that are employed to: (a) monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform; (b) the entity (or entities) responsible for this monitoring; and, (c) how frequently performance is assessed.

1. Monitor and assess the performance of FMS entities, including ensuring the integrity of the financial transactions that they perform:

Quality Improvement (QI) Specialists conduct QI reviews. These reviews include inspection of employee records to ensure compliance with provider qualifications and applicable requirements, matching time sheets to reviewing hours billed. In addition, during annual redetermination of services or complaint investigations, the Nurse Reviewer (NR) reviews the daily care worksheets in the participant's home. Services documented on the worksheet are compared to the current Uniform Assessment Instrument (UAI) Service Plan to ensure identified services are provided as authorized.

2. The entity (or entities) responsible for monitoring FMS oversight:

The state’s Medicaid Bureau of Long Term Care (BLTC) is responsible for this monitoring. The state ensures that Fiscal Intermediary (FI) Agencies are enrolled as Medicaid providers in order to receive payment under the state’s Contracts with the MCEs.

3. How frequently is performance assessed for oversight of FMS entities:

QI reviews are completed on each FI every two (2)years, or more frequently when concerns arise.

Appendix E: Participant Direction of Services

E-1: Overview (9 of 13)

**j. Information and Assistance in Support of Participant Direction.** In addition to financial management services, participant direction is facilitated when information and assistance are available to support participants in managing their services. These supports may be furnished by one or more entities, provided that there is no duplication. Specify the payment authority (or authorities) under which these supports are furnished and, where required, provide the additional information requested (*check each that applies*):

**Case Management Activity.** Information and assistance in support of participant direction are furnished as an element of Medicaid case management services.

*Specify in detail the information and assistance that are furnished through case management for each participant direction opportunity under the waiver:*

|  |
|--|
|  |
|--|

**Waiver Service Coverage.**

Information and assistance in support of participant direction are provided through the following waiver service coverage(s) specified in Appendix C-1/C-3 (check each that applies):

| Participant-Directed Waiver Service        | Information and Assistance Provided through this Waiver Service Coverage |
|--------------------------------------------|--------------------------------------------------------------------------|
| Environmental Accessibility Adaptations    |                                                                          |
| Non-medical Transportation                 |                                                                          |
| Consultation                               |                                                                          |
| Home Delivered Meals                       |                                                                          |
| Homemaker                                  |                                                                          |
| Skilled Nursing                            |                                                                          |
| Attendant Care                             |                                                                          |
| Adult Day Health                           |                                                                          |
| Specialized Medical Equipment and Supplies |                                                                          |
| Companion Services                         |                                                                          |
| Supported Employment                       |                                                                          |
| Chore Service                              |                                                                          |
| Residential Habilitation                   |                                                                          |
| Adult Residential Care                     |                                                                          |
| Transition Services                        |                                                                          |
| Respite                                    |                                                                          |
| Personal Emergency Response System         |                                                                          |
| Day Habilitation                           |                                                                          |

**Administrative Activity.** Information and assistance in support of participant direction are furnished as an administrative activity.

*Specify (a) the types of entities that furnish these supports; (b) how the supports are procured and compensated; (c) describe in detail the supports that are furnished for each participant direction opportunity under the waiver; (d) the methods and frequency of assessing the performance of the entities that furnish these supports; and, (e) the entity or entities responsible for assessing performance:*

## 1. Types of entities that furnish Participant Direction Services:

Fiscal Intermediary(FI) Agencies, Medicaid staff, and Managed Care Entity (MCE) staff furnish information and assistance in support of participant direction as a required administrative activity.

## 2. How Participant Direction Services are procured and compensated:

- a. The FI agency providing services for the participant (and/or family or legal representative, as appropriate) procures and compensates these supports.
- b. The FI offers training and education as an ongoing service to any participant (and/or family or legal representative, as appropriate) who requests it.
- c. This service is not compensated separately.

## 3. Describe in detail the supports that are furnished for each participant direction opportunity under the waiver:

- a. BLTC Nurse Reviewers (NR), the MCE Registered Nurse (RN), or MCE Care Coordinator/Care Specialist offer supports of an informational nature. They educate the participant (and/or family or legal representative, as appropriate) about their responsibilities, their role as employer, the process they must follow for signing an employee time sheet, maintaining progress notes, communicating with the FI agency, arranging and scheduling back-up, and training their attendant.
- b. FIs provide training and support that includes: formal training on hiring and interviewing; training on state rules or MCE rules for qualifications of attendants; training on how to train and direct their attendant; education on firing an attendant; and training on mediating disputes with their attendant.
- c. During the annual redetermination of services and complaint investigations, the NR reviews daily care worksheets in the participant's home. The services documented on the worksheet are compared to the current Uniform Assessment Instrument (UAI) and Service Plan to ensure identified services are provided as authorized.
- d. BLTC Quality Improvement (QI) staff review all participant records during QI reviews.

## 4. The methods and frequency of assessing the performance of the entities that furnish Participant Direction Services:

QI Specialists conduct a Provider Quality Review of FI Agencies every two (2) years, or more often when concerns arise.

## 5. The entity or entities responsible for assessing performance:

The state Department of Health and Welfare, Division of Medicaid, BLTC is responsible for assessing performance.

## Appendix E: Participant Direction of Services

### E-1: Overview (10 of 13)

#### k. Independent Advocacy (select one).

**No. Arrangements have not been made for independent advocacy.**

**Yes. Independent advocacy is available to participants who direct their services.**

*Describe the nature of this independent advocacy and how participants may access this advocacy:*

## Appendix E: Participant Direction of Services

- l. Voluntary Termination of Participant Direction.** Describe how the state accommodates a participant who voluntarily terminates participant direction in order to receive services through an alternate service delivery method, including how the state assures continuity of services and participant health and welfare during the transition from participant direction:

When a participant (and/or family or legal representative, as appropriate) chooses to voluntarily terminate self-direction, they or the Fiscal Intermediary (FI) must notify the BLTC or the MCE. The Nurse Reviewer (NR), MCE Registered Nurse (RN), or MCE Care Coordinator/Care Specialist contacts the participant (and/or family or legal representative, as appropriate) and asks them to select another provider. When requested, the NR conducts a new assessment using the Uniform Assessment Instrument (UAI) when the participant (and/or family or legal representative, as appropriate) or FI reports a change in functioning that is significant enough to warrant a change in the amount of required services. A new Service Plan is developed with input from the participant (and/or family or legal representative, as appropriate). The participant (and/or family or legal representative, as appropriate) is offered the opportunity to select a new provider. The NR or MCE RN sends the UAI and Support Plan to the new provider along with an authorization for services. The NR, MCE RN, or Care Coordinator/Care Specialist communicates with the new agency about the change from self-direction to ensure services are provided immediately when necessary, and verifies with a completed and signed Acknowledgment of Service Delivery. The new provider agency completes a new Service Plan with participant (and/or family or legal representative, as appropriate) input. The new provider agency is authorized to provide services immediately as appropriate.

## Appendix E: Participant Direction of Services

### E-1: Overview (12 of 13)

- m. Involuntary Termination of Participant Direction.** Specify the circumstances when the state will involuntarily terminate the use of participant direction and require the participant to receive provider-managed services instead, including how continuity of services and participant health and welfare is assured during the transition.

The State or an MCE may terminate use of participant direction under the following circumstances:

1. The participant does not have a complete or appropriate Implementation Plan or progress notes available after the opportunity to correct has passed;
2. The participant has sufficiently demonstrated through a danger to their own health or safety, an inability to self-direct;
3. The participant violates a policy or procedure of the Fiscal Intermediary (FI) agency and does not correct the violation after warning.

The above issues may be identified by the Nurse Reviewer (NR) Home Visit or by an MCE Registered Nurse (RN) or Care Coordinator/Care Specialist home visit, complaint investigation, Quality Improvement (QI) visit, or FI reporting to the state or an MCE. The participant (and/or family or legal representative, as appropriate) is sent a letter within fourteen (14) days of the NR or MCE Care Coordinator/Care Specialist's identification of the above issues.

To assure that participant health and welfare is assured during this transition, the participant (and/or family or legal representative, as appropriate) have fifteen (15) days to select a provider-managed service to assume all employer related duties. The NR, MCE RN, or MCE Care Coordinator/Care Specialist verifies that a participant (and/or family or legal representative, as appropriate) has selected a new Personal Assistance Agency (PAA) through receipt of a signed Acknowledgment of Service Delivery Communication Form. The NR, MCE RN or MCE Care Coordinator/Care Specialist also verifies that there will not be a lapse in services to ensure the health and welfare of the participant.

In the event that a participant's self-direction is involuntarily terminated, the participant receives a Notice of Decision generated from the Idaho MMIS, indicating that they were transitioned to a non-self-directed PAA for service provision. All Notices of Decision include appeal rights with instructions on how to request a Fair Hearing and the required timeframes for doing so.

## Appendix E: Participant Direction of Services

**n. Goals for Participant Direction.** In the following table, provide the state's goals for each year that the waiver is in effect for the unduplicated number of waiver participants who are expected to elect each applicable participant direction opportunity. Annually, the state will report to CMS the number of participants who elect to direct their waiver services.

Table E-1-n

|             | Employer Authority Only | Budget Authority Only or Budget Authority in Combination with Employer Authority |
|-------------|-------------------------|----------------------------------------------------------------------------------|
| Waiver Year | Number of Participants  | Number of Participants                                                           |
| Year 1      | 475                     |                                                                                  |
| Year 2      | 499                     |                                                                                  |
| Year 3      | 523                     |                                                                                  |
| Year 4      | 550                     |                                                                                  |
| Year 5      | 577                     |                                                                                  |

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant Direction (1 of 6)

**a. Participant - Employer Authority** Complete when the waiver offers the employer authority opportunity as indicated in Item E-1-b:

**i. Participant Employer Status.** Specify the participant's employer status under the waiver. *Select one or both:*

**Participant/Co-Employer.** The participant (or the participant's representative) functions as the co-employer (managing employer) of workers who provide waiver services. An agency is the common law employer of participant-selected/recruited staff and performs necessary payroll and human resources functions. Supports are available to assist the participant in conducting employer-related functions.

Specify the types of agencies (a.k.a., agencies with choice) that serve as co-employers of participant-selected staff:

Fiscal Intermediary Agencies

**Participant/Common Law Employer.** The participant (or the participant's representative) is the common law employer of workers who provide waiver services. An IRS-approved Fiscal/Employer Agent functions as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law. Supports are available to assist the participant in conducting employer-related functions.

**ii. Participant Decision Making Authority.** The participant (or the participant's representative) has decision making authority over workers who provide waiver services. *Select one or more decision making authorities that participants exercise:*

Recruit staff

Refer staff to agency for hiring (co-employer)

Select staff from worker registry

Hire staff common law employer

Verify staff qualifications

Obtain criminal history and/or background investigation of staff

Specify how the costs of such investigations are compensated:

**Specify additional staff qualifications based on participant needs and preferences so long as such qualifications are consistent with the qualifications specified in Appendix C-1/C-3.**

Specify the state's method to conduct background checks if it varies from Appendix C-2-a:

The state's method does not vary from Appendix C-2-a.

**Determine staff duties consistent with the service specifications in Appendix C-1/C-3.**

**Determine staff wages and benefits subject to state limits**

**Schedule staff**

**Orient and instruct staff in duties**

**Supervise staff**

**Evaluate staff performance**

**Verify time worked by staff and approve time sheets**

**Discharge staff (common law employer)**

**Discharge staff from providing services (co-employer)**

**Other**

Specify:

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (2 of 6)

**b. Participant - Budget Authority** *Complete when the waiver offers the budget authority opportunity as indicated in Item E-1-b:*

**Answers provided in Appendix E-1-b indicate that you do not need to complete this section.**

**i. Participant Decision Making Authority.** When the participant has budget authority, indicate the decision-making authority that the participant may exercise over the budget. *Select one or more:*

**Reallocate funds among services included in the budget**

**Determine the amount paid for services within the state's established limits**

**Substitute service providers**

**Schedule the provision of services**

**Specify additional service provider qualifications consistent with the qualifications specified in Appendix C-1/C-3**

**Specify how services are provided, consistent with the service specifications contained in Appendix C-1/C-3**

**Identify service providers and refer for provider enrollment**

**Authorize payment for waiver goods and services**

**Review and approve provider invoices for services rendered**

Other

Specify:

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (3 of 6)

b. Participant - Budget Authority

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

ii. **Participant-Directed Budget** Describe in detail the method(s) that are used to establish the amount of the participant-directed budget for waiver goods and services over which the participant has authority, including how the method makes use of reliable cost estimating information and is applied consistently to each participant. Information about these method(s) must be made publicly available.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (4 of 6)

b. Participant - Budget Authority

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

iii. **Informing Participant of Budget Amount.** Describe how the state informs each participant of the amount of the participant-directed budget and the procedures by which the participant may request an adjustment in the budget amount.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (5 of 6)

b. Participant - Budget Authority

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

iv. **Participant Exercise of Budget Flexibility.** *Select one:*

- Modifications to the participant directed budget must be preceded by a change in the service plan.
- The participant has the authority to modify the services included in the participant directed budget without prior approval.

Specify how changes in the participant-directed budget are documented, including updating the service plan. When prior review of changes is required in certain circumstances, describe the circumstances and specify the

entity that reviews the proposed change:

## Appendix E: Participant Direction of Services

### E-2: Opportunities for Participant-Direction (6 of 6)

#### b. Participant - Budget Authority

Answers provided in Appendix E-1-b indicate that you do not need to complete this section.

- v. Expenditure Safeguards.** Describe the safeguards that have been established for the timely prevention of the premature depletion of the participant-directed budget or to address potential service delivery problems that may be associated with budget underutilization and the entity (or entities) responsible for implementing these safeguards:

## Appendix F: Participant Rights

### Appendix F-1: Opportunity to Request a Fair Hearing

The state provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The state provides notice of action as required in 42 CFR §431.210.

**Procedures for Offering Opportunity to Request a Fair Hearing.** Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice(s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

Information related to the state's Fair Hearing process is available on the state's Department of Health and Welfare Appeals and Fair Hearings website: <https://healthandwelfare.idaho.gov/appeals-and-fair-hearings>

The state notifies applicants and participants (and/or family or legal representative, as appropriate) of their opportunity to request a fair hearing each time a decision is made regarding the approval, denial, reduction, or increase in the applicant/participant's services or program eligibility. When an applicant/participant receives authorization for services, BLTC enters these services into the MMIS database and generates a Notice of Decision that is mailed to the participant. The instructions for how to appeal are on the back of this notice.

The applicant/participant (and/or family or legal representative, as appropriate) or their representative have twenty-eight (28) days from the date the Notice of Decision was mailed by the state to request an appeal or Fair Hearing.

Appeals must be filed clearly stating the appellant's name, address, phone number, and the remedy requested. When mailed, appeals should be accompanied by a copy of the Notice of Decision that is the subject of the appeal. The appellant may send the request for a hearing to the state's Hearing Coordinator in the state's independent Office of Administrative Hearings or to Medicaid/BLTC. Medicaid staff forward appeal requests to the state's Hearing Coordinator in the state's independent Office of Administrative Hearings. When mailed, an appeal is filed when received by the Department or postmarked within the time limits. The appellant may request a Fair Hearing Request Form from Medicaid staff when they wish to continue receiving benefits until a decision has been made by the Hearing Officer. If the applicant/participant (and/or family or legal representative, as appropriate) has questions and needs further assistance, Medicaid staff refer them to Idaho Legal Aid, one of the State's Ombudsmen, Disability Rights Idaho (DRI), and/or the Area Agency on Aging (AAA).

The applicant/participant (and/or family or legal representative, as appropriate) may contact the state to assist with requesting a fair hearing. A guardian or power of attorney for medical care may also submit a written hearing request to the state. The attendant, family, or natural support(s) may submit a written hearing request to the state on behalf of the participant. The Nurse Reviewer (NR) contacts the participant (and/or family or legal representative, as appropriate) by phone to verify the participant is requesting a fair hearing.

Applicant/participants (and/or family or legal representative, as appropriate) retain the right to request a pre-hearing conference. This conference may be used to informally identify or resolve the issue or to provide additional information to the state or appellant. This conference does not affect the appellant's right to a hearing. After the conference, a hearing is held unless the appellant withdraws the request, or the state resolves the action the appellant contests.

All fair hearing requests are submitted to the state's independent Office of Administrative Hearings, where the request is logged and forwarded to the Division of Medicaid. The Medicaid Appeals Coordinator tracks all fair hearing requests.

Aged & Disabled (A&D) waiver participants (and/or family or legal representative, as appropriate) are notified by the state when waiver services are terminated, reduced, or when the participant fails to meet level of care but remains eligible for other services, under Medicaid State Plan. The state mails these participants (and/or family or legal representative, as appropriate) a MMIS generated Notice of Decision with Appeal Rights.

#### Requirements for Managed Care Entities (MCE):

Participants enrolled in the MCCP or Idaho Medicaid Plus must exhaust the MCE grievance and appeals process before accessing the state's fair hearing process.

The MCEs must comply with their Contracts with the Department regarding all aspects of the appeals system. The state ensures that the MCEs implement and maintain a system for participants that includes an appeals system and access to the state's fair hearing system to comply with 42 CFR §438.400-424, and allows any participant the opportunity to challenge an MCE's action(s) related to any covered service. The MCE's Notice of Action must explain the rules governing the state's fair hearing system, which is available to any participant who exhausts appeal rights with their MCE.

For Appeals not resolved in favor of the participant, the MCE's disposition notice must include, in addition to the information specified in all disposition notices:

- (1) The right to request a state fair hearing and instructions on how to do so;
- (2) The right to request to receive benefits while the state's hearing is pending, and instructions on how to make this request; and
- (3) Notice that the participant will be held liable for any cost of those benefits if the state fair hearing decision upholds the MCE's action(s).

## Appendix F: Participant-Rights

### Appendix F-2: Additional Dispute Resolution Process

**a. Availability of Additional Dispute Resolution Process.** Indicate whether the state operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*

**No. This Appendix does not apply**

**Yes. The state operates an additional dispute resolution process**

- **Description of Additional Dispute Resolution Process.** Describe the additional dispute resolution process, including: (a) the state agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

**Do not complete this item.**

## Appendix F: Participant-Rights

### Appendix F-3: State Grievance/Complaint System

**a. Operation of Grievance/Complaint System.** *Select one:*

**No. This Appendix does not apply**

**Yes. The state operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver**

- **Operational Responsibility.** Specify the state agency that is responsible for the operation of the grievance/complaint system:

Idaho Department of Health and Welfare, Division of Medicaid, Bureau of Long Term Care (BLTC)

- **Description of System.** Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

BLTC launched the new BLTC Complaint Submission System in 2019 to help simplify data collection, analysis of trends, and resolution of problems that arise during administration of this waiver program and delivery of services. This tool is available for the public to submit complaints/critical incidents related to the A&D waiver population served on a Department of Health and Welfare website: <https://medicaidcomplaints.dhw.idaho.gov/>

This improved tool encompasses the grievance/complaint process and the critical event/incident reporting process into one tool based around a continuum of potential issues able to be analyzed based on category rather than relying on a distinction between complaints or critical incidents. Any complaint equal a critical issue based on its severity, and is addressed accordingly by BLTC. This updated tool allows simplified reporting of issues without requiring the public to determine categories or other information that may not be familiar to them.

The BLTC Complaint Submission System captures information related to the following complaint categories:

**ABUSE:** The intentional or negligent infliction of physical pain, injury or mental injury. Idaho Statute Title 39-5302(1)

**ACCESS:** Issues involving the availability of services; barriers to obtaining services; or lack of resources/services.

**BENEFIT AMOUNT:** A disagreement by a participant regarding the amount of benefits that they received. Appeal rights must always be discussed with the participant in a benefit amount investigation.

**CONFIDENTIALITY:** Not talking about or disclosing personal information regarding a participant except to appropriate parties, with the participant's permission.

**PRIVACY:** Issues dealing with the rights of participants to access and control their health information and not have it used or disclosed by others against their wishes.

**DISCRIMINATION:** The prejudicial treatment of individuals protected under federal and/or state law (includes any form of discrimination based on race, color, sex, national origin, age, religion, or disability).

**EXPLOITATION:** An action which may include, but is not limited to, the misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage. Idaho Statute Title 39-5302(7)

**FRAUD:** An intentional deception or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to him/herself or some other person. IDAPA 16.05.07, "The Investigation and Enforcement of Fraud, Abuse, and Misconduct."

**HOSPITALIZATION (INCIDENT RELATED):** When a participant is hospitalized as a direct result of an action by a paid provider, (medication error, physical injury, quality of care, neglect, treatment omission, or failure to follow established plans of care).

**IMPROPER BILLING PRACTICES:** Issue with provider billing errors or without sufficient documentation (not intentional).

**INJURY CAUSED BY RESTRAINTS:** An injury to a participant is caused by any of the following types of restraints:

- o Physical - Any manual method or physical or manual device, material or equipment attached or adjacent to the participant's body that they cannot remove easily which restricts freedom of movement or normal access to one's body.
- o Chemical - Any drug used for discipline or convenience and not required to treat medical symptoms; and/or used to involuntarily restrict the movement or function of an individual.
- o Mechanical - Any device used to control acute or episodic behavior and involuntarily restricts the movement or function of an individual or a portion of an individual's body.

**MEDICATION ERROR:** Any type of medication-related mistake that may negatively impact a participant's health or cause serious injury.

**NEGLECT:** Failure of a caretaker to provide food, clothing, shelter, or medical care reasonably necessary to sustain life and health of a vulnerable adult, or the failure of a vulnerable adult to provide those services to themselves. Idaho Statute Title 39-5302(8)

**MISSING PARTICIPANT:** A participant's whereabouts is unknown, whatever the circumstance.

**PARTICIPANT IS THE VICTIM OF A CRIME:** A participant suffers harm as a direct result of an act committed, or allegedly committed, by another in the course of a criminal offense. "Harm" means the participant suffered actual physical harm, mental injury, or their property was deliberately taken, destroyed, or damaged.

**QUALITY OF CARE:** Issues involving the meeting/not meeting of rules, policies, or commonly accepted practice standards around care/services provided to participants of the Department.

**SAFETY:** The participant is placed in a position of danger and risk, either intentionally or unintentionally.

**SERIOUS INJURY:** An injury that occurs while under the care of a provider or as a result of a provider action that requires professional medical treatment (e.g. fractures, wounds requiring stitches).

**SUSPICIOUS DEATH:** A death is labeled as suspicious when a crime is involved, accident occurs, is not from an expected medical prognosis, unexpectedly under care, or because of trauma in a medical setting.

**VIOLATION OF RIGHTS:** An intentional or unintentional infringement or transgression against a participant's rights as an individual or under the Medicaid program. Rights violations include, but are not limited to:

- o The Right to be treated with dignity and respect.
- o The Right to a choice of providers/caregivers/when services are provided.
- o The Right to receive services in a setting that meets Home and Community-Based Services (HCBS) requirements.

**COMPLAINTS ARE NOT:**

- o Program inquiries.
- o Requests for information.
- o Complaints beyond the jurisdiction of the state; these are referred immediately to the appropriate agency.
- o Legal actions (not appeals).
- o Employee-specific issues – these Complaints are routed to the appropriate supervisor or program management.
- o Referrals.

**RESPONSE TIMEFRAMES FOR COMPLAINTS:**

Complaints require timely response. Guidelines for responding to Complaints are based on two (2) priority levels:

**Priority 1:** Immediate health/safety issue. Idaho Code requires complaints or reports of abuse, neglect, or exploitation be reported immediately to Adult Protection and to the appropriate law enforcement agency within four (4) hours. Reports of any other type that may impact the health & safety of participants must be responded to appropriately to assure the health & safety of participants. Priority 1 Complaints may result in an interim resolution/response until a permanent resolution/response is possible.

**Priority 2:** No immediate health or safety issue. Follows BLTC Standards for response times on phone calls, letters, etc.

**Note –** At any time in the process of receiving and addressing a Complaint, the Director, Administrator, or Bureau Chief may assign higher priority levels than these two.

**PROCESS FOR ADDRESSING COMPLAINTS**

1. Complaints may be received by phone, letter, in person, fax, email, or during a redetermination assessment.
2. Complaints require a documented response to the submitter of the Complaint. The mode and content a reply depends on the nature or complexity of the Complaint.
3. Documentation Policy: The following documentation, when applicable, is attached to the Complaint within the Complaint Tracking Tool database:
  - Copy of the original written complaint
  - Copy of any pertinent letters
  - Copy of the response to the incident
  - Narrative. Narratives should be brief, concise, accurate, non-judgmental, and professional, and must include the date

an entry is made and initials of staff making the entry.

#### 4. Department Processing:

- a. Validate understanding of Complaints received.
- b. Search the Complaint database to determine whether a Complaint is new, or part of an open case. When already an open case, enter updates in the Notes field and notify (by e-mail) the owner currently working on the Complaint of the contact. Scan and attach any new information, when available, or send any new information to the individual working on the Complaint.
- c. For new Complaints, enter relevant details into the database, including the submitter's name, address, phone number, date received, nature of complaint, and Priority Level.
- d. If all parties agree that a resolution can be made at the initial point of contact, finalize the entry, complete follow up procedures and close complaint.
- e. If a resolution cannot be made at the initial point of contact, determine which program or Region the Complaint belongs to.
- f. Refer the Complaint to the regional supervisor/manager who assigns the Complaint to appropriate program staff, whose name is entered into the report.
- g. Complete an investigation within the allowed time period, to include making timely reports to external agencies as required by statute and policy.
- h. When drafting Complaint responses, ensure approval by supervisor/manager prior to distribution.
- i. If the assignee cannot meet the due date, the assignee requests an extension from their program supervisor/manager.
- j. Once the Complaint has been resolved, enter the resolution/response date and narrative.

Upon resolving the Complaint, the assigned staff completes all documentation, notifies appropriate agencies and participants, and notifies the Program Manager of the results and findings. Additionally, when corrective actions are required, the Program Manager notifies BLTCC of investigation findings and recommended resolution. The BLTCC may require the investigating staff person or Unit to expand the investigation or take additional action.

#### QUALITY ASSURANCE FOR COMPLAINTS:

- Advise Participants on what constitutes a complaint, and where and how to file complaints of suspected abuse, neglect, or exploitation during the assessment process. Provide a brochure summarizing what participants need to know about long-term care services & supports.
- Advise Participants on where to can get help with reporting abuse/neglect/exploitation or where to report Medicaid fraud on the state's site at: <https://medicaidcomplaints.dhw.idaho.gov/>
- Enter and track all Complaints in the Tool. Managers and Supervisors are accountable to assure that staff use the database.
- Process Complaints in a timely manner .
- Managers and Supervisors review reports and take appropriate actions.
- Narrative entries into the application that meet Department standards on appropriate communication.
- Managers and Supervisors or Program Quality Improvement (QI) staff are accountable to assure application narratives meet standards.
- Review all written response/resolutions for compliance with Program requirements.
- Review all written communication by the program designee(s) prior to mailing.
- Managers/Supervisors or Program QI staff are responsible for assuring that responses are reviewed.

#### QUALITY IMPROVEMENT:

- Meet Department and Division goals for responding to Complaints in a consistent, timely and understandable manner.
- Collect baseline and ongoing data for quality assurance standards to measure program compliance with the standards.
- Review reports and take corrective actions when needed within timeliness of complaint responses/resolution, quality of narratives, quality of responses, and numbers and types of Complaints.

State law related to this topic: Idaho Code Title 39, Health and Safety Chapter 53; Adult Abuse, Neglect And Exploitation Act

The Department ensures the MCEs maintain policies and procedures for resolving and tracking Complaints consistent with the requirements listed above and in the MCE Contract Scope of Work.

## Appendix G: Participant Safeguards

**a. Critical Event or Incident Reporting and Management Process.** Indicate whether the state operates Critical Event or Incident Reporting and Management Process that enables the state to collect information on sentinel events occurring in the waiver program.*Select one:*

**Yes. The state operates a Critical Event or Incident Reporting and Management Process** (*complete Items b through e*)

**No. This Appendix does not apply** (*do not complete Items b through e*)

If the state does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the state uses to elicit information on the health and welfare of individuals served through the program.

**b. State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the state requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

BLTC launched the new BLTC Complaint Submission System in 2019 to help simplify data collection, analysis of trends, and resolution of problems that arise during administration of this waiver program and delivery of services. This tool is available for the public to submit complaints/critical incidents related to the A&D waiver population served on a Department of Health and Welfare website: <https://medicaidcomplaints.dhw.idaho.gov/>

This improved tool encompasses the grievance/complaint process and the critical event/incident reporting process into one tool based around a continuum of potential issues able to be analyzed based on category rather than relying on a distinction between complaints or critical incidents. Any complaint equal a critical issue based on its severity, and is addressed accordingly by BLTC. This updated tool allows simplified reporting of issues without requiring the public to determine categories or other information that may not be familiar to them.

The BLTC Complaint Submission System captures information related to the following complaint categories:

**ABUSE:** The intentional or negligent infliction of physical pain, injury or mental injury. Idaho Statute Title 39-5302(1)

**ACCESS:** Issues involving the availability of services; barriers to obtaining services; or lack of resources/services.

**BENEFIT AMOUNT:** A disagreement by a participant regarding the amount of benefits that they received. Appeal rights must always be discussed with the participant in a benefit amount investigation.

**CONFIDENTIALITY:** Not talking about or disclosing personal information regarding a participant except to appropriate parties, with the participant's permission.

**PRIVACY:** Issues dealing with the rights of participants to access and control their health information and not have it used or disclosed by others against their wishes.

**DISCRIMINATION:** The prejudicial treatment of individuals protected under federal and/or state law (includes any form of discrimination based on race, color, sex, national origin, age, religion, or disability).

**EXPLOITATION:** An action which may include, but is not limited to, the misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage. Idaho Statute Title 39-5302(7)

**FRAUD:** An intentional deception or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to him/herself or some other person. IDAPA 16.05.07, "The Investigation and Enforcement of Fraud, Abuse, and Misconduct."

**HOSPITALIZATION (INCIDENT RELATED):** When a participant is hospitalized as a direct result of an action by a paid provider, (medication error, physical injury, quality of care, neglect, treatment omission, or failure to follow established plans of care).

**IMPROPER BILLING PRACTICES:** Issue with provider billing errors or without sufficient documentation (not intentional).

**INJURY CAUSED BY RESTRAINTS:** An injury to a participant is caused by any of the following types of restraints:

- o Physical - Any manual method or physical or manual device, material or equipment attached or adjacent to the participant's body that they cannot remove easily which restricts freedom of movement or normal access to one's body.
- o Chemical - Any drug used for discipline or convenience and not required to treat medical symptoms; and/or used to involuntarily restrict the movement or function of an individual.
- o Mechanical - Any device used to control acute or episodic behavior and involuntarily restricts the movement or function of an individual or a portion of an individual's body.

**MEDICATION ERROR:** Any type of medication-related mistake that may negatively impact a participant's health or cause serious injury.

**NEGLECT:** Failure of a caretaker to provide food, clothing, shelter, or medical care reasonably necessary to sustain life and health of a vulnerable adult, or the failure of a vulnerable adult to provide those services to themselves. Idaho Statute Title 39-5302(8)

**MISSING PARTICIPANT:** A participant's whereabouts is unknown, whatever the circumstance.

**PARTICIPANT IS THE VICTIM OF A CRIME:** A participant suffers harm as a direct result of an act committed, or allegedly committed, by another in the course of a criminal offense. "Harm" means the participant suffered actual physical harm, mental injury, or their property was deliberately taken, destroyed, or damaged.

**QUALITY OF CARE:** Issues involving the meeting/not meeting of rules, policies, or commonly accepted practice standards around care/services provided to participants of the Department.

**SAFETY:** The participant is placed in a position of danger and risk, either intentionally or unintentionally.

**SERIOUS INJURY:** An injury that occurs while under the care of a provider or as a result of a provider action that requires professional medical treatment (e.g. fractures, wounds requiring stitches).

**SUSPICIOUS DEATH:** A death is labeled as suspicious when a crime is involved, accident occurs, is not from an expected medical prognosis, unexpectedly under care, or because of trauma in a medical setting.

**VIOLATION OF RIGHTS:** An intentional or unintentional infringement or transgression against a participant's rights as an individual or under the Medicaid program. Rights violations include, but are not limited to:

- o The Right to be treated with dignity and respect.
- o The Right to a choice of providers/caregivers/when services are provided.
- o The Right to receive services in a setting that meets Home and Community-Based Services (HCBS) requirements.

**COMPLAINTS ARE NOT:**

- o Program inquiries.
- o Requests for information.
- o Complaints beyond the jurisdiction of the state; these are referred immediately to the appropriate agency.
- o Legal actions (not appeals).
- o Employee-specific issues – these Complaints are routed to the appropriate supervisor or program management.
- o Referrals.

The following are individuals/entities required to report incidents of abuse, neglect, and exploitation under Idaho Code, Title 39, Health and Safety Chapter 53; Adult Abuse, Neglect and Exploitation Act:

- All Department of Health & Welfare staff are mandatory reporters.
- All providers with a signed Medicaid Provider Agreement are mandatory reporters.

**RESPONSE TIME FRAMES FOR COMPLAINTS:**

Complaints require a timely response. Guidelines for response times for a Complaint are based on two (2) priority levels:

**Priority 1:** Immediate health/safety issue. Idaho Code requires complaints or reports of abuse, neglect, or exploitation be reported immediately to Adult Protection and to the appropriate law enforcement agency within four (4) hours. Reports of any other type that may impact the health & safety of participants must be responded to appropriately to assure the health & safety of participants. Priority 1 Complaints may result in an interim resolution/response until a permanent resolution/response is possible.

**Priority 2:** No immediate health or safety issue. Follows BLTC Standards for response times on phone calls, letters, etc.

**Note –** At any time in the process of receiving and addressing a Complaint, the Director, Administrator, or Bureau Chief may assign higher priority levels than these two.

- c. Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

BLTC provides training and/or information on protection from abuse, neglect, and exploitation for participants (and/or family or legal representative as appropriate) and how to report to appropriate authorities or entities as follows:

- Upon enrollment as an A & D Waiver Provider, the Quality Improvement (QI) Specialist provides training which includes definitions of Adult Abuse, Neglect, Exploitation, Abandonment, and Neglect and covers Idaho Statute on Duty to Report.
- Participants receive information regarding the waiver during initial and annual assessment processes, including that the agency they choose should provide information on where and how to report incidents of abuse, neglect, or exploitation to the agency. Additionally, during each assessment, the participant receives the Participant Experience Survey that includes questions designed to detect potential abuse, neglect, and/or exploitation.
- The Department of Health and Welfare's website includes a dedicated page for the BLTC Complaint Submission System: <https://medicaidcomplaints.dhw.idaho.gov/>. This system is built with a routing feature such that if a complaint is triaged as suspected to be related to abuse, neglect, and/or exploitation, it is immediately referred to Idaho's Adult Protective Services agency (Idaho Commission on Aging).
- Each A&D waiver participant receives a brochure summarizing what participants need to know about long-term care services and supports, and includes education regarding neglect, abuse, and exploitation, along with a place to put the local Adult Protection telephone number. This brochure is discussed with each A&D participant during each assessment. Participants also receive a magnet for their refrigerator with the BLTC statewide phone number with the "Report it! Don't ignore it!" slogan to encourage participants to report any issues with services, including abuse, neglect, and/or exploitation.
- All BLTC Nurses statewide receive pocket guide on "Warning Signs of Elder Abuse" and Idaho Statutes for Duty to Report and Vulnerable Adults; this topic is regularly discussed during BLTC statewide staff meetings. BLTC staff are required to complete an annual training in the Department's online learning hub.
- Managed Care Entities (MCE) must advise participants on where they can get help to report elder abuse/neglect/exploitation, or to report Medicaid fraud on the IDHW website at: <https://medicaidcomplaints.dhw.idaho.gov/>.

**d. Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

The Bureau of Long Term Care (BLTC) in Idaho Department of Health & Welfare's Division of Medicaid responds to all Complaints, including those that rise to the level of a critical issue. Reports are investigated and/or referred to the appropriate entity and tracked in the Complaint Tracking Tool.

#### PROCESS FOR ADDRESSING COMPLAINTS

1. Complaints may be received by phone, letter, in person, fax, email, or during a redetermination assessment.
2. Complaints require a documented response to the submitter of the Complaint. The mode and content a reply depends on the nature or complexity of the Complaint.
3. Documentation Policy: The following documentation, when applicable, is attached to the Complaint within the Complaint Tracking Tool database:
  - Copy of the original written complaint
  - Copy of any pertinent letters
  - Copy of the response to the incident
  - Narrative. Narratives should be brief, concise, accurate, non-judgmental, and professional, and must include the date an entry is made and initials of staff making the entry.
4. Department Processing:
  - a. Validate understanding of Complaints received.
  - b. Search the Complaint database to determine whether a Complaint is new, or part of an open case. When already an open case, enter updates in the Notes field and notify (by e-mail) the owner currently working on the Complaint of the contact. Scan and attach any new information, when available, or send any new information to the individual working on the Complaint.
  - c. For new Complaints, enter relevant details into the database, including the submitter's name, address, phone number, date received, nature of complaint, and Priority Level.
  - d. If all parties agree that a resolution can be made at the initial point of contact, finalize the entry, complete follow up procedures and close complaint.
  - e. If a resolution cannot be made at the initial point of contact, determine which program or Region the Complaint belongs to.
  - f. Refer the Complaint to the regional supervisor/manager who assigns the Complaint to appropriate program staff, whose name is entered into the report.
  - g. Complete an investigation within the allowed time period, to include making timely reports to external agencies as required by statute and policy.
  - h. When drafting Complaint responses, ensure approval by supervisor/manager prior to distribution.
  - i. If the assignee cannot meet the due date, the assignee requests an extension from their program supervisor/manager.
  - j. Once the Complaint has been resolved, enter the resolution/response date and narrative.

Upon resolving the Complaint, the assigned staff completes all documentation, notifies appropriate agencies and participants, and notifies the Program Manager of the results and findings. Additionally, when corrective actions are required, the Program Manager notifies BLTCC of investigation findings and recommended resolution. The BLTCC may require the investigating staff person or Unit to expand the investigation or take additional action.

#### RESPONSE TIMEFRAMES FOR COMPLAINTS:

Complaints require timely response. Guidelines for responding to Complaints are based on two (2) priority levels:

Priority 1: Immediate health/safety issue. Idaho Code requires complaints or reports of abuse, neglect, or exploitation be reported immediately to Adult Protection and to the appropriate law enforcement agency within four (4) hours. Reports of any other type that may impact the health & safety of participants must be responded to appropriately to assure the health & safety of participants. Priority 1 Complaints may result in an interim resolution/response until a permanent resolution/response is possible.

Priority 2: No immediate health or safety issue. Follows BLTC Standards for response times on phone calls, letters, etc.

Note – At any time in the process of receiving and addressing a Complaint, the Director, Administrator, or Bureau Chief may assign higher priority levels than these two.

The Bureau of Long Term Care Committee (BLTCC) is responsible for ensuring that staff adhere to these timelines. Review of statewide compliance with priority timelines is assessed at least quarterly during the BLTCC meetings. BLTCC consists of the Bureau Chief, Regional Program Managers, and Central Office Policy staff.

#### REPORTS OF ABUSE, NEGLECT, OR EXPLOITATION REFERRED TO ADULT PROTECTION

Direct reports of events to the Department involving abuse, neglect, or exploitation are investigated and/or referred to the local adult protection agency (Idaho Commission on Aging) for further investigation. The Idaho Commission on Aging has the responsibility under Idaho Code to investigate allegations of abuse, neglect, or exploitation involving vulnerable adults, and to make appropriate referrals to law enforcement. If the allegations in the report indicate that an emergency exists, the Commission or Contractor must initiate an investigation immediately, and initiate contact with the alleged vulnerable adult within twenty-four (24) hours from the time the report is received. All other investigations must be initiated within seventy-two (72) hours from the time the report is received. Investigations include a determination of the nature, extent, and cause of the abuse, neglect, or exploitation, examination of evidence, and consultation with persons thought to have knowledge of the circumstances and identification, if possible, of the person(s) alleged to be responsible for the abuse, neglect or exploitation of the vulnerable adult. At the conclusion of the investigation, the adult protection worker determinations that the allegation is either substantiated or unsubstantiated.

**Substantiated:** Reports of abuse, neglect, and/or exploitation of a vulnerable adult by another individual are deemed substantiated when, based upon limited investigation and review, the Adult Protection (AP) worker perceives the report to be credible. A substantiated report shall be referred immediately to law enforcement for further investigation and action. Additionally, the names of any individual against whom a substantiated report is filed are forwarded to the state for further investigation. In substantiated cases of self-neglect, the AP worker initiates appropriate referrals for supportive services with the consent of the vulnerable adult or their legal representative.

**Unsubstantiated:** The AP worker closes the file when a report of abuse, neglect, and/or exploitation by another individual of a vulnerable adult is not substantiated. When a report is not substantiated, but the AP worker determines that the vulnerable adult has unmet service needs, the AP worker initiates appropriate referrals for supportive services with consent of the vulnerable adult or their legal representative.

#### COMPLAINTS RECEIVED BY THE Managed Care Entities (MCE)

The state ensures that MCEs implement and maintain policies and procedures for resolving and tracking Complaints, including those that rise to critical issues based on severity. MCEs must meet the following requirements:

1. The MCEs and their network providers shall abide by Idaho State law including those laws regarding mandatory reporting.
2. Complaints may be lodged by a participant, participant's authorized representative, or a provider either verbally or in writing.
3. The MCEs must designate a person to conduct a reasonable investigation or inquiry into allegations made by or on behalf of a participant or provider that shall give due consideration and deliberation to all information and arguments submitted by or on behalf of the participant or provider.
4. The MCEs or their designee shall resolve each Complaint by documenting at a minimum:
  - a. A summary of the general complaint, including a statement of the issues raised and pertinent facts determined by the investigation;
  - b. A statement of the specific coverage or policy or procedure provisions that apply; and
  - c. A decision or resolution of the Complaint including a reasoned statement explaining the basis for the decision or resolution.

- e. Responsibility for Oversight of Critical Incidents and Events.** Identify the state agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

The Bureau of Long Term Care (BLTC) in Idaho Department of Health & Welfare's Division of Medicaid is responsible for overseeing the reporting and response to complaints, including those that rise to the level of a critical issue. This oversight is conducted by the following processes:

1. All complaints are entered into the Complaint Tracking Tool.
2. All Bureau of Long Term Care staff are trained (including periodic refresher training) on the categories of Complaints, their roles in reporting, and, if applicable, investigation of Complaints.
3. BLTC Program Managers review all Complaints entered into the Complaint database on a quarterly basis to monitor the quality of data entry, appropriateness of resolutions, and timeliness of investigations. Individual staff remediation is identified, training provided when needed, and system improvements are identified and implemented on an ongoing basis as needed.
4. During provider quality reviews, the Quality Improvement (QI) specialist reviews all Complaints reported to the provider to assure that they followed their policies and procedures and the Medicaid Provider Agreement.
5. BLTC analyzes the Complaint database at the aggregate level on a quarterly basis to identify and assess any trends in types or frequency of Complaints, including trends with specific providers or provider types, to determine if systemic issues need to be addressed by the BLTCC.
6. The Idaho Commission on Aging meets quarterly with Medicaid and shares information regarding open/ongoing Complaints. The team discusses interventions taking place, provides status updates and next steps are determined. Idaho Commission on Aging Case Workers provide their cell phone numbers to Medicaid. When a meeting is needed more frequently than quarterly, the Team has the ability to meet immediately to manage a case.

Additional Information for Oversight of Complaints for MMCP and Idaho Medicaid Plus Participants:

BLTC ensures that the Managed Care Entities (MCE) implement and maintain a Complaint Resolution and Tracking System for all Complaints. The systems shall include safeguards to prevent abuse, neglect, and exploitation. For Complaints, BLTC ensures that MCEs have a system in place allowing providers, participants, and authorized representatives of participants the opportunity to express dissatisfaction with the general administration of their plan and services received. The MCEs have a system in place allowing network providers and/or MCE staff to document incidents of health and safety issues impacting participants.

The Department ensures that the MCEs:

1. Include components allowing the MCEs to analyze the Complaint, and provide reports as requested by the state in the Complaint Resolution and Tracking System.
2. Comply with Idaho Code §39-53, "Adult Abuse, Neglect and Exploitation Act" in all aspects of its Complaint Resolution and Tracking System.
3. Employs internal controls to monitor the operation of their Complaint Resolution and Tracking System.
4. Tracks all Complaints, whether resolved or in the process of resolution, and reports this information to the state.
5. Analyzes the Complaints and utilizes the information to improve business practices.
6. Employs a methodology for reviewing and resolving Complaints received, including timelines for the process.
7. Ensures complainants are sent written notifications of Complaint resolutions that include all required information.
8. Addresses Complaints that may need resolution at the state level.
9. Ensures that all documents pertaining to Complaint investigations and resolutions are preserved in an orderly and accessible manner.

## Appendix G: Participant Safeguards

### Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

- a. Use of Restraints.** *(Select one): (For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

**The state does not permit or prohibits the use of restraints**

Specify the state agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

The state Medicaid agency is responsible for detecting the unauthorized use of restraints. Oversight is conducted through the following processes:

- 1) Complaint and Critical Incident reporting process;
- 2) Provider Quality Assurance Review; and
- 3) Annual Nurse Reviewer Home Visit.

**The use of restraints is permitted during the course of the delivery of waiver services.** Complete Items G-2-a-i and G-2-a-ii.

- i. Safeguards Concerning the Use of Restraints.** Specify the safeguards that the state has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. State Oversight Responsibility.** Specify the state agency (or agencies) responsible for overseeing the use of restraints and ensuring that state safeguards concerning their use are followed and how such oversight is conducted and its frequency:

## Appendix G: Participant Safeguards

### Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3)

**b. Use of Restrictive Interventions.** *(Select one):*

**The state does not permit or prohibits the use of restrictive interventions**

Specify the state agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

**The use of restrictive interventions is permitted during the course of the delivery of waiver services** Complete Items G-2-b-i and G-2-b-ii.

- i. Safeguards Concerning the Use of Restrictive Interventions.** Specify the safeguards that the state has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

The only restrictive interventions Aged and Disabled (A&D) waiver providers may include for risk mitigation strategies and exceptions related to the Home and Community-Based Services (HCBS) setting qualities described in Idaho Code 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 310-317 and that are in place to ensure the health and safety of the participant. The A&D waiver program does not permit the use of aversive methods to modify behavior.

If an HCBS setting quality poses a health or safety risk to a participant or those around a participant, the provider must identify goals with strategies to mitigate these risks. These goals and strategies must be documented in the Person-Centered Service Plan. If a strategy includes a restrictive intervention, the restrictive intervention applied is unique to each participant and is based on their specific needs. Risk mitigation strategies and exceptions are determined through the Person-Centered Planning process and agreed to by the participant and/or guardian.

Setting qualities that may warrant risk mitigation include:

\* Full integration and access to the community, including:

- Freedom to control personal resources;
  - Freedom to work in competitive integrated settings;
  - Freedom to engage in community life; and
  - Freedom to receive services in the community.
- Right to privacy;
  - Autonomy in making choices, including daily activities, physical environment, and with whom to interact; and
  - Opportunities for choice of services and supports

Setting qualities that may warrant an exception include:

- Lockable bedroom or living unit doors;
- Choice of roommate(s);
- Freedom to furnish and decorate living space(s);
- Freedom and support to control schedules and activities;
- Access to food;
- Ability to have visitors at any time; and
- Physically accessible setting.

All Service Plans must include an assessment of any risks that may interfere with a participant's needs being met, in addition to potential health & safety risks with a corresponding back-up plan to ensure those risks are addressed. In the event of a health and safety risk associated with an HCBS setting requirement, the Service Plan must also reflect any corresponding risk mitigation strategies in place that are appropriate to the participant's assessed need(s) and with the participant's informed consent.

For Certified Family Home (CFH) or Residential Assisted Living Facility (RALF) participants who, due to health or safety concerns, require an exception to the provider owned or controlled residential setting qualities described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 315, the Service Plan must include documentation of the participant's assessed need(s) related to the exception, interventions, and supports implemented prior to the exception and prior methods that did not work in addressing the participant's needs, a clear description of the intervention, evidence of regular data collection to monitor the effectiveness of the modification, time limits for periodic review to determine if the exception remains necessary, informed consent of the participant, and an assurance of no harm. Providers are required to submit a request for review and approval of an exception to the BLTC within thirty (30) days of implementing a modification. The Nurse Reviewer (NR) approves the request, denies the request, or asks for additional information to support the request. The provider must keep documentation of the state's approval with the participant's Service Plan.

BLTC monitors the use of risk mitigation strategies and exceptions during the annual redetermination process. During the redetermination process, the NR examines the participant's Service Plan and documents whether or not, based on their interaction with the participant and observation of the participant's residence or service setting (as applicable), a risk mitigation strategy or exception has been implemented by the service

provider. If the NR determines that a risk mitigation strategy or exception has been implemented, they must indicate whether it was documented appropriately on the Service Plan and whether BLTC approval was obtained, if applicable. When a restrictive intervention is implemented inappropriately or without BLTC approval (if applicable), it is noted in the Quality Survey. The results of the Nurse Reviewer Home Visit process are transmitted to the provider upon completion and immediate remediation of issues is requested as needed. Regional Quality Assurance (QA)/Quality Improvement (QI) staff and the BLTC QA/QI Program Manager also review compiled data on a quarterly basis to identify potential trends in deficiencies. Corrective action is requested for individual occurrences or for repeated issues when necessary.

Regional QA/QI staff also monitor the use of risk mitigation strategies and exceptions during bi-annual provider quality reviews. During these reviews, they QA/QI staff review a sample of Service Plans. Provider quality reviews include an assessment of appropriate documentation of risk mitigation strategies and participant consent.

CFH Service Plans are reviewed annually. This permits staff to identify and remediate any deficiencies or issues if risk mitigation strategies or exceptions are applied or documented inappropriately.

The Nurse Reviewer (NR) is the personnel responsible for reviewing and authorizing restrictive interventions for any participants on their respective caseloads. They must have active RN credentials in the state of Idaho to perform in the role of Nurse Reviewer. As part of the onboarding process for personnel, training on the HCBS final rule setting requirements, including the use of restrictive interventions (exceptions to the setting requirements in provider owned and controlled settings) is provided. The Bureau also has a documented Job Aid describing the process for reviewing requests for restrictive interventions and criteria for approval and ongoing authorization/administration of a restrictive intervention.

**ii. State Oversight Responsibility.** Specify the state agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

BLTC and the Managed Care Entities (MCE) (for participants enrolled in the MMCP or Idaho Medicaid Plus) are responsible for detecting the unauthorized or inappropriate use of restrictive interventions. Data are analyzed in multiple methods to identify trends and inform quality or operational improvement strategies. At the individual staff level, managers run reports from our assessment system to evaluate Nurse Reviewer determinations of exception requests. Issues or trends at this level result in staff retraining. At the team level, the BLTC evaluates this data on a regional basis to detect any potential variances by Region (which could be indicative of systemic training issues). In both cases, repeated issues may result in staff performance management to prevent recurrence.

Oversight is conducted through the following processes:

1) Complaint Reporting Process, including the state's review of reports submitted by an MCE related to complaints. Data from the state's electronic complaint/critical incident database are retrieved on a quarterly basis and assessed for any trends or spikes in complaints/critical incidents related to exceptions. When a provider is due for a routine audit, QA staff will retrieve all complaints related to the provider for the prior two years; if a pattern or trend in complaints/critical incidents related to exceptions is identified, the QA staff conduct a targeted review of HCBS setting quality compliance during the audit. This may result in retraining, provider corrective action, and/or provider enforcement activities.

2) Provider Quality Assurance (QA) Reviews conducted biannually by state QA staff.

3) Annual Redetermination Process. Data from the assessment platform is also used to assess the volume of exceptions in place at any given time (possibly indicative of a shift in the overall needs of our population or a subpopulation), the exceptions in place by provider (to detect potential provider-specific issues or over/inappropriate use of exceptions) or exceptions of a specific nature. If issues or trends at this level are detected, these typically prompt targeted quality assurance reviews. These may result in provider enforcement actions or retraining.

## Appendix G: Participant Safeguards

### Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (3 of 3)

- c. Use of Seclusion.** *(Select one): (This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

**The state does not permit or prohibits the use of seclusion**

Specify the state agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

BLTC is responsible for detecting the unauthorized use of seclusion. Oversight is conducted through the following processes:

- 1) Complaint Reporting Process, including the state's review of reports submitted by Managed Care Entities (MCE) related to complaints;
- 2) Provider Quality Assurance Reviews; and
- 3) Annual Redetermination Process.

**The use of seclusion is permitted during the course of the delivery of waiver services.** Complete Items G-2-c-i and G-2-c-ii.

- i. Safeguards Concerning the Use of Seclusion.** Specify the safeguards that the state has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. State Oversight Responsibility.** Specify the state agency (or agencies) responsible for overseeing the use of seclusion and ensuring that state safeguards concerning their use are followed and how such oversight is conducted and its frequency:

## Appendix G: Participant Safeguards

### Appendix G-3: Medication Management and Administration (1 of 2)

*This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.*

- a. Applicability.** Select one:

**No. This Appendix is not applicable** *(do not complete the remaining items)*

**Yes. This Appendix applies** *(complete the remaining items)*

• **Medication Management and Follow-Up**

- i. Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant

medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

Monitoring varies by place of service delivery.

When a participant lives in their own home and requires assistance with the administration of their medications, the provider (caregiver) may assist in accordance with Idaho Code 24.34.01, "Rules of the Idaho Board of Nursing." Nurse Reviewers (NR) monitor medication administration with the annual reassessment.

Ongoing: The attendants contact the provider, family, physician, NR, or Managed Care Entity (MCE) Registered Nurse (RN) or Care Coordinator/Specialist when they have any concerns regarding the participant's medications or change in participant condition.

Residents in a Certified Family Home (CFH):

When the participant is responsible for administering their own medication without assistance, a written approval stating that they are capable of self-administration must be obtained from the participant's primary physician or practitioner of the healing arts. The participant's service record must also include documentation that a licensed nurse or other qualified professional has evaluated their ability to self-administer medication and found that the participant:

- a. Understands the purpose of their medication;
- b. Knows the appropriate dosage and times to take the medication;
- c. Understands expected effects, adverse reactions or side effects, and actions to take in an emergency; and
- d. Is able to take the medication without assistance.

The CFH must provide assistance with medications to participants who need assistance. Assistance is provided in accordance with the Idaho Board of Nursing's rules in Idaho Code 24.34.01, "Rules of the Idaho Board of Nursing." Prior to assisting residents with medication, the following conditions must be in place:

- a. Each person assisting with participant medications must be an adult who successfully completed and follows the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing, or another Department-approved training.
- b. The participant's health condition is stable;
- c. The medication is in the original pharmacy-dispensed container with proper label and directions, or in an original over-the-counter container, or the medication has been placed in a unit container by a licensed nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container;
- e. Written and oral instructions from the licensed physician or other practitioner of the healing arts, pharmacist, or nurse concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency have been reviewed by staff ; Written instructions are in place outlining required documentation for medication assistance, and whom to call when any doses are not taken, overdoses occur, or actual or potential side effects are observed; and
- f. Procedures for disposal/destruction of medications must be documented and consistent with procedures outlined in the "Assistance with Medications" course.

The CFH operator monitors medication as an ongoing responsibility.

In a Residential Assisted Living Facility (RALF), the facility RN is responsible for monitoring. Assistance is provided in accordance with the Idaho Code 24.34.01, "Rules of the Idaho Board of Nursing." Facility RNs conduct the monitoring monthly. Ongoing: Attendant care staff contact the facility nurse when they have any concerns regarding the participant's medications or the participant has a change in condition.

The licensed professional nurse must assess and document for each resident:

1. Resident Response to Medications and Therapies. Conduct a nursing assessment of each participant's response to medications and prescribed therapies.
2. Current Medication Orders. Assure the participant's medication orders are current by verifying that the medication listed on the medication distribution container, including over-the-counter-medications as appropriate, are consistent with physician or authorized provider orders. A copy of the actual written, signed, and dated orders must be present in each participant's care record.
3. Resident Health Status. Conduct a Nursing Assessment on the health status of each resident by identifying symptoms of illness, or any changes in mental or physical health status.
4. Recommendations. Make recommendations to the Administrator regarding any medication needs, other health needs requiring follow up, or changes needed to the Negotiated Service Agreement.

5. Progress of Previous Recommendations. Conduct a review and follow-up of the progress on previous recommendations made to the administrator regarding any medication needs or other health needs that require follow up. Report to the attending physician or authorized provider and state when recommendations for care and services are not implemented that have affected or have the potential to affect the health and safety of residents.
6. Self-Administered Medication. Conduct an initial Nursing Assessment on each participant with a self-administered medication program as follows:
- Before the participant can self-administer medication to assure resident safety; and
  - Evaluate the continued validity of the assessment to assure the participant remains capable of safely self-administering medication for the next ninety (90) days.
7. Medication Interactions and Usage. Conduct a review of the participant's use of all prescribed and over-the-counter medications for side effects, interactions, abuse, or a combination of these adverse effects. The nurse must notify the participant's physician or authorized provider of any identified concerns.

- ii. Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the state uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the state agency (or agencies) that is responsible for follow-up and oversight.

- Participants in their own homes will be assessed initially and annually thereafter through the Uniform Assessment Instrument (UAI) assessment process for current medications and assistance needed. An agency Registered Nurse (RN) reviews the current list of medications with the participant during the service planning process and when any changes in medications occur. Any potentially harmful practices are identified at this time. Communication with the participant's physician is initiated. If needed, agency RN oversight may be provided more frequently through authorized nursing visits from a provider agency.
- Residents in a Certified Family Home (CFH) are assessed and a quality control check completed annually by Division of Licensing and Certification (L&C) staff to identify harmful practices that are addressed with the participant's physician immediately. Follow up is completed by state staff or Managed Care Entity (MCE) staff with the assistance of the CFH operator.
- Residents in a Residential Assisted Living Facility (RALF) are monitored by the facility RN. Surveys by the Division of L&C have oversight of any medication on the survey schedule. BLTC monitors during the annual assessment and redetermination. Follow up monitoring is completed by the RN who discovers a problem, either the facility contract RN or staff from Division of L&C. Division of L&C ultimately have oversight and follow up as this infraction could result in an action against the RALF's license.

## Appendix G: Participant Safeguards

### Appendix G-3: Medication Management and Administration (2 of 2)

#### c. Medication Administration by Waiver Providers

##### i. Provider Administration of Medications. *Select one:*

**Not applicable.** *(do not complete the remaining items)*

**Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications.** *(complete the remaining items)*

- State Policy.** Summarize the state policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

1. When a participant lives in their own home and requires assistance with the administration of their medications, the provider (caregiver) may assist in accordance with the Idaho Code 24.34.01, "Rules of the Idaho Board of Nursing." BLTC Nurse Reviewers (RN) monitor with the annual reassessment.

2. For Participants residing in a Certified Family Home(CFH) under Idaho Code 16.03.19, "Certified Family Homes":

When the participant is responsible for administering their own medication without assistance, documentation of approval stating that the participant is capable of self-administration must be obtained from the participant's primary physician or other practitioner of the healing arts. The participant's record must also include documentation that a licensed nurse or other qualified professional evaluated their ability to self-administer medication and found that the participant:

- a. Understands the purpose of their medication;
- b. Knows the appropriate dosage and times to take the medication;
- c. Understands expected effects, adverse reactions or side effects, and action to take in an emergency; and
- d. Is able to take the medication without assistance.

3. For Participants residing in a Residential Assisted Living Facility (RALF) under Idaho Code 16.03.22, "Residential Assisted Living Facilities":

The RN conducts an initial Nursing assessment for each participant in a self-administering medication program as follows:

- a. Before the participant can self-administer medication to assure their safety; and
- b. Evaluate the continued validity of the assessment to assure the participant remains capable of safely continuing self-administration of medication for the next ninety (90) days.

Medication administration must comply with Idaho Code 24.34.01, "Rules of the Idaho Board of Nursing," which allows unlicensed assistive personnel to administer medications in specified circumstances.

- **Medication Error Reporting.** *Select one of the following:*

**Providers that are responsible for medication administration are required to both record and report medication errors to a state agency (or agencies).**

*Complete the following three items:*

- (a) Specify state agency (or agencies) to which errors are reported:

- (b) Specify the types of medication errors that providers are required to *record*:

- (c) Specify the types of medication errors that providers must *report* to the state:

**Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the state.**

Specify the types of medication errors that providers are required to record:

Providers must maintain a comprehensive medication log that includes any medication errors as defined by the professional Licensing Board and best practice guidelines.

Medication administration under the scope of the Nurse Practice Act must be provided by a licensed Registered Nurse (RN), or Licensed Practical Nurse (LPN) under the supervision of a RN licensed to practice in Idaho. In Idaho, providers are required to record, but not report errors unless requested by the state. Medication errors may be reviewed when reported to the state through the BLTC Complaint Submission System. Medication errors include such errors as wrong dose, wrong time, wrong route, wrong medication, and missed medication.

- **State Oversight Responsibility.** Specify the state agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

The following state Department of Health & Welfare Divisions are responsible for the monitoring of waiver providers in the administration of medications to Aged and Disabled (A&D) waiver participants.

1. Division of Licensing and Certifications (L&C) for Certified Family Homes (CHF) and Residential Assisted Living Facilities (RALF)
2. Division of Medicaid - A&D waiver in-home provider agencies

**Performance Monitoring:**

Providers are required to record, but not report medication errors unless requested by the state. Data related to medication errors is collected if identified as a complaint in the BLTC Complaint Submission System. Medication errors are reviewed when reported to the state through the BLTC Complaint Submission System. When a trend or pattern is identified, the state's Quality Improvement (QI) Specialist reviews provider records, and discusses complaint and remediation with the provider agency as appropriate, to help to prevent re-occurrence. Complaints or Critical Incidents beyond the jurisdiction of the state are referred to the appropriate agency.

## Appendix G: Participant Safeguards

### Quality Improvement: Health and Welfare

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

#### a. Methods for Discovery: Health and Welfare

**The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.** (For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")

##### i. Sub-Assurances:

- a. **Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.** (Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)

#### Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the

method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

**Number and percent of reported instances of abuse, neglect, exploitation and unexplained death that were investigated timely. a. Numerator: Number of reported instances of abuse, neglect, exploitation and unexplained death that were investigated timely. b. Denominator: Number of reported instances of abuse, neglect, exploitation and unexplained death.**

**Data Source** (Select one):

**Critical events and incident reports**

If 'Other' is selected, specify:

| <b>Responsible Party for data collection/generation</b><br>(check each that applies): | <b>Frequency of data collection/generation</b><br>(check each that applies): | <b>Sampling Approach</b><br>(check each that applies):                        |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                | <b>100% Review</b>                                                            |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text" value="MCE"/>                          | <b>Annually</b>                                                              | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                                                       | <b>Continuously and Ongoing</b>                                              | <b>Other</b><br>Specify:<br><input type="text"/>                              |
|                                                                                       | <b>Other</b><br>Specify:<br><input type="text"/>                             |                                                                               |

**Data Aggregation and Analysis:**

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
| State Medicaid Agency                                                                 | Weekly                                                                       |
| Operating Agency                                                                      | Monthly                                                                      |
| Sub-State Entity                                                                      | Quarterly                                                                    |
| Other<br>Specify:<br><br><div></div>                                                  | Annually                                                                     |
|                                                                                       | Continuously and Ongoing                                                     |
|                                                                                       | Other<br>Specify:<br><br><div></div>                                         |

**Performance Measure:**

Number and percent of participants surveyed that reported understanding what constitutes Abuse/Neglect/Exploitation. a. Numerator: Number of participants surveyed that reported understanding what constitutes Abuse/Neglect/Exploitation. b. Denominator: Number of participants surveyed in the reporting period.

**Data Source** (Select one):

**Other**

If 'Other' is selected, specify:

**SSRS Report: Abuse, Neglect and Exploitation Survey**

|                                                                                    |                                                                           |                                                               |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies):           |
| State Medicaid Agency                                                              | Weekly                                                                    | 100% Review                                                   |
| Operating Agency                                                                   | Monthly                                                                   | Less than 100% Review                                         |
| Sub-State Entity                                                                   | Quarterly                                                                 | Representative Sample<br>Confidence Interval =<br><div></div> |

|                                                      |                                                      |                                                                  |
|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------|
| <b>Other</b><br>Specify:<br><br><input type="text"/> | <b>Annually</b>                                      | <b>Stratified</b><br>Describe Group:<br><br><input type="text"/> |
|                                                      | <b>Continuously and Ongoing</b>                      | <b>Other</b><br>Specify:<br><br><input type="text"/>             |
|                                                      | <b>Other</b><br>Specify:<br><br><input type="text"/> |                                                                  |

**Data Aggregation and Analysis:**

|                                                                                              |                                                                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i> | <b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i> |
| State Medicaid Agency                                                                        | Weekly                                                                              |
| Operating Agency                                                                             | Monthly                                                                             |
| Sub-State Entity                                                                             | Quarterly                                                                           |
| <b>Other</b><br>Specify:<br><br><input type="text"/>                                         | Annually                                                                            |
|                                                                                              | Continuously and Ongoing                                                            |
|                                                                                              | <b>Other</b><br>Specify:<br><br><input type="text"/>                                |

**Performance Measure:**

Number and percent of participants surveyed that reported understanding how to report Abuse/Neglect/Exploitation. a. Numerator: Number of participants surveyed that reported understanding how to report Abuse/Neglect/Exploitation. b. Denominator: Number of participants surveyed in the reporting period.

**Data Source** (Select one):

**Other**

If 'Other' is selected, specify:

**SSRS Report: Abuse, Neglect and Exploitation Survey**

| <b>Responsible Party for data collection/generation</b><br>(check each that applies): | <b>Frequency of data collection/generation</b><br>(check each that applies): | <b>Sampling Approach</b><br>(check each that applies):               |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                | <b>100% Review</b>                                                   |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               | <b>Less than 100% Review</b>                                         |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             | <b>Representative Sample</b><br>Confidence Interval =<br><div></div> |
| <b>Other</b><br>Specify:<br><div>MCE</div>                                            | <b>Annually</b>                                                              | <b>Stratified</b><br>Describe Group:<br><div></div>                  |
|                                                                                       | <b>Continuously and Ongoing</b>                                              | <b>Other</b><br>Specify:<br><div></div>                              |
|                                                                                       | <b>Other</b><br>Specify:<br><div></div>                                      |                                                                      |

**Data Aggregation and Analysis:**

| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             |

| Responsible Party for data aggregation and analysis (check each that applies):                                           | Frequency of data aggregation and analysis (check each that applies):                                   |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; padding: 2px; width: 150px; margin-top: 5px;">MCE</div> | <b>Annually</b>                                                                                         |
|                                                                                                                          | <b>Continuously and Ongoing</b>                                                                         |
|                                                                                                                          | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> |

- b. Sub-assurance:** *The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.*

#### Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

#### Performance Measure:

**Number and percent of incidents investigated according to the state critical event or incident timeframes. a. Numerator:** Number of incidents investigated according to the state critical event or incident timeframes. **b. Denominator:** Number of incidents reported.

**Data Source** (Select one):

**Critical events and incident reports**

If 'Other' is selected, specify:

| Responsible Party for data collection/generation (check each that applies): | Frequency of data collection/generation (check each that applies): | Sampling Approach (check each that applies): |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|
| State Medicaid Agency                                                       | Weekly                                                             | 100% Review                                  |
| Operating Agency                                                            | Monthly                                                            | Less than 100% Review                        |
| Sub-State Entity                                                            | Quarterly                                                          | Representative                               |

|                                                  |                                                  |                                                                   |
|--------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
|                                                  |                                                  | <b>Sample</b><br>Confidence<br>Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text"/> | <b>Annually</b>                                  | <b>Stratified</b><br>Describe Group:<br><input type="text"/>      |
|                                                  | <b>Continuously and Ongoing</b>                  | <b>Other</b><br>Specify:<br><input type="text"/>                  |
|                                                  | <b>Other</b><br>Specify:<br><input type="text"/> |                                                                   |

**Data Aggregation and Analysis:**

|                                                                                       |                                                                             |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis(check each that applies):</b> |
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                               |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                              |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                            |
| <b>Other</b><br>Specify:<br><input type="text"/>                                      | <b>Annually</b>                                                             |
|                                                                                       | <b>Continuously and Ongoing</b>                                             |
|                                                                                       | <b>Other</b><br>Specify:<br><input type="text"/>                            |

**Performance Measure:**

**Number and percent of provider audits in which critical incident trends were remediated. a. Numerator: Number of provider audits in which critical incident trends were remediated. b. Denominator: Number of audits performed in the reporting period.**

**Data Source** (Select one):

**Record reviews, off-site**

If 'Other' is selected, specify:

| <b>Responsible Party for data collection/generation</b><br>(check each that applies): | <b>Frequency of data collection/generation</b><br>(check each that applies): | <b>Sampling Approach</b><br>(check each that applies):                        |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                | <b>100% Review</b>                                                            |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text"/>                                      | <b>Annually</b>                                                              | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                                                       | <b>Continuously and Ongoing</b>                                              | <b>Other</b><br>Specify:<br><input type="text"/>                              |
|                                                                                       | <b>Other</b><br>Specify:<br><input type="text"/>                             |                                                                               |

**Data Aggregation and Analysis:**

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
| State Medicaid Agency                                                                 | Weekly                                                                       |
| Operating Agency                                                                      | Monthly                                                                      |
| Sub-State Entity                                                                      | Quarterly                                                                    |
| Other<br>Specify:<br><div></div>                                                      | Annually                                                                     |
|                                                                                       | Continuously and Ongoing                                                     |
|                                                                                       | Other<br>Specify:<br><div></div>                                             |

**Performance Measure:**

Number and percent of incidents in which appropriate follow-up and education occurred to prevent further similar incidents. a. Numerator: Total number of incidents in which appropriate follow-up and education occurred to prevent further similar incidents. b. Denominator: Total number of incidents reported.

**Data Source** (Select one):

**Record reviews, off-site**

If 'Other' is selected, specify:

|                                                                                    |                                                                           |                                                               |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies):           |
| State Medicaid Agency                                                              | Weekly                                                                    | 100% Review                                                   |
| Operating Agency                                                                   | Monthly                                                                   | Less than 100% Review                                         |
| Sub-State Entity                                                                   | Quarterly                                                                 | Representative Sample<br>Confidence Interval =<br><div></div> |
| Other                                                                              | Annually                                                                  | Stratified                                                    |

|                                  |                                                  |                                                  |
|----------------------------------|--------------------------------------------------|--------------------------------------------------|
| Specify:<br><input type="text"/> |                                                  | Describe Group:<br><input type="text"/>          |
|                                  | <b>Continuously and Ongoing</b>                  | <b>Other</b><br>Specify:<br><input type="text"/> |
|                                  | <b>Other</b><br>Specify:<br><input type="text"/> |                                                  |

**Data Aggregation and Analysis:**

|                                                                                              |                                                                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i> | <b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i> |
| <b>State Medicaid Agency</b>                                                                 | <b>Weekly</b>                                                                       |
| <b>Operating Agency</b>                                                                      | <b>Monthly</b>                                                                      |
| <b>Sub-State Entity</b>                                                                      | <b>Quarterly</b>                                                                    |
| <b>Other</b><br>Specify:<br><input type="text"/>                                             | <b>Annually</b>                                                                     |
|                                                                                              | <b>Continuously and Ongoing</b>                                                     |
|                                                                                              | <b>Other</b><br>Specify:<br><input type="text"/>                                    |

**c. Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.**

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

**Number and percent of on-site observations that the setting meets HCBS Final Rule setting requirements. a. Numerator: Number of on-site observations made that the setting meets HCBS Final Rule setting requirements. b. Denominator: Number of on-site visits conducted in the time frame.**

**Data Source (Select one):**

**On-site observations, interviews, monitoring**

If 'Other' is selected, specify:

| <b>Responsible Party for data collection/generation</b><br>(check each that applies): | <b>Frequency of data collection/generation</b><br>(check each that applies): | <b>Sampling Approach</b><br>(check each that applies):                        |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                | <b>100% Review</b>                                                            |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text" value="MCE"/>                          | <b>Annually</b>                                                              | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                                                       | <b>Continuously and Ongoing</b>                                              | <b>Other</b><br>Specify:<br><input type="text"/>                              |
|                                                                                       | <b>Other</b><br>Specify:<br><input type="text"/>                             |                                                                               |

**Data Source (Select one):**

**Critical events and incident reports**

If 'Other' is selected, specify:

| <b>Responsible Party for data collection/generation</b><br>(check each that applies):               | <b>Frequency of data collection/generation</b><br>(check each that applies):                        | <b>Sampling Approach</b><br>(check each that applies):                                                                           |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                                        | <b>Weekly</b>                                                                                       | <b>100% Review</b>                                                                                                               |
| <b>Operating Agency</b>                                                                             | <b>Monthly</b>                                                                                      | <b>Less than 100% Review</b>                                                                                                     |
| <b>Sub-State Entity</b>                                                                             | <b>Quarterly</b>                                                                                    | <b>Representative Sample</b><br>Confidence Interval =<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <b>Annually</b>                                                                                     | <b>Stratified</b><br>Describe Group:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                  |
|                                                                                                     | <b>Continuously and Ongoing</b>                                                                     | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                              |
|                                                                                                     | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                                                                                                                                  |

**Data Aggregation and Analysis:**

| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             |
| <b>Other</b><br>Specify:                                                              | <b>Annually</b>                                                              |

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
| <input type="text" value="MCE"/>                                                      |                                                                              |
|                                                                                       | <b>Continuously and Ongoing</b>                                              |
|                                                                                       | <b>Other</b><br>Specify:<br><input type="text"/>                             |

**Performance Measure:**

**Number and percent of substantiated complaints associated with restrictive interventions that were remediated. a. Numerator: Number of substantiated complaints associated with restrictive interventions that were remediated. b. Denominator: Number of complaints associated with restrictive interventions.**

**Data Source** (Select one):

**Critical events and incident reports**

If 'Other' is selected, specify:

|                                                                                    |                                                                           |                                                                               |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies):                           |
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                                            |
| <b>Operating Agency</b>                                                            | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                                                            | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text"/>                                   | <b>Annually</b>                                                           | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                                                    | <b>Continuously and Ongoing</b>                                           | <b>Other</b><br>Specify:<br><input type="text"/>                              |

|  |                                                  |                      |
|--|--------------------------------------------------|----------------------|
|  |                                                  | <input type="text"/> |
|  | <b>Other</b><br>Specify:<br><input type="text"/> |                      |

**Data Aggregation and Analysis:**

|                                                                                              |                                                                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i> | <b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i> |
| State Medicaid Agency                                                                        | Weekly                                                                              |
| Operating Agency                                                                             | Monthly                                                                             |
| Sub-State Entity                                                                             | Quarterly                                                                           |
| <b>Other</b><br>Specify:<br><input type="text"/>                                             | Annually                                                                            |
|                                                                                              | Continuously and Ongoing                                                            |
|                                                                                              | <b>Other</b><br>Specify:<br><input type="text"/>                                    |

**Performance Measure:**

Number and percent of initial waiver providers that received training on prohibition of restraints, seclusion, and the HCB setting quality requirements. a. Numerator: Number of initial waiver providers that received training on prohibition of restraints, seclusion, and the HCB setting quality requirements. b. Denominator: Number of initial waiver providers in the reporting period.

**Data Source** (Select one):**Training verification records**

If 'Other' is selected, specify:

|                                                                                           |                                                                                  |                                                            |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> <i>(check each that applies):</i> | <b>Frequency of data collection/generation</b> <i>(check each that applies):</i> | <b>Sampling Approach</b> <i>(check each that applies):</i> |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------|

|                                                  |                                                  |                                                                               |
|--------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                     | <b>Weekly</b>                                    | <b>100% Review</b>                                                            |
| <b>Operating Agency</b>                          | <b>Monthly</b>                                   | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                          | <b>Quarterly</b>                                 | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other</b><br>Specify:<br><input type="text"/> | <b>Annually</b>                                  | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                  | <b>Continuously and Ongoing</b>                  | <b>Other</b><br>Specify:<br><input type="text"/>                              |
|                                                  | <b>Other</b><br>Specify:<br><input type="text"/> |                                                                               |

**Data Aggregation and Analysis:**

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis (check each that applies):</b> |
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             |
| <b>Other</b><br>Specify:<br><input type="text"/>                                      | <b>Annually</b>                                                              |
|                                                                                       | <b>Continuously and Ongoing</b>                                              |

|                                                                                       |                                                                                                                      |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies):                                         |
|                                                                                       | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> |

**Performance Measure:**

**Number and percent of providers audited with adequate policies and procedures on the prohibition of restraints and seclusion and HCBS setting quality requirements.**

**Numerator: Number of providers audited with adequate policies and procedures on the prohibition of restraints and seclusion and HCBS setting quality requirements.**

**Denominator: Number of providers audited in the reporting period.**

**Data Source** (Select one):

**Record reviews, off-site**

If 'Other' is selected, specify:

|                                                                                                                      |                                                                           |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies):                                   | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies):                                                                                               |
| <b>State Medicaid Agency</b>                                                                                         | <b>Weekly</b>                                                             | <b>100% Review</b>                                                                                                                                |
| <b>Operating Agency</b>                                                                                              | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                                                                                                                      |
| <b>Sub-State Entity</b>                                                                                              | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval =<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> | <b>Annually</b>                                                           | <b>Stratified</b><br>Describe Group:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>                  |
|                                                                                                                      | <b>Continuously and Ongoing</b>                                           | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>                              |
|                                                                                                                      | <b>Other</b>                                                              |                                                                                                                                                   |

|  |                         |  |
|--|-------------------------|--|
|  | Specify:<br><div></div> |  |
|--|-------------------------|--|

**Data Aggregation and Analysis:**

|                                                                                              |                                                                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> <i>(check each that applies):</i> | <b>Frequency of data aggregation and analysis</b> <i>(check each that applies):</i> |
| State Medicaid Agency                                                                        | Weekly                                                                              |
| Operating Agency                                                                             | Monthly                                                                             |
| Sub-State Entity                                                                             | Quarterly                                                                           |
| Other<br>Specify:<br><div></div>                                                             | Annually                                                                            |
|                                                                                              | Continuously and Ongoing                                                            |
|                                                                                              | Other<br>Specify:<br><div></div>                                                    |

- d. Sub-assurance:** *The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.*

**Performance Measures**

*For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.*

*For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.*

**Performance Measure:**

**Number and percent of participants who have a Primary Care Physician recorded in the assessment tool. a. Numerator:** Number of participants with a Primary Care Physician recorded in the assessment tool. **b. Denominator:** Number of participants.

**Data Source** (Select one):

**Program logs**

If 'Other' is selected, specify:

| Responsible Party for data collection/generation<br>(check each that applies): | Frequency of data collection/generation<br>(check each that applies): | Sampling Approach<br>(check each that applies):                        |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                                | 100% Review                                                            |
| Operating Agency                                                               | Monthly                                                               | Less than 100% Review                                                  |
| Sub-State Entity                                                               | Quarterly                                                             | Representative Sample<br>Confidence Interval =<br><input type="text"/> |
| Other<br>Specify:<br><input type="text" value="MCE"/>                          | Annually                                                              | Stratified<br>Describe Group:<br><input type="text"/>                  |
|                                                                                | Continuously and Ongoing                                              | Other<br>Specify:<br><input type="text"/>                              |
|                                                                                | Other<br>Specify:<br><input type="text"/>                             |                                                                        |

**Data Aggregation and Analysis:**

| Responsible Party for data aggregation and analysis (check each that applies): | Frequency of data aggregation and analysis (check each that applies): |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| State Medicaid Agency                                                          | Weekly                                                                |
| Operating Agency                                                               | Monthly                                                               |
| Sub-State Entity                                                               | Quarterly                                                             |
| Other<br>Specify:                                                              | Annually                                                              |

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
| MCE                                                                                   |                                                                              |
|                                                                                       | <b>Continuously and Ongoing</b>                                              |
|                                                                                       | <b>Other</b><br>Specify:<br>                                                 |

**Performance Measure:**

**Number and percent of PCP referrals made for participants with no PCP identified in the assessment tool. a. Numerator: Number of PCP referrals made for participants with no PCP identified in the assessment tool b. Denominator: Number of participants with no PCP identified in the assessment tool.**

**Data Source** (Select one):

**Program logs**

If 'Other' is selected, specify:

|                                                                                    |                                                                           |                                                           |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Responsible Party for data collection/generation</b> (check each that applies): | <b>Frequency of data collection/generation</b> (check each that applies): | <b>Sampling Approach</b> (check each that applies):       |
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                        |
| <b>Operating Agency</b>                                                            | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                              |
| <b>Sub-State Entity</b>                                                            | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval =<br> |
| <b>Other</b><br>Specify:<br>MCE                                                    | <b>Annually</b>                                                           | <b>Stratified</b><br>Describe Group:<br>                  |
|                                                                                    | <b>Continuously and Ongoing</b>                                           | <b>Other</b><br>Specify:                                  |

|  |                                                  |                      |
|--|--------------------------------------------------|----------------------|
|  |                                                  | <input type="text"/> |
|  | <b>Other</b><br>Specify:<br><input type="text"/> |                      |

**Data Aggregation and Analysis:**

| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis(check each that applies):</b> |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                               |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                              |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                            |
| <b>Other</b><br>Specify:<br><input type="text"/> MCE                                  | <b>Annually</b>                                                             |
|                                                                                       | <b>Continuously and Ongoing</b>                                             |
|                                                                                       | <b>Other</b><br>Specify:<br><input type="text"/>                            |

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The state employs the following strategies to discover and identify problems/issues regarding participant safeguards:

1. Nurse Reviewer Home Visit Process: Nurse Reviewers (NR) complete a NR home visit, and conduct a review of the participant's Service Plan, interviewing each participant on the Aged and Disabled (A&D) Waiver during the annual redetermination assessment. The results of the home visit are entered into a data management tool and analyzed quarterly. Results are also sent to the provider for immediate remediation if necessary. Provider corrective plans are requested when needed. The BLTC Quality Survey addresses the following aspects of Service Plan development and service delivery:
  - a. Service Plans address participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.
  - b. Service Plans are updated/revised at least annually or when warranted by changes in the A&D waiver participant's needs.
  - c. Services are delivered in accordance with the Service Plan, including the type, scope, amount, duration, and frequency specified in the Service Plan.
  - d. Participant experience regarding aspects of the Service Plan development. For example, participants are asked whether provided input as to the days and times that they receive services.

- e. Service Plan is signed by the participant (and/or family or legal representative as appropriate).
  - f. Service Plan is signed by the provider.
  - g. If necessary, any mitigation strategies needed to ameliorate risk to the participant associated with the Home and Community-Based Services (HCBS) setting requirements described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits" Sections 310-317 and evidence of participant consent.
  - h. If necessary, any exception to the provider owned or residential HCBS qualities is documented appropriately, and evidence of participant consent and BLTC approval is included with the participant's Service Plan.
2. Provider Quality Assurance (QA) Reviews. The Medicaid Quality Improvement (QI) Specialist or designee reviews each A&D waiver provider per the provider qualification schedule in Appendix B. This review includes review of a random sample of participant records and monitors the following aspects of the Service Plan and service delivery:
- a. Service Plan includes specific type, amount, frequency, & duration of services to be provided.
  - b. Service Plan includes supports provided by family, friends, community, etc.
  - c. Service Plan includes participant's goals.
  - d. Service Plan promotes progress, prevention of regression/maintenance of skills, etc.
  - e. Service Plan includes providers of A&D waiver services.
3. Complaint & Critical Incident Process and Reporting: Nurse Manager (NM), Program Manager (PM), or Quality Improvement (QI) Specialist or designee investigates complaints and critical incidents and enters them into the BLTC Complaint Submission System. They are responsible for participant and provider remediation.
4. Managed Care Entities (MCE): The state ensures that MCEs operate an Incident Resolution and Tracking System as described in Appendix G1-e of this waiver application and as required in the MCE's Contracts with the state.

#### **b. Methods for Remediation/Fixing Individual Problems**

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

The state remediates individual problems regarding participant safeguards as they are discovered via the following quality management strategies:

1. Nurse Reviewer Home Visit Report: A copy of the Quality Survey with results is sent to the provider during the redetermination process. Individual provider data is also compiled and analyzed quarterly by the Quality Improvement (QI) Specialist and provider corrective action plans are requested and monitored as needed.
2. Participant Experience Data: Participant experience data is collected in the NR Home Visit process. Any specific participant complaints/incidents are entered into the BLTC Complaint Submission System and followed up by the NM or PM as appropriate.
3. Complaint Process and Reporting: The Bureau of Long Term Care Committee (BLTCC) or designee identifies and addresses any statewide resource or program issues identified in the analysis of this information. The result of this analysis is reported through the BLTCC minutes and recommended program changes or system improvement processes are sent to the Bureau Leadership Team (BLT) for review. Final approval is decided upon by the Central Office Management Team (COMT).
3. Non-licensed/non-certified providers are responsible for the development and implementation of a quality assurance program assuring service delivery consistent with applicable rules. Results of individual quality assurance reviews conducted by the state shall be transmitted to the provider within forty-five (45) days of a review being completed. When deficiencies are identified by the review, the provider agency submits to the state a corrective action plan for addressing the identified deficiencies. This corrective action plan is submitted to the state within forty-five 45 calendar days of receiving the results of a quality assurance review. Upon request, an agency shall also forward the results of any implemented corrective action plan to the state.
4. The Department will ensure that the MCE has safeguards in place to prevent abuse, neglect and exploitation, as required by contract.
5. The IDHW Contract Monitor will issue a Monitoring Report to the MCE that identifies in writing the Performance Indicator(s) monitored, and that summarizes the preliminary results with the MCE. The MCE utilizes the same sampling

methods as the IDHW for performance and quality improvement measures. Upon request by the MCE, the IDHW will meet with the MCE within ten (10) business days of their receipt of the Monitoring Report regarding the results. The MCE may dispute the findings via written appeal to the Contract Monitor within ten (10) business days of issuance of the report. The MCE must specifically address each disputed finding and justification for the appeal of the finding. The MCE is required to provide all documents necessary to dispute monitor results with its written appeal. The IDHW will render a final written decision on the appeal to the MCE within ten (10) business days of receipt of the MCE’s dispute information, unless the parties agree in writing to extend the decision period.

If the MCE does not dispute the findings, the MCE shall have ten (10) business days from the date of the IDHW’s monitoring report to cure the deficiencies found. If the MCE appeals the monitoring report, the MCE shall have ten (10) business days from the date of the IDHW’s final written decision to cure the deficiencies. If the IDHW is not satisfied that the MCE has resolved the deficiencies, or made substantial progress toward resolution, the IDHW may assess the amounts listed in the Scope of Work as liquidated damages for each day the deficiency remains uncured.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

| Responsible Party <i>(check each that applies):</i> | Frequency of data aggregation and analysis <i>(check each that applies):</i> |
|-----------------------------------------------------|------------------------------------------------------------------------------|
| State Medicaid Agency                               | Weekly                                                                       |
| Operating Agency                                    | Monthly                                                                      |
| Sub-State Entity                                    | Quarterly                                                                    |
| Other<br>Specify:<br><div></div>                    | Annually                                                                     |
|                                                     | Continuously and Ongoing                                                     |
|                                                     | Other<br>Specify:<br><div></div>                                             |

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix H: Quality Improvement Strategy (1 of 3)

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the state has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the state specifies how it has designed the waiver’s critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the state is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

### **Quality Improvement Strategy: Minimum Components**

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances; and
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances.

In Appendix H of the application, a state describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the state's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the state plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid state plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the state must be able to stratify information that is related to each approved waiver program. Unless the state has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the state must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

## **Appendix H: Quality Improvement Strategy (2 of 3)**

### **H-1: Systems Improvement**

#### **a. System Improvements**

- i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The Division of Medicaid, Bureau of Long Term Care (BLTC) follows this processes for trending, prioritizing, and implementing system improvements:

1. BLTC or designee operates a quality management committee whose function is to review Quality Improvement (QI) strategy findings and analysis (including trending), formulate remediation recommendations, and identify and address any statewide resource or program issues identified in the Quality Assurance (QA)/QI business processes. The quality management team hereafter referred to as the BLTC Committee (BLTCC) or designee, is a team that includes the Bureau Chief, Program Managers, and Policy staff.
2. The results of the BLTCC or designee findings and recommendations are reported through the BLTCC minutes and reports, and are then presented to the Bureau Leadership Team (BLT).
3. The BLTC is responsible for reviewing BLTCC or designee and other Medicaid program reports, analyses and recommendations, considering Division-wide resources, coordination issues, and strategies. The Central Office Management Team (COMT) then makes final system-wide change decisions.
4. Nurse Managers (NM) and Program Managers (PM) are responsible for remediating any specific caseload performance issues and/or training and educating staff on any adopted statewide design changes.
5. The Quality Manager(s) is responsible for training and educating QI Specialists on any adopted statewide design changes.

As part of the system improvement process, the following QI reports are compiled:

Internal File Audit Report: Quarterly. BLTC NMs and PMs monitor staff performance in the administration of the Aged and Disabled (A&D), Home and Community-Based Services (HCBS) Waiver. The information from the Internal Audit process is critical in the monitoring of the following HCBS Waiver assurances:

- A. The level of care of enrolled participants is reevaluated at least annually or as specified in the approved waiver.
- B. The process and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.
- C. The BLTC Internal Audit forms and process are used by the NM or PM to review work completed by the NRs, QA Specialists, and Support Staff:

Complaint and Critical Incident Report: Quarterly. All complaints and critical incidents received are recorded in the SharePoint data system and require specific dates, nature of complaint/critical incident, narrative, referrals when necessary, a classification of substantiated or unsubstantiated, and a closure date. The Department ensures that Managed Care Entities (MCE) submit a provider and participant complaints report and a critical incident resolution report on a quarterly basis.

Nurse Reviewer Home Visit Report: Quarterly. BLTC NRs complete the NR Home Visit Form during A&D Waiver and Adult Personal Care Services (PCS) redeterminations. The information gathered from the aggregate data for NR Form statewide is critical in monitoring the following HCBS Waiver Assurances under Level of Care, Service Plan, and Administrative Authority.

Provider Review Report: Quarterly. BLTC Provider Agencies who actively billed selected waiver services in the last two (2) years are reviewed on a two (2) year cycle, but not later than two (2) years and thirty (30) days past the previous review. BLTC Agency Quality Assurance (QA) reviews may need to be conducted more often in some circumstances. The state ensures that the MCEs require providers to meet the minimum Medicaid provider qualifications prior to their inclusion on the provider enrollment file and/or before payment of their claim.

Redetermination Report: This report is the total number and percent of annual redeterminations that were completed within 364 days of the previous A&D Waiver eligibility assessment.

QI reports are communicated to the Personal Assistance Oversight Committee (PAOC) and the Medical Care Advisory Committee (MCAC) at their quarterly meetings.

The PAOC includes providers of personal assistance services, participants of these services, advocacy organizations representing these participants, and other interested parties. At least 51% of the committee membership is participants or their representatives.

The Medical Care Advisory Committee (MCAC) membership includes licensed physicians and other representatives of health professions familiar with the medical needs of low income population groups and with the resources available and required for their care. There are also members of consumer groups including medical assistant participants and consumer organizations.

NRs send the Nurse Reviewer Home Visit results to the provider with the redetermination results.

QI Staff send Provider Review results providers during the provider QI Review Process.

For MMCP and Idaho Medicaid Plus, MCEs develop a Quality Management (QM)/QI program and implement and maintain a written comprehensive QM/QI Plan that clearly defines its QI structures and processes, and assigns QM/QI responsibilities to qualified individuals. The QM/QI Plan must include the following:

- A process to immediately remediate all individual findings identified through its monitoring process;
- A process to track and trend all individual findings;
- A process to identify systemic issues of poor performance and/or non-compliance;
- A process to implement remediation and strategies to improve processes and resolve areas of non-compliance; and
- A process to measure the success of remediation and strategies in addressing identified issues.

The MCE's QM program includes policies and procedures to document processes or methods through which the Health Plans ensure clinical quality, access and availability of services, continuity and coordination of care, and that include all related contractual requirements.

## ii. System Improvement Activities

| <b>Responsible Party</b> <i>(check each that applies):</i>                                                           | <b>Frequency of Monitoring and Analysis</b> <i>(check each that applies):</i>                                        |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                                                         | <b>Weekly</b>                                                                                                        |
| <b>Operating Agency</b>                                                                                              | <b>Monthly</b>                                                                                                       |
| <b>Sub-State Entity</b>                                                                                              | <b>Quarterly</b>                                                                                                     |
| <b>Quality Improvement Committee</b>                                                                                 | <b>Annually</b>                                                                                                      |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |

## b. System Design Changes

- i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the state's targeted standards for systems improvement.

The following is the state's process for monitoring and analyzing the effectiveness of system design changes:

1. When the Central Office Management Team (COMT) approves system design changes, the Bureau of Long Term Care Committee (BLTCC) or designee monitors the implementation and analysis of the effectiveness of the design change.
2. It is the responsibility of the Quality Assurance (QA) Team to review Quality Improvement (QI) processes and instruments through monthly conference calls (supported by team minutes), to oversee the day-to-day QI processes, and reports to the BLTCC. The QA Team includes a Program Manager and QI Specialists. The QA Team identifies and reports trends to the QI Team, which is a team comprised of the Bureau Chief, Program Managers, and Policy staff. The QI Team is responsible for analyzing the effectiveness of existing quality designs and making targeted system improvements. When a system improvement is needed, it is supported through a QI Action Plan. This action plan identifies the design change(s) to be implemented from discovery, to remediation and system improvement, along with roles/responsibilities and a targeted completion date. The QI Action Plan is a coordination tool used for follow through activities when a quality change is needed.
3. QI Action Plans are reviewed by the BLTCC or designee for approval, and a recommendation is sent to the COMT for direction regarding implementation.

ii. Describe the process to periodically evaluate, as appropriate, the quality improvement strategy.

BLTC follows this process to periodically evaluate the Quality Improvement (QI) Strategy:

1. BLTC consistently evaluate and improve processes and systems on an ongoing basis. Each year, the state improves services to A&D waiver participants by using the numerous data collection points, appropriate analysis and prioritization techniques, evaluation and feedback from various groups.
2. Annually, the QI Strategy is reviewed by the QA Team, QI Team, BLTC Committee, then submitted to Bureau Leadership Team and QA Oversight committee.
3. The state ensures that the Managed Care Entity's (MCE) QI program includes 1) An evaluation of the effectiveness of their system interventions designed to improve quality, and 2) Processes to demonstrate how the results of their quality management program are used to address service delivery, provider, and other quality management issues as they are identified and to improve the quality of physical health, behavioral health, and long term care.

## Appendix H: Quality Improvement Strategy (3 of 3)

### H-2: Use of a Patient Experience of Care/Quality of Life Survey

a. Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months (*Select one*):

No

Yes (*Complete item H.2b*)

b. Specify the type of survey tool the state uses:

HCBS CAHPS Survey :

NCI Survey :

NCI AD Survey :

Other (*Please provide a description of the survey tool used*):

## ***Appendix I: Financial Accountability***

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### ***I-1: Financial Integrity and Accountability***

***Financial Integrity.*** Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

*The following are the methods that the State employs to ensure the integrity of payments made for waiver services:*

*A. Prior Authorizations. Nurse Reviewers (NR) must authorize all services reimbursed by Medicaid under the Aged and Disabled (A&D) Waiver Program before the services are rendered. Prior authorizations for approved services are entered into the Medicaid Management Information System (MMIS) by BLTC staff. Approved prior authorizations are valid for one (1) year from the date of prior authorization by Medicaid, unless otherwise indicated. Claims are adjudicated by MMIS in accordance with Federal guidelines and Idaho policies. This includes extensive claim edit and audit processing, claim pricing, and claim suspense resolution processing.*

*B. Medicaid Program Integrity Unit (MPIU) Audits. Medicaid Program Integrity Unit (MPIU) processes support the post-payment analysis of expenditures to identify potential misuse, abuse, quality of care, and treatment outcomes in Medicaid. Functions specifically supported by these processes include the traditional surveillance and utilization review features of the MMIS, retrospective drug utilization review, and outcome-oriented analysis regarding quality of care assessments.*

*1. Selection Process. Providers are selected for audit based on several reasons including:*

- *Complaints:*
  - o *Participants/participant family members/participant caregivers;*
  - o *Friends/Neighbors;*
  - o *Provider competitors; and/or*
  - o *Provider employees.*
- *Referrals:*
  - o *Medicaid program staff;*
  - o *Managed Care Entities (MCE);*
  - o *Medicaid contractors;*
  - o *Other insurers;*
  - o *Medicaid Fraud Control Unit (MFCU); and/or*
  - o *Office of Inspector General.*
- *Proactive:*
  - o *Data mining – finding anomalies or outliers in billings; and/or*
  - o *Focused reviews or special studies – selection of a specific provider specialty or specific code(s) for review.*
- *Provider Self-Reports:*
  - o *Providers are encouraged to self-report identified overpayments/rule violations.*

*2. Frequency of Audits. Audits vary from year to year, depending on the number of complaints/referrals received, what special studies are conducted, and the number of focused reviews initiated.*

*3. Review Criteria/Process. Audits may differ between services and/or providers based on what is specifically being audited, the program requirements, and the reason the audit was initiated. (For example, an audit of interpretative services may not include a review of criminal history and background check compliance. An audit of criminal history and background check compliance would not include a review of service records.) Provider records are compared to this waiver program's documentation requirements.*

*Both desk reviews and on-site audits are conducted. On-site audits are triggered by several things including:*

- *Nature of the complaint or reason the audit was initiated;*
- *A need to obtain many records; and/or*
- *Provider requests an on-site to get the records.*

*4. Scope of Audits. Scope of MPIU audits varies depending on the reason an audit was initiated. Examples of audit scope include:*

- *Focused audits: Reviewing a few claims that were billed when a participant was hospitalized or out of state and not receiving services, or*
- *Time-span audits: Reviewing all the services billed by a provider and/or for a specific participant within that period.*

*5. Sampling Methodology. Statistical samples may be used when there are more than 75 Medicaid participant records to audit and there are more than 500 claim lines for the period of time audited. The results of the sample claim audit are extrapolated using a difference estimator and a normal approximation with a 90% confidence level. When the precision is 25% or less, the overpayment will be the point estimate. When the precision is greater than 25%, the overpayment will be based on the lower one-sided bound of the 90% confidence level. This method is used by CMS and the Office of Inspector General (OIG).*

6. *Provider Follow-up.* Preliminary findings are often discussed with the provider over the phone with a follow-up written notice of preliminary findings. The provider is given an opportunity to provide additional information or documentation to support billings in question. If additional information or documentation changes findings, the provider is contacted by phone and/or receives written notification of the revised findings. If the auditor and the provider reach an impasse on disputed findings, the provider is given the opportunity to meet with management to discuss concerns. An administrative action notice with appeal rights is sent to providers who do not agree with findings and/or wish to appeal the action.

MPIU does not request corrective action plans for its findings, although BLTC may require corrective action related to an MPIU recoupment through the BLTC Quality Improvement process.

7. *Recoupment.* Inappropriate claims are recouped by one of more of the following methods:

- Lump sum payments;
- Repayment agreements;
- Claim adjustments; and/or
- Payment offsets.

The State's Fiscal Unit adjusts the CMS-64 on a quarterly basis to remove inappropriate claims from FFP.

#### C. MMIS Performance Monitoring.

1. The state conducts performance monitoring of the MMIS contracts to ensure that claims are adjudicated by the MMIS and Fiscal Agent contractor in accordance with federal guidelines and Idaho Policies. In addition, Idaho began participating in the Payment Error Rate Measurement (PERM) Program in FY 2006.

2. All records are maintained by the MMIS and are available for review during post-payment audits. These records include: all claims submitted either electronically or on paper, all remittance and status reports which accompany provider payments; and all adjustment request forms.

3. The State requires the MMIS contractor to contract with, and pay for, an independent certified public accounting firm (currently X) to perform an annual audit of the contractor's services to the State in compliance with AICPA Statement on Auditing Standards number 70 (Reports on the Processing of Transactions by Service Organizations). Idaho's Legislative Services Office (LSO), Legislative Audit Division (<https://legislature.idaho.gov/lso/audit/>) performs annual Single Audit reviews of the Medical Assistance Program (CFDA 93.778). The state does not require independent service providers to secure an independent audit of their financial statements.

#### D. MCE Oversight.

1. The Department ensures that the MCE has an approved fraud and abuse compliance plan that includes, in addition to all other contractual obligations:

- a. A risk assessment of the Managed Care Entity's (MCE) various fraud and abuse/program integrity processes,
- b. Descriptions of specific controls in place for prevention and detection of potential or suspected fraud and abuse, such as automated pre-payment claims edits, automated post-payment claims edits, and desk audits on post-processing review of claims,
- c. Methods for the investigation and follow-up of any suspected or confirmed fraud and abuse, even if already reported, and/or compliance plan reports,
- d. A requirement that any confirmed or suspected Provider fraud and abuse under Federal or State law be reported to the state and the Medicaid Fraud Control Unit (MFCU) and that participant fraud and abuse is reported to the MFCU, and
- e. Work plans for conducting both announced and unannounced site visits and field audits to providers defined as high risk providers with cycle/auto billing activities, and providers offering Durable Medical Equipment (DME) or Non-Medical Transportation (NMT) Services; to ensure services are rendered and billed correctly.

2. The state ensures that the MCEs ensure that services furnished by providers are appropriate and medically necessary, authorized, and billed in accordance with the MCE's requirements. This includes monthly review of a random sample of no fewer than two point five percent (2.5%) of participants to ensure that such participants received the services for which providers billed with respect to such participants.

3. The state ensures that the MCEs have reconciled Participant Eligibility Data with capitation payments and verified that

the MCEs have an enrollment record for all participants the MCE received a capitation payment.

4. The state ensures that the MCEs report on the results of the internal audit of the random sample of all processed, paid, or pending claims, and that it reports on the number and percent of claims that are paid accurately. Medicaid contracted vendors that meet service organization standards are also required to pay for an independent, certified public accounting firm to perform an attestation of the Contractor's internal controls in accordance with the American Institute of Certified Public Accountants Statement Standards for Attestation Engagement (SSAE) No. 18, Attestation Standards: Clarification and Recodification. The Contractor shall initially and annually provide a copy of its most recent Service Organization Control (SOC) Type 2 report(s) on controls as a service organization and tests of operating effectiveness.

E. Electronic Visit Verification (EVV) System. On February 3, 2022, the state received notification from CMS of Idaho's approved EVV Certification. This certification verified that Idaho has demonstrated compliance with the EVV requirements for the required Personal Care Services (PCS) and Home Health Services provided under this waiver (Attendant Care, Homemaker, and Respite) as of March 5, 2021 with retroactive compliance dating back to January 1, 2021.

## Appendix I: Financial Accountability

### Quality Improvement: Financial Accountability

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

#### a. Methods for Discovery: Financial Accountability Assurance:

**The State must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.** (For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")

##### i. Sub-Assurances:

#### a. Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

(Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)

#### Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

#### Performance Measure:

**Number and percent of service delivery records for congregate settings that support claims paid for waiver services. a. Numerator: Number of service delivery records for congregate settings that support claims paid for waiver services. b. Denominator: Number of all reviewed claims billed for waiver services in congregate settings.**

**Data Source (Select one):**

**Financial audits**

If 'Other' is selected, specify:

| Responsible Party for data collection/generation (check each that applies): | Frequency of data collection/generation (check each that applies): | Sampling Approach (check each that applies): |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|
|-----------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|

|                                                                                                                   |                                                                                                                   |                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                                                      | <b>Weekly</b>                                                                                                     | <b>100% Review</b>                                                                                                                                                                                        |
| <b>Operating Agency</b>                                                                                           | <b>Monthly</b>                                                                                                    | <b>Less than 100% Review</b>                                                                                                                                                                              |
| <b>Sub-State Entity</b>                                                                                           | <b>Quarterly</b>                                                                                                  | <b>Representative Sample</b><br>Confidence Interval =<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           95% confidence level with +/- 5% margin of error         </div> |
| <b>Other Specify:</b><br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> | <b>Annually</b>                                                                                                   | <b>Stratified</b><br>Describe Group:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>                                                                          |
|                                                                                                                   | <b>Continuously and Ongoing</b>                                                                                   | <b>Other Specify:</b><br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>                                                                                         |
|                                                                                                                   | <b>Other Specify:</b><br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> |                                                                                                                                                                                                           |

**Data Aggregation and Analysis:**

|                                                                                                                   |                                                                              |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b>                             | <b>Frequency of data aggregation and analysis (check each that applies):</b> |
| <b>State Medicaid Agency</b>                                                                                      | <b>Weekly</b>                                                                |
| <b>Operating Agency</b>                                                                                           | <b>Monthly</b>                                                               |
| <b>Sub-State Entity</b>                                                                                           | <b>Quarterly</b>                                                             |
| <b>Other Specify:</b><br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> | <b>Annually</b>                                                              |
|                                                                                                                   | <b>Continuously and Ongoing</b>                                              |

| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis (check each that applies):</b>                                         |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                       | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> |

**Performance Measure:**

**Number and percent of reports of potentially fraudulent activity by MCE waiver providers that were investigated by the MCE. a. Numerator: Number of reports of potentially fraudulent activity by MCE waiver providers that were investigated by the MCE. b. Denominator: Number of reports of potentially fraudulent activity.**

**Data Source (Select one):**

**Reports to State Medicaid Agency on delegated Administrative functions**

If 'Other' is selected, specify:

| <b>Responsible Party for data collection/generation (check each that applies):</b>                         | <b>Frequency of data collection/generation (check each that applies):</b> | <b>Sampling Approach (check each that applies):</b>                                                                                               |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                                               | <b>Weekly</b>                                                             | <b>100% Review</b>                                                                                                                                |
| <b>Operating Agency</b>                                                                                    | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                                                                                                                      |
| <b>Sub-State Entity</b>                                                                                    | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval =<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">MCE</div> | <b>Annually</b>                                                           | <b>Stratified</b><br>Describe Group:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>                  |
|                                                                                                            | <b>Continuously and Ongoing</b>                                           | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>                              |
|                                                                                                            | <b>Other</b><br>Specify:                                                  |                                                                                                                                                   |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Data Aggregation and Analysis:**

| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis (check each that applies):</b> |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             |
| <b>Other</b><br>Specify:<br><div>MCE</div>                                            | <b>Annually</b>                                                              |
|                                                                                       | <b>Continuously and Ongoing</b>                                              |
|                                                                                       | <b>Other</b><br>Specify:<br><div></div>                                      |

**Performance Measure:**

**Number and percent of claims billed for in-home services that successfully match against EVV data. a. Numerator: Number of claims billed for in-home services that successfully matched against EVV data. b. Denominator: Number of claims billed for in-home services requiring EVV data provided within the timeframe.**

**Data Source (Select one):****Financial audits**

If 'Other' is selected, specify:

| <b>Responsible Party for data collection/generation (check each that applies):</b> | <b>Frequency of data collection/generation (check each that applies):</b> | <b>Sampling Approach (check each that applies):</b>   |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                    |
| <b>Operating Agency</b>                                                            | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                          |
| <b>Sub-State Entity</b>                                                            | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval = |

|                                                                  |                                                      |                                                                  |
|------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------|
|                                                                  |                                                      | <input type="text"/>                                             |
| <b>Other</b><br>Specify:<br><br><input type="text" value="MCE"/> | <b>Annually</b>                                      | <b>Stratified</b><br>Describe Group:<br><br><input type="text"/> |
|                                                                  | <b>Continuously and Ongoing</b>                      | <b>Other</b><br>Specify:<br><br><input type="text"/>             |
|                                                                  | <b>Other</b><br>Specify:<br><br><input type="text"/> |                                                                  |

**Data Aggregation and Analysis:**

|                                                                                       |                                                                             |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis(check each that applies):</b> |
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                               |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                              |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                            |
| <b>Other</b><br>Specify:<br><br><input type="text" value="MCE"/>                      | <b>Annually</b>                                                             |
|                                                                                       | <b>Continuously and Ongoing</b>                                             |
|                                                                                       | <b>Other</b><br>Specify:<br><br><input type="text"/>                        |

**Performance Measure:**

**Number of EVV visits that match authorized type, scope, amount, duration and frequency. a. Numerator: Number of EVV visits that match authorized type, scope, amount, duration and frequency. b. Denominator: Number of EVV visits submitted to**

*the state's aggregator in the reporting period.*

**Data Source** (Select one):

**Other**

If 'Other' is selected, specify:

**EVV Aggregator Visit Reports**

| <b>Responsible Party for data collection/generation</b><br>(check each that applies):     | <b>Frequency of data collection/generation</b><br>(check each that applies):                        | <b>Sampling Approach</b> (check each that applies):                                                                              |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                              | <b>Weekly</b>                                                                                       | <b>100% Review</b>                                                                                                               |
| <b>Operating Agency</b>                                                                   | <b>Monthly</b>                                                                                      | <b>Less than 100% Review</b>                                                                                                     |
| <b>Sub-State Entity</b>                                                                   | <b>Quarterly</b>                                                                                    | <b>Representative Sample</b><br>Confidence Interval =<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; padding: 2px;">MCE</div> | <b>Annually</b>                                                                                     | <b>Stratified</b><br>Describe Group:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                  |
|                                                                                           | <b>Continuously and Ongoing</b>                                                                     | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>                              |
|                                                                                           | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                                                                                                                                  |

**Data Aggregation and Analysis:**

| <b>Responsible Party for data aggregation and analysis</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b> (check each that applies): |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             |

| <b>Responsible Party for data aggregation and analysis (check each that applies):</b>                   | <b>Frequency of data aggregation and analysis (check each that applies):</b>                         |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; padding: 2px; width: 150px;">MCE</div> | <b>Annually</b>                                                                                      |
|                                                                                                         | <b>Continuously and Ongoing</b>                                                                      |
|                                                                                                         | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 150px;"></div> |

**Performance Measure:**

**Number and percent of waiver claims paid according to the posted fee schedule. a.**

**Numerator: Number of waiver claims paid according to the posted fee schedule. b.**

**Denominator: All waiver claims paid (by procedure code) for one week of each calendar year.**

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**Ad hoc paid claims report**

| <b>Responsible Party for data collection/generation (check each that applies):</b>                   | <b>Frequency of data collection/generation (check each that applies):</b> | <b>Sampling Approach (check each that applies):</b>                                                                               |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                                         | <b>Weekly</b>                                                             | <b>100% Review</b>                                                                                                                |
| <b>Operating Agency</b>                                                                              | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                                                                                                      |
| <b>Sub-State Entity</b>                                                                              | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval =<br><div style="border: 1px solid black; height: 30px; width: 100px;"></div> |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100px;"></div> | <b>Annually</b>                                                           | <b>Stratified</b><br>Describe Group:<br><div style="border: 1px solid black; height: 30px; width: 100px;"></div>                  |
|                                                                                                      | <b>Continuously and</b>                                                   | <b>Other</b>                                                                                                                      |

|  |                                         |                         |
|--|-----------------------------------------|-------------------------|
|  | <b>Ongoing</b>                          | Specify:<br><div></div> |
|  | <b>Other</b><br>Specify:<br><div></div> |                         |

**Data Aggregation and Analysis:**

|                                                                                       |                                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis (check each that applies):</b> |
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                |
| <b>Operating Agency</b>                                                               | <b>Monthly</b>                                                               |
| <b>Sub-State Entity</b>                                                               | <b>Quarterly</b>                                                             |
| <b>Other</b><br>Specify:<br><div></div>                                               | <b>Annually</b>                                                              |
|                                                                                       | <b>Continuously and Ongoing</b>                                              |
|                                                                                       | <b>Other</b><br>Specify:<br><div></div>                                      |

- b. Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.**

**Performance Measures**

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

**Performance Measure:**

**Number & % of posted rates (by procedure code) remaining consistent with approved waiver rate methodology throughout the 5-year waiver cycle. a. Num: Number of posted rates (by procedure code) remaining consistent with approved waiver rate methodology throughout the 5-year waiver cycle. b. Den: Number of posted rates (by procedure code) derived from rate methodologies in the approved waiver.**

**Data Source (Select one):**

**Analyzed collected data (including surveys, focus group, interviews, etc)**

**If 'Other' is selected, specify:**

| <b>Responsible Party for data collection/generation (check each that applies):</b> | <b>Frequency of data collection/generation (check each that applies):</b> | <b>Sampling Approach (check each that applies):</b>                           |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                       | <b>Weekly</b>                                                             | <b>100% Review</b>                                                            |
| <b>Operating Agency</b>                                                            | <b>Monthly</b>                                                            | <b>Less than 100% Review</b>                                                  |
| <b>Sub-State Entity</b>                                                            | <b>Quarterly</b>                                                          | <b>Representative Sample</b><br>Confidence Interval =<br><input type="text"/> |
| <b>Other Specify:</b><br><input type="text"/>                                      | <b>Annually</b>                                                           | <b>Stratified</b><br>Describe Group:<br><input type="text"/>                  |
|                                                                                    | <b>Continuously and Ongoing</b>                                           | <b>Other Specify:</b><br><input type="text"/>                                 |
|                                                                                    | <b>Other Specify:</b><br><input type="text"/>                             |                                                                               |

**Data Aggregation and Analysis:**

| <b>Responsible Party for data aggregation and analysis (check each that applies):</b> | <b>Frequency of data aggregation and analysis (check each that applies):</b> |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                                                          | <b>Weekly</b>                                                                |

| <b>Responsible Party for data aggregation and analysis (check each that applies):</b>                                | <b>Frequency of data aggregation and analysis (check each that applies):</b>                                         |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Operating Agency</b>                                                                                              | <b>Monthly</b>                                                                                                       |
| <b>Sub-State Entity</b>                                                                                              | <b>Quarterly</b>                                                                                                     |
| <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> | <b>Annually</b>                                                                                                      |
|                                                                                                                      | <b>Continuously and Ongoing</b>                                                                                      |
|                                                                                                                      | <b>Other</b><br>Specify:<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> |

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The following are the strategies employed by the State to discover/identify problems/issues regarding financial accountability.

1. MMIS system-level audits are reviewed by contractor personnel to prevent duplicate transactions from being paid more than once, regardless of how many times the service is billed. Yearly audit reports are submitted to the Department.
  - a. The Department conducts monitoring of the MMIS contract to ensure that claims are adjudicated by the MMIS in accordance with Federal guidelines and Idaho policies.
  - b. Idaho began participating in the PERM program in FY 2006.
  - c. The State requires the MMIS contractor to contract with and pay for an independent CPA firm to perform an annual audit of the contractor's services to the State in compliance with AICPA Statement on Auditing Standards number 70 (Reports on the Processing of Transactions by Service Organizations).
  - d. Provider corrective action is requested when appropriate.
2. Possible provider fraudulent billing patterns that are identified during the following Quality Improvement processes are investigated and forwarded to the Medicaid Fraud Unit. These issues are documented and tracked within the Complaint System. Provider corrective action is requested when appropriate.
  - a. Nurse Reviewer Home Visit Process
  - b. Provider Quality Assurance Reviews
  - c. Complaints regarding possible fraud received by the Department
3. The Department ensures that the MCE complies with all its requirements listed in this Appendix, and with all other contractual requirements related to financial accountability.

**b. Methods for Remediation/Fixing Individual Problems**

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

The following is the State's methods for remediation/fixing individual problem as they are discovered.

1. The Bureau of Long Term Care Committee (BLTCC) or designee identifies and addresses any statewide resource or program issues identified in the analysis information. The result of this analysis is reported through the BLTCC minutes, and recommended program changes are sent to the Medicaid Quality Management Oversight Committee for approval.

2. The Bureau Leadership Team (BLT) reviews BLTCC or designee and other Medicaid program report analyses and recommendations, considers Division-wide resources, coordination issues and strategies. This information is used by the Central Office Management Team (COMT) to make final system-wide change decisions.

3. The non-licensed/non-certified provider is responsible for the development and implementation of a quality assurance program which assures service delivery consistent with applicable rules. Results of individual quality assurance reviews conducted by IDHW shall be transmitted to the provider within forty-five (45) days of a review being completed. If deficiencies have been identified by the review, the provider agency shall submit to IDHW a corrective action plan for addressing the identified deficiencies. This corrective action plan shall be submitted to IDHW within 45 calendar days of receiving the results of a quality assurance review. Upon request, an agency shall also forward to IDHW the results of any implemented corrective action plan.

4. The IDHW Contract Monitor issues a Monitoring Report to the MCE that identifies in writing the Performance Indicator(s) monitored, and that summarizes the preliminary results with the MCE. The MCE utilizes the same sampling methods as IDHW for performance and quality improvement measures. Upon request by the MCE, IDHW will meet with the MCE within ten (10) business days of their receipt of the Monitoring Report regarding the results. The MCE may dispute the findings via written appeal to the Contract Monitor within ten (10) business days of issuance of the report. The MCE must specifically address each disputed finding and justification for the appeal of the finding. The MCE is required to provide all documents necessary to dispute monitor results with its written appeal. The IDHW will render a final written decision on the appeal to the MCE within ten (10) business days of receipt of the MCE's dispute information, unless the parties agree in writing to extend the decision period.

If the MCE does not dispute the findings, the MCE shall have ten (10) business days from the date of the IDHW's monitoring report to cure the deficiencies found. If the MCE appeals the monitoring report, the MCE shall have ten (10) business days from the date of IDHW's final written decision to cure the deficiencies. If the IDHW is not satisfied that the MCE has resolved the deficiencies, or made substantial progress toward resolution, the IDHW may assess the amounts listed in the Scope of Work as liquidated damages for each day the deficiency remains uncured.

## ii. Remediation Data Aggregation

### Remediation-related Data Aggregation and Analysis (including trend identification)

| <b>Responsible Party</b> (check each that applies): | <b>Frequency of data aggregation and analysis</b><br>(check each that applies): |
|-----------------------------------------------------|---------------------------------------------------------------------------------|
| <b>State Medicaid Agency</b>                        | <b>Weekly</b>                                                                   |
| <b>Operating Agency</b>                             | <b>Monthly</b>                                                                  |
| <b>Sub-State Entity</b>                             | <b>Quarterly</b>                                                                |
| <b>Other</b><br>Specify:<br><div>MCE</div>          | <b>Annually</b>                                                                 |
|                                                     | <b>Continuously and Ongoing</b>                                                 |
|                                                     | <b>Other</b><br>Specify:<br><div></div>                                         |

## c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

No

Yes

*Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.*

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## **Appendix I: Financial Accountability**

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### **I-2: Rates, Billing and Claims (1 of 3)**

**a. Rate Determination Methods.** *In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).*

A. Rate Update Process. The State provides public notice of significant rate changes in accordance with 42 CFR § 447.205 and 42 CFR § 441.304(e). The State publishes public notice of proposed changes in multiple newspapers throughout the state and on the Department's website. Copies of public notices and text of proposed significant rate changes are made available for public review on the Department's website and during regular business hours at agency locations in each Idaho county as identified in the public notice. Additionally, payment rates are published on the Department's website for participants, the public, and providers to access. Current Aged & Disabled (A&D) Waiver Services fee schedules are found in the Provider Resources folder under > Medicaid > Fee Schedules > Provider Reimbursement Rates > HCBS and LTSS folder located at <https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=25868&dbid=0&repo=PUBLIC-DOCUMENTS>. Select the appropriate link for specific provider type desired to view current rates.

The State provides opportunity for meaningful public input related to proposed rate changes in accordance with 42 CFR § 441.304(f). The State solicits comments from the public (beneficiaries, providers, and other stakeholders) through its public notice process and through public hearings related to the proposed rate changes. The public is given the opportunity to comment for at least thirty (30) days prior to the submission of any waiver amendment to the Centers for Medicare and Medicaid Services (CMS). Additionally, the State solicits comments at public hearings when Administrative Rules are promulgated in connection with rate changes, proposed rules are published in the Idaho Administrative Bulletin and the public has the opportunity to comment on proposed rules for at least twenty-one (21) days after the publish date.

Waiver providers are paid on a fee-for-service (FFS) basis as established by the State and the type of service provided. The State collaborates with providers on rate reviews for the services outlined below through direct outreach via email or phone, meetings, and Information Releases. Rate determination process is reviewed by a third-party accounting firm, provider workgroups, legislative joint finance committee and Medicaid staff. The Bureau of Financial Operations (BFO) is responsible for rate determinations. The State ensures that Managed Care Entities (MCE) reimburse providers at a rate no less than the current Medicaid Provider rates. Main Section 6-I describes the process for soliciting public comments on rate determination methods.

Review and rebasing rates are initiated through cost surveys every 5 (five) years, the provider rate review process, the weighted average hourly wage survey, and/or when an access or quality indicator reflects a potential issue as outlined in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits" Section 037. Rebasing is finalized through the approval of budget requests as authorized by the Idaho State Legislature. Contact Medicaid's Office of Reimbursement for questions by phone (208) 287-1180 or email [MedicaidRateReview@dhw.idaho.gov](mailto:MedicaidRateReview@dhw.idaho.gov).

## B. Service Rate Methodology.

### 1. General Rate Provisions:

- a. The State pays the same rates for services provided under the self-directed model using a Fiscal Intermediary (FI) Agency as it pays for rates provided by a Personal Assistance Agency (PAA).
- b. The State reimburses services at the same rate statewide.
- c. Service rates may vary by provider type under this waiver. Differences are indicated by provider type on the published Fee Schedules and as described below. Differences are driven by provider-specific cost surveys reviewing wage and cost data collected from providers throughout the state directly, the Bureau of Labor Statistics, and the Internal Revenue Service.

### 2. FFS Rates:

- a. Adult Day Health (ADH). The initial rate was set in 1999 based on time studies in nursing facilities. Rates in Waiver Year 1 of the Workbook include enhanced payments for all provider types (\$2.79 per 15-minute unit) authorized under an approved Emergency Appendix K Amendment related to the Coronavirus Public Health Emergency (PHE). When the PHE rate increases expire, ADH services provided by Developmental Disability Agencies (DDA) will continue to be paid at \$2.79 per 15-min. unit. All other provider types will return to the \$1.50 per 15-min. unit rate. Rates related to ADH were last reviewed and rebased SFY 2022.
- b. Home Delivered Meals. The initial rate was set in 1999 based on time studies in nursing facilities. Rates were last reviewed SFY 2020 and rebased SFY 2011.
- c. Residential Habilitation (ResHab) and Supported Employment. The rate model used to develop these rates is described in Idaho Code 16.03.10, "Medicaid Enhanced Plan Benefits," Section 038.04, "Reimbursement Rate Setting Methodology." ResHab rates were last reviewed SFY 2022 and last rebased SFY 2018. Supported Employment rates were last reviewed and rebased SFY 2020.

- d. Consultation Services, Personal Emergency Response System (PERS), and Day Habilitation. The initial rates were set back in 1999 based on time studies in nursing facilities. Ongoing rates are set based on a labor model using a Staff Support Hour (SSH) rate approach, which involves developing a single rate for a unit of staff time spent providing services for a participant. Rates related to these services were last reviewed and rebased SFY 2011.
- e. Attendant Care, Homemaker Services, Companion Services, Chore Services, and Respite Care. The rate model used to develop rates for these services is described in Idaho Code (IDAPA) 16.03.10, "Medicaid Enhanced Plan Benefits". These services are identified as Personal Care Services (PCS) where methodology is described in Section 307, "Personal Care Services: Provider Reimbursement," under Subsections .01 through .04. In addition, Section .037 "General Reimbursement: Participant Services," Subsection 02 requires the state to conduct a cost survey when there are identified access issues. The current hourly rate calculation was determined when the state followed Idaho Code 16.03.10.307.04.a in calculating a direct care wage. This section says the state will establish Personal Assistance Agency (PAA) rates for personal assistance services based on the Weighted Average Hour Rate (WAHR). The state then followed Idaho Code 16.03.10.307.04.b in calculating a supplemental component. This section says the state will calculate a supplemental component using costs reported for travel, administration, training, payroll taxes and fringe benefits (employment related expenditures, program related costs, and indirect general and administrative costs). Rates for these services were last reviewed and rebased SFY 2022.
- Respite provided by a PAA is paid at \$4.99 per 15-min. unit, while the rate for Respite provided by an Adult Residential Care provider is \$2.64 per 15-min. unit.
- f. Adult Residential Care. Services are paid per diem based on the number of hours and types of assistance required by each individual participant as identified in the Uniform Assessment Instrument (UAI). Individual component rates for services that factor into these per diem rates (Attendant Care and Homemaker) were last reviewed and rebased SFY 2022.
- g. Non-Medical Transportation (NMT). A study is conducted that evaluates the actual costs of fuel reasonably incurred by the typical non-commercial transportation provider whose personal vehicle averages fifteen (15) miles per gallon. Agency providers are paid \$0.44 per mile. Commercial providers are paid \$4.20 for the first mile of their first trip in the day, plus \$1.17 per mile. Commercial Bus passes are manually priced. NMT rates were last reviewed and rebased SFY 2010.
- h. Specialized Medical Equipment & Supplies. Service items are manually priced (including miscellaneous codes), require a copy of the manufacturer's suggested retail pricing (MSRP), an invoice, and/or quote from the manufacturer. Reimbursement is for seventy-five percent (75%) of MSRP. When pricing documentation includes the invoice, reimbursement is at cost plus ten percent (10%), plus shipping (when documentation is provided). For codes that are not manually priced, the rate is based on the currently posted Medicaid fee schedule price.
- i. Environmental Accessibility Adaptations. Service is manually priced; for adaptations over \$500, three (3) bids are required whenever possible. The lowest bid which meets the participant's needs is selected.
- j. Skilled Nursing. Services are paid on a uniform reimbursement rate based on an annual survey conducted by the Department. Individual services provided by direct care nursing staff are reimbursed by license and/or service. Registered Nurses (RN) are reimbursed at \$10.19 per 15-min. unit, Licensed Practical Nurses (LPN) are reimbursed at \$7.31 per 15-min. unit, and Nursing oversight activities are paid at \$50.95 per visit. Rates were last reviewed SFY 2022 and rebased SFY 2014.
- k. Transition Services. Service is manually priced; projected usage amount for this benefit is calculated based on an average of actual expenses for this service over the previous waiver cycle starting FFY 2019 when Transition Services were added to the waiver.

## 2. MCE Rates.

- a. The Contracts between the State and the MCEs shall be a firm fixed fee, indefinite quantity contract for services specified in the Scope of Work. For payment purposes, a capitated payment is calculated based on the current eligible Medicare Medicaid Coordinated Plan (MMCP) or Idaho Medicaid Plus participant count multiplied by the Per Member Per Month (PMPM) figure and is intended to adequately support participant access to, and utilization of covered services, including administrative costs. The total PMPM payment is comprised of two (2) components; the medical capitation and the blended Long Term Services and Supports (LTSS) costs. Once the eligible Enrollee count by enrollment status is determined for the contract, the blended LTSS rate will remain in effect through the contract period.
- b. Initial projections used for population distribution between the MMCP, Idaho Medicaid Plus, and Fee-For-Service mix was derived using the following assumptions as we did not have sufficient enrollment data to project how the Dual Population would distribute out in the mix:
- i. Counties with Mandatory Enrollment, the State assumed that Idaho Medicaid Plus would have the largest group, with MMCP second largest and FFS smallest. Estimated a 50-40-10 distribution.
  - ii. Counties with Voluntary Enrollment, the State assumed that largest group would be comprised of MMCP, with some

FFS and no Idaho Medicaid Plus. Estimated a 25-75-0 distribution.

iii. Counties with Passive Enrollment, the State assumed that Idaho Medicaid Plus would have the largest group, with MMCP second largest and FFS smallest. Estimated a 60-25-15 distribution.

c. For this waiver renewal, the State had sufficient enrollment data over the last waiver cycle (SFY2018-2021) to predict with reasonable confidence that the population mix is much more even than expected.

Amendment R07.01 Effective 4/1/2024:

1. Skilled Nursing rates were reviewed in SFY 2023. The following services were reviewed and rebased in SFY 2023: ADH, Adult Residential Care - Certified Family Home (CFH), Attendant Care, Chore, Companion, Home Delivered Meals, Homemaker, PERS, ResHab, Respite, and Supported Employment,

2. ADH rates related to the PHE expired November 2023. DDA rates remain at \$2.79 per 15-min. unit and rates for ADH provided by CFHs now pay at \$1.95 per 15-min. unit as approved in the 2023 Idaho Legislature. All other ADH providers returned to the \$1.50 per 15-min. unit rate effective November 12, 2023.

3. Attendant Care is reimbursed at the same rate whether a spouse caregiver is used or not.

- b. Flow of Billings.** Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the state's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:

**A. Fee-For-Service (FFS) Claims.**

For FFS claims, provider billing flows directly from the provider to the State's claim payment system. Health PAS Administrator (QNXT) is Idaho's Management Information System (MMIS).

**B. Medicare Medicaid Coordinated Plan (MMCP) and Idaho Medicaid Plus Claims.**

Providers billing for participants enrolled in the MMCP or Idaho Medicaid Plus bill the Managed Care Entity (MCE) or the MCE's subcontractor (if applicable) for all services rendered. Payments made to MCEs by the state is described in Appendix I-2-d of this waiver.

**C. Electronic Visit Verification (EVV).**

Providers of Attendant Care, Homemaker and Respite services under this waiver (both FFS and MCEs) must collect required EVV data when billing for these services as described in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 041, "Specialized Reimbursement: Electronic Visit Verification (EVV)."

Providers must then upload EVV service delivery data to the state's EVV Aggregator in order to receive payment for claims for these services. The EVV Aggregator then transmits the provider's EVV claims data to the MMIS billing system where that data is compared to the claims billed by the provider.

The MMIS ensures that a matching EVV data record has been provided for the billed services identified above. All claims initially show a PEND status until they are validated against EVV data provided by the Aggregator.

- When a matching EVV record is not found or does not match the billed claim, the claim denies.
- When a matching EVV record or visit is found, the claim is sent for payment via the standard payment process.

For support regarding claim denials, providers must contact their MMIS Trading Partner Account and/or MCE for assistance resolving the discrepancy.

## Appendix I: Financial Accountability

### I-2: Rates, Billing and Claims (2 of 3)

- c. Certifying Public Expenditures (select one):**

**No. state or local government agencies do not certify expenditures for waiver services.**

**Yes. state or local government agencies directly expend funds for part or all of the cost of waiver services and certify their state government expenditures (CPE) in lieu of billing that amount to Medicaid.**

Select at least one:

***Certified Public Expenditures (CPE) of State Public Agencies.***

*Specify: (a) the state government agency or agencies that certify public expenditures for waiver services; (b) how it is assured that the CPE is based on the total computable costs for waiver services; and, (c) how the state verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR § 433.51(b). (Indicate source of revenue for CPEs in Item I-4-a.)*

***Certified Public Expenditures (CPE) of Local Government Agencies.***

*Specify: (a) the local government agencies that incur certified public expenditures for waiver services; (b) how it is assured that the CPE is based on total computable costs for waiver services; and, (c) how the state verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR § 433.51(b). (Indicate source of revenue for CPEs in Item I-4-b.)*

***Appendix I: Financial Accountability******I-2: Rates, Billing and Claims (3 of 3)***

**d. Billing Validation Process.** Describe the process for validating provider billings to produce the claim for federal financial participation, including the mechanism(s) to assure that all claims for payment are made only: (a) when the individual was eligible for Medicaid waiver payment on the date of service; (b) when the service was included in the participant's approved service plan; and, (c) the services were provided:

The following are the processes employed by the State to validate provider billing to produce the claims for Federal Financial Participation (FFP):

1. Participant eligibility is determined by the Division of Welfare. Once eligibility is determined, the participant's eligibility information is electronically transmitted to the Medicaid Management Information System (MMIS) from the Idaho Benefit Eligibility System (IBES). Claims are edited against the eligibility file in the MMIS to ensure that claims are paid for Medicaid-eligible participants only.
2. BLTC staff enter prior authorization of Medicaid reimbursable services as indicated on the approved plan of care into the MMIS. BLTC Quality Improvement (QI) Specialists analyze billed versus rendered data on services authorized for waiver participants during provider audits. This process involves matching service delivery documentation with claims billed for services that do not require Electronic Visit Verification (EVV) validation.
3. Claims for Attendant Care, Homemaker, and Respite services require EVV validation prior to claims payment. All EVV-applicable services are validated against EVV visit data via pre-payment adjudication in the state's MMIS for Fee For Service (FFS) claims. For Managed Care Organization (MCO) claims, the state conducts post-payment matching of billed claims to EVV visits. Claims ineligible for payment are identified for the MCO to recoup.
4. Explanation of Medicaid Benefits are generated and sent to a sampling of participants receiving services to verify that the services were provided. All records are maintained by the MMIS and are available for review during post-payment audits. These records include: all claims submitted either electronically or on paper, all remittance and status reports which accompany provider payments; and all adjustment request forms. The sample size of participants that receive an Explanation of Benefits notice is 1% of the eligible participants with paid claims in the past month. 1% of the member population exceeds the threshold for a 95% Confidence Level.
5. Medicaid Program Integrity Unit (MPIU) identifies inappropriate claims during their audit process. Inappropriate claims are recouped by one of more of the following methods:
  - Lump sum payments;
  - Repayment agreements;
  - Claim adjustments; and/or
  - Payment offsets.

The State's Fiscal Unit makes adjustments to the CMS-64 on a quarterly basis to remove inappropriate claims from FFP.

#### Validation of Fee-for-Service (FFS) Claims.

All FFS Medicaid claims for waiver services are processed through the MMIS. The MMIS is managed and monitored through the Division of Medicaid.

#### Validation of Managed Care Entity (MCE) Claims.

The MCE submits deliverables in accordance with established timelines and encounter data to the state's MMIS contractor. Per 42 CFR §438.60 no supplemental payments shall be made to any network provider outside of the contract for services provided.

The state pays the MCE for services on a monthly basis in accordance with requirements for MCOs specified in 42 CFR § 438. The state makes a capitation payment based on this number on or before the tenth (10th) business day of the month. The capitation payment includes payments or adjustments for participants whose plan eligibility status has been determined retroactively by the state. In the case of Per Member Per Month (PMPM) overpayments to the MCE, the state provides a separate overpayment bill.

The state provides, and the MCE accepts an 820 Payroll Deducted and Other Group Premium Payment for Insurance Products EDI transaction. The MCE creates an error report from the 820 Payment Order/Remittance Advice EDI transmission in order to reconcile any discrepancies identified. The MCE reviews the error report against its own records and transmit an 820 Payment Order/Remittance Advice EDI transmission with corrected participant enrollment and disenrollment information. The MCE enrolls and disenrolls participants in the current month or future months when the MCE submits the 820 Payment Order/Remittance Advice EDI transmission to the state. No retroactive enrollment or disenrollment is accepted by the state unless the state agrees to an exception to retroactive enrollment or disenrollment on a case by case basis. The MCE reviews the report against its own records and reports any inconsistencies or errors to

the state for review, confirmation, and reconciliation.

- e. Billing and Claims Record Maintenance Requirement.** Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR § 92.42.

## Appendix I: Financial Accountability

### I-3: Payment (1 of 7)

- a. Method of payments -- MMIS (select one):**

**Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).**

**Payments for some, but not all, waiver services are made through an approved MMIS.**

Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) and how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

**Payments for waiver services are not made through an approved MMIS.**

Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system(s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

**Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS.**

Describe how payments are made to the managed care entity or entities:

## Appendix I: Financial Accountability

### I-3: Payment (2 of 7)

- b. Direct payment.** In addition to providing that the Medicaid agency makes payments directly to providers of waiver services, payments for waiver services are made utilizing one or more of the following arrangements (select at least one):

**The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.**

**The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.**

**The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.**

Specify the limited fiscal agent, the waiver services for which the limited fiscal agent makes payment, the functions

that the limited fiscal agent performs in paying waiver claims, and the methods by which the Medicaid agency oversees the operations of the limited fiscal agent:

**Providers are paid by a managed care entity or entities for services that are included in the state's contract with the entity.**

Specify how providers are paid for the services (if any) not included in the state's contract with managed care entities.

## Appendix I: Financial Accountability

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### I-3: Payment (3 of 7)

**c. Supplemental or Enhanced Payments.** Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to states for expenditures for services under an approved state plan/waiver. Specify whether supplemental or enhanced payments are made. Select one:

**No. The state does not make supplemental or enhanced payments for waiver services.**

**Yes. The state makes supplemental or enhanced payments for waiver services.**

Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the non-Federal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the state to CMS. Upon request, the state will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.

## Appendix I: Financial Accountability

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### I-3: Payment (4 of 7)

**d. Payments to state or Local Government Providers.** Specify whether state or local government providers receive payment for the provision of waiver services.

**No. State or local government providers do not receive payment for waiver services. Do not complete Item I-3-e.**

**Yes. State or local government providers receive payment for waiver services. Complete Item I-3-e.**

Specify the types of state or local government providers that receive payment for waiver services and the services that the state or local government providers furnish:

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**Appendix I: Financial Accountability**

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**I-3: Payment (5 of 7)****e. Amount of Payment to State or Local Government Providers.**

Specify whether any state or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed its reasonable costs of providing waiver services and, if so, whether and how the state recoups the excess and returns the Federal share of the excess to CMS on the quarterly expenditure report. Select one:

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**Answers provided in Appendix I-3-d indicate that you do not need to complete this section.**

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*The amount paid to state or local government providers is the same as the amount paid to private providers of the same service.*

*The amount paid to state or local government providers differs from the amount paid to private providers of the same service. No public provider receives payments that in the aggregate exceed its reasonable costs of providing waiver services.*

*The amount paid to state or local government providers differs from the amount paid to private providers of the same service. When a state or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed the cost of waiver services, the state recoups the excess and returns the federal share of the excess to CMS on the quarterly expenditure report.*

Describe the recoupment process:

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**Appendix I: Financial Accountability**

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**I-3: Payment (6 of 7)**

**f. Provider Retention of Payments.** Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by states for services under the approved waiver. Select one:

*Providers receive and retain 100 percent of the amount claimed to CMS for waiver services.*

*Providers are paid by a managed care entity (or entities) that is paid a monthly capitated payment.*

Specify whether the monthly capitated payment to managed care entities is reduced or returned in part to the state.

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**Appendix I: Financial Accountability**

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**I-3: Payment (7 of 7)****g. Additional Payment Arrangements**

**i. Voluntary Reassignment of Payments to a Governmental Agency.** Select one:

*No. The state does not provide that providers may voluntarily reassign their right to direct payments to a governmental agency.*

*Yes. Providers may voluntarily reassign their right to direct payments to a governmental agency as*

*provided in 42 CFR § 447.10(e).*

*Specify the governmental agency (or agencies) to which reassignment may be made.*

**ii. Organized Health Care Delivery System. Select one:**

***No. The state does not employ Organized Health Care Delivery System (OHCDS) arrangements under the provisions of 42 CFR § 447.10.***

***Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR § 447.10.***

*Specify the following: (a) the entities that are designated as an OHCDS and how these entities qualify for designation as an OHCDS; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCDS; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCDS arrangement is employed, including the selection of providers not affiliated with the OHCDS; (d) the method(s) for assuring that providers that furnish services under contract with an OHCDS meet applicable provider qualifications under the waiver; (e) how it is assured that OHCDS contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCDS arrangement is used:*

**iii. Contracts with MCOs, PIHPs or PAHPs.**

***The state does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.***

***The state contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of section 1915(a)(1) of the Act for the delivery of waiver and other services. Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the state Medicaid agency.***

*Describe: (a) the MCOs and/or health plans that furnish services under the provisions of section 1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.*

*Medicare Medicaid Coordinated Plan (MMCP) - 1915(a)(c) authority*

- a) The state contracts with any willing and qualified Managed Care Entity (MCE) that can meet the contractual obligations of the MMCP scope of work.*
- b) The geographic area served includes the following thirty-three (33) counties: Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Cassia, Canyon, Clark, Clearwater, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Washington, and Valley.*
- c) Covered services include all Medicaid services the participants are eligible for, except for the following services: Adult Developmental Disabilities (DD) Waiver services, Developmental Disabilities 1915(i) State Plan services, dental services, and non-emergency medical transportation (NEMT), which continues to be offered via Medicaid fee-for-service.*
- d) Capitated payments to the MCE are processed through the Department's MMIS system and sent to the MCE on a monthly basis.*

*Idaho Medicaid Plus - 1915(b)/(c) authority*

*This program is administered in counties in which there are two (2) or more participating health plans. The types of health plans (MCOs) and how payments are made are the same for both the existing 1915(a)/(c) program (MMCP) and the 1915(b)/(c) program (Idaho Medicaid Plus).*

- a) The state contracts with any willing and qualified MCE that can meet the contractual obligations of the Idaho Medicaid Plus Scope of Work.*
- b) The geographic area served includes the following twenty-one (21) counties: Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power and Twin Falls.*
- c) Covered services include all Medicaid services the participants are eligible for, except for the following services: Adult Developmental Disabilities (DD) Waiver services, Developmental Disabilities 1915(i) State Plan services, dental services, and non-emergency medical transportation (NEMT), which continue to be offered via Medicaid fee-for-service.*
- d) Capitated payments to the MCEs are processed through the state's MMIS system and sent to the MCEs on a monthly basis.*

***This waiver is a part of a concurrent section 1915(b)/section 1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The section 1915(b) waiver specifies the types of health plans that are used and how payments to these plans are made.***

***This waiver is a part of a concurrent section 1115/section 1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The section 1115 waiver specifies the types of health plans that are used and how payments to these plans are made.***

***If the state uses more than one of the above contract authorities for the delivery of waiver services, please select this option.***

*In the text box below, indicate the contract authorities. In addition, if the state contracts with MCOs, PIHPs, or PAHPs under the provisions of section 1915(a)(1) of the Act to furnish waiver services: Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the state Medicaid agency. Describe: (a) the MCOs and/or health plans that furnish services under the provisions of section 1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.*

**a. State Level Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the state source or sources of the non-federal share of computable waiver costs. Select at least one:

**Appropriation of State Tax Revenues to the State Medicaid Agency**

**Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency.**

If the source of the non-federal share is appropriations to another state agency (or agencies), specify: (a) the state entity or agency receiving appropriated funds and (b) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if the funds are directly expended by state agencies as CPEs, as indicated in Item I-2-c:

**Other State Level Source(s) of Funds.**

Specify: (a) the source and nature of funds; (b) the entity or agency that receives the funds; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by state agencies as CPEs, as indicated in Item I-2-c:

## Appendix I: Financial Accountability

### I-4: Non-Federal Matching Funds (2 of 3)

**b. Local Government or Other Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the source or sources of the non-federal share of computable waiver costs that are not from state sources. Select One:

**Not Applicable.** There are no local government level sources of funds utilized as the non-federal share.

**Applicable**

Check each that applies:

**Appropriation of Local Government Revenues.**

Specify: (a) the local government entity or entities that have the authority to levy taxes or other revenues; (b) the source(s) of revenue; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement (indicate any intervening entities in the transfer process), and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

**Other Local Government Level Source(s) of Funds.**

Specify: (a) the source of funds; (b) the local government entity or agency receiving funds; and, (c) the mechanism that is used to transfer the funds to the state Medicaid agency or fiscal agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

## Appendix I: Financial Accountability

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### I-4: Non-Federal Matching Funds (3 of 3)

**c. Information Concerning Certain Sources of Funds.** Indicate whether any of the funds listed in Items I-4-a or I-4-b that make up the non-federal share of computable waiver costs come from the following sources: (a) health care-related taxes or fees; (b) provider-related donations; and/or, (c) federal funds. Select one:

***None of the specified sources of funds contribute to the non-federal share of computable waiver costs***

***The following source(s) are used***

*Check each that applies:*

***Health care-related taxes or fees***

***Provider-related donations***

***Federal funds***

*For each source of funds indicated above, describe the source of the funds in detail:*

## Appendix I: Financial Accountability

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### I-5: Exclusion of Medicaid Payment for Room and Board

**a. Services Furnished in Residential Settings.** Select one:

***No services under this waiver are furnished in residential settings other than the private residence of the individual.***

***As specified in Appendix C, the state furnishes waiver services in residential settings other than the personal home of the individual.***

**b. Method for Excluding the Cost of Room and Board Furnished in Residential Settings.** The following describes the methodology that the state uses to exclude Medicaid payment for room and board in residential settings:

The following is the methodology that the State uses to exclude Medicaid payment for room and board in residential settings:

1. Payment for room and board in residential settings is excluded from Medicaid payment. The room and board allowance in a residential setting is the responsibility of the participant (and/or family or legal representative as appropriate) and is paid to the provider directly on a monthly basis.

2. The room and board allowance is not used to determine eligibility for Medicaid. It is not used to determine eligibility for the basic monthly allowance or the amount of the basic monthly allowance. Further, the room and board allowance is not the basic needs allowance used to calculate/figure client participation.

\* Room and board is a living arrangement where the participant purchases lodging (room) and meals (board) from a person they live with who is not their parent, child, or sibling. The Room and Board allowance will be adjusted annually by eighty percent (80%) of the annual cost-of-living increase in the federal SSI benefit rate for a single person. This adjustment will be effective on January 1st of each year. The room and board allowance increase will be rounded up to the next dollar.

\* A participant living in a Residential Assisted Living Facility (RALF), in accordance with IDAPA 16.03.22, "Residential Assisted Living Facilities," or a Certified Family Home (CFH), in accordance with IDAPA 16.03.19, "Certified Family Homes," is budgeted a basic monthly allowance. This basic allowance will be adjusted annually by twenty percent (20%) of the annual cost-of-living increase in the federal SSI benefit rate for a single person. This adjustment will be effective on January 1st of each year. The basic allowance increase will be rounded down to the nearest dollar.

## Appendix I: Financial Accountability

### I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

**Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver.** Select one:

**No.** The state does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.

**Yes.** Per 42 CFR § 441.310(a)(2)(ii), the state will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The state describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.

The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:

## Appendix I: Financial Accountability

### I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (1 of 5)

**a. Co-Payment Requirements.** Specify whether the state imposes a co-payment or similar charge upon waiver participants for waiver services. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. Select one:

**No.** The state does not impose a co-payment or similar charge upon participants for waiver services.

Yes. The state imposes a co-payment or similar charge upon participants for one or more waiver services.

i. Co-Pay Arrangement.

Specify the types of co-pay arrangements that are imposed on waiver participants (check each that applies):

Charges Associated with the Provision of Waiver Services (if any are checked, complete Items I-7-a-ii through I-7-a-iv):

- Nominal deductible
- Coinsurance
- Co-Payment
- Other charge

Specify:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (2 of 5)

a. Co-Payment Requirements.

ii. Participants Subject to Co-pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (3 of 5)

a. Co-Payment Requirements.

iii. Amount of Co-Pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (4 of 5)

a. Co-Payment Requirements.

iv. Cumulative Maximum Charges.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (5 of 5)

b. Other State Requirement for Cost Sharing. Specify whether the state imposes a premium, enrollment fee or similar cost sharing on waiver participants. Select one:

No. The state does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.

**Yes. The state imposes a premium, enrollment fee or similar cost-sharing arrangement.**

Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income; (c) the groups of participants subject to cost-sharing and the groups who are excluded; and, (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

## Appendix J: Cost Neutrality Demonstration

### J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

**Composite Overview.** Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

**Level(s) of Care: Nursing Facility**

| Col. 1 | Col. 2   | Col. 3    | Col. 4      | Col. 5   | Col. 6    | Col. 7      | Col. 8                          |
|--------|----------|-----------|-------------|----------|-----------|-------------|---------------------------------|
| Year   | Factor D | Factor D' | Total: D+D' | Factor G | Factor G' | Total: G+G' | Difference (Col 7 less Column4) |
| 1      | 10072.68 | 8355.95   | 18428.63    | 29912.81 | 17696.04  | 47608.85    | 29180.22                        |
| 2      | 10277.00 | 7824.21   | 18101.21    | 26922.82 | 20761.61  | 47684.43    | 29583.22                        |
| 3      | 10373.91 | 7846.36   | 18220.27    | 27221.18 | 23128.98  | 50350.16    | 32129.89                        |
| 4      | 10511.34 | 6581.72   | 17093.06    | 23424.87 | 24620.17  | 48045.04    | 30951.98                        |
| 5      | 10679.96 | 6251.82   | 16931.78    | 21593.45 | 27523.61  | 49117.06    | 32185.28                        |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (1 of 9)

**a. Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

**Table: J-2-a: Unduplicated Participants**

| Waiver Year | Total Unduplicated Number of Participants<br>(from Item B-3-a) | Distribution of Unduplicated Participants by<br>Level of Care (if applicable) |       |
|-------------|----------------------------------------------------------------|-------------------------------------------------------------------------------|-------|
|             |                                                                | Level of Care:                                                                |       |
|             |                                                                | Nursing Facility                                                              |       |
| Year 1      | 14704                                                          |                                                                               | 14704 |
| Year 2      | 14883                                                          |                                                                               | 14883 |
| Year 3      | 15095                                                          |                                                                               | 15095 |
| Year 4      | 15237                                                          |                                                                               | 15237 |
| Year 5      | 15433                                                          |                                                                               | 15433 |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (2 of 9)

**b. Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in

item J-2-a.

To estimate the waiver length of stay, the A&D waiver MMIS data used to generate the CMS 372 reports for the previous three (3) years spanning FFY 2018 through FFY 2021 were used. Average length of stay has remained consistently stable over prior waiver periods. At this time, the state has no reason to expect ALOS to vary significantly over the upcoming waiver period. Days are limited to 285.

## **Appendix J: Cost Neutrality Demonstration**

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### **J-2: Derivation of Estimates (3 of 9)**

**c. Derivation of Estimates for Each Factor.** Provide a narrative description for the derivation of the estimates of the following factors.

**i. Factor D Derivation.** The estimates of Factor D for each waiver year are located in Item J-2-d. The basis and methodology for these estimates is as follows:

Actual historical waiver expenditure data and user data from the state's Medicaid Management Information System (MMIS) was used to generate the CMS 372 reports and to assist in projecting forward the estimate for the five-year waiver period. This data spanned FFY 2018 through FFY 2021. Enrollment data procured for Medicare Medicaid Managed Care Plan (MMCP) and Idaho Medicaid Plus (IMPlus) from waiver years 3-5 (FFY 2020-2022) was used to reallocate population numbers between these two (2) Managed Care Plans according to the percentages of actual dual eligibles who voluntarily enrolled in MMCP versus those who were mandatorily enrolled in IMPlus. Additionally, percentages were adjusted to incorporate the populations in the new regions being served in each new waiver year. In addition, the three (3) additional counties (Blaine, Clearwater, and Lincoln) added in April 2022 were calculated into this projection.

The estimated number of users of each service was calculated by reviewing the number of users of the services available in the MMIS data used to generate the CMS 372 reports. That number increased at the same rate that the overall number of waiver participants is expected to increase during the five-year waiver period. This data spanned FFY 2018 through FFY 2021.

The MMIS was used to derive the historical number of units per user under Fee-For-Service (FFS). Estimated total units were projected to increase at the same rate that the overall number of waiver participants is expected to increase during the five-year waiver period. The same methodology was used to project number of units per user under MMCP and IMPlus, with the assumption being that the Duals population reflects the same patterns as the FFS population. The State actively works with the health plans to collect and validate utilization pattern data. The State also updated the usage patterns to account for necessary adjustments resulting from data provided by the health plans regarding variations identified in the MMCP and IMPlus populations.

The starting cost per unit was derived from the current Aged & Disabled (A&D) Fee Schedule, or the MMIS data for manually priced services. The cost per unit was held constant through the five (5) years of the waiver renewal as the historical changes in reimbursement rates did not result in a predictable pattern to forecast. The waiver will be amended in the event that cost per unit fluctuates over time.

All services include projections using FFS, IMPlus, and MMCP population indicators.

a. Adult Day Health (ADH): \$2.12 is the enhanced rate authorized under the Emergency Appendix K Amendment related to the COVID Public Health Emergency (PHE). The State anticipated the PHE to expire by the beginning of WY2 and does not currently have Legislative budget approval to continue allowing the enhanced rate outside of the PHE flexibilities.

b. Personal Emergency Response System (PERS) and Skilled Nursing: Categories are necessary to accurately capture the case mix of population and cost per services.

- PERS: The categories for "PERS Monthly Rent" each reflect only the case mix and cost for PERS monthly rent, while the categories of "PERS Install/1st Month" capture the install rate and 1st month's rent for each population.

- Skilled Nursing: Categories are broken out to reflect the actual case mix between Registered Nurse (RN), Licensed Practical Nurse (LPN), and Nursing Supervisory Visits for each population. The categories for "Skilled Nursing IMPlus" and "Skilled Nursing MMCP" were removed in this renewal as they were phased out in the prior waiver cycle, year 3.

c. Transition Services: Historical data for actual expenses was gathered from the Idaho Home Choice Money Follows the Person (IHCMFP) Demonstration Grant Program Manager from 2017 through 2021 to project forward the estimate for the average utilization per user during this five-year waiver renewal period. The number of users of Transition Services was identified through the use of historical 372 report and MMIS data. That number increased at the same rate that the overall number of waiver participants is expected to increase during that same period.

Amendment R07.01 Effective 4/1/2024:

Rate Increases Approved by the 2023 Legislature. See Information Release MA23-10 - "Change in Provider Reimbursement Rates"

(<https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=25918&dbid=0&repo=PUBLIC-DOCUMENTS>) for additional information.

- a. ADH - PHE Unwinding. Effective November 12, 2023, the enhanced rate for \$2.12 per 15-minute unit for this service as authorized under the Emergency Appendix K Amendment related to the COVID PHE expired. Permanent rate increases for ADH services approved by the 2023 Idaho Legislature for services provided by Developmental Disabilities Agencies (DDA) increased to \$2.79 per 15-minute unit, and rates for services provided by Certified Family Homes (CFH) increased to \$1.95 per 15-minute unit. All other providers are reimbursed at \$1.50 per 15-minute unit rate. \$1.95 represents the aggregate rate for all provider types.
- b. Supported Employment increased from \$8.61 to \$11.92 per 15-minute unit.
- c. PERS Install and 1st Month Rent increased from \$56.89 to \$67.13 per install.
- d. PERS Monthly Rent increased from \$33.83 to \$39.92 per month.
- e. Home Delivered Meals increased from \$5.23 to \$7.06 per meal.

**ii. Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Historical Medicaid expenditures for Aged and Disabled (A&D) waiver participants from the internal Medicaid Management Information System (MMIS) system were reviewed and projected forward over the five-year estimate period, based on a linear trend of the historical MMIS data. This data spanned FFY 2017 through FFY 2021.

A rolling five-year linear regression was used instead of using a static estimate for all annual growth factors for D' prime to align the projection methodology utilized across D', G, and G'. Additionally, it incorporates MMIS data to drive the trend rather than annual growth factors of the program. No adjustments were made due to the Public Health Emergency because a rolling five-year linear regression was used that incorporated multiple years of data instead of using a static estimate.

**Factor D' is less than Factor G' because patient acuity is higher for services listed for Factor G' where participants receive more intense level of services. Factor D' does not include the costs of prescription drugs.**

**iii. Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Historical Medicaid expenditures for Aged and Disabled (A&D) waiver participants from the internal Medicaid Management Information System (MMIS) system were used to as the basis for projecting forward over the five-year estimate period. A linear trend of the historical MMIS data spanning FFY 2017 through FFY 2021 was the basis for the first waiver year. Subsequent waiver years were estimated along a rolling five-year linear regression that incorporated the proceeding waiver year estimates.

**iv. Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Historical Medicaid expenditures for Aged and Disabled (A&D) waiver participants from the internal Medicaid Management Information System (MMIS) system were used to as the basis for projecting forward over the five-year estimate period. A linear trend of the historical MMIS data spanning FFY 2017 through FFY 2021 was the basis for the first waiver year. Subsequent waiver years were estimated along a rolling five year linear regression that incorporated the proceeding waiver year estimates.

A rolling five-year linear regression was used instead of using a static estimate for all annual growth factors for D' prime to align the projection methodology utilized across D', G, and G'. Additionally, it incorporates MMIS data to drive the trend rather than annual growth factors of the program. No adjustments were made due to the Public Health Emergency because a rolling five-year linear regression was used that incorporated multiple years of data instead of using a static estimate.

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (4 of 9)

**Component management for waiver services.** If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select "manage components" to add these

components.

| Waiver Services                            |  |
|--------------------------------------------|--|
| Adult Day Health                           |  |
| Day Habilitation                           |  |
| Homemaker                                  |  |
| Residential Habilitation                   |  |
| Respite                                    |  |
| Supported Employment                       |  |
| Attendant Care                             |  |
| Adult Residential Care                     |  |
| Chore Service                              |  |
| Companion Services                         |  |
| Consultation                               |  |
| Environmental Accessibility Adaptations    |  |
| Home Delivered Meals                       |  |
| Non-medical Transportation                 |  |
| Personal Emergency Response System         |  |
| Skilled Nursing                            |  |
| Specialized Medical Equipment and Supplies |  |
| Transition Services                        |  |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (5 of 9)

#### d. Estimate of Factor D.

ii. Concurrent section 1915(b)/section 1915(c) waivers, or other authorities utilizing capitated arrangements (i.e., 1915(a), 1932(a), Section 1937). Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

#### Waiver Year: Year 1

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                             | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|------------|
| Adult Day Health Total:                                                                                                                                                                                                                                                                                                                                                                                                  |            |                    |         |                     |                 |                | 144880.80  |
| Adult Day Health FFS                                                                                                                                                                                                                                                                                                                                                                                                     |            | Per 15 Minute Unit | 20      | 1139.00             | 2.12            | 48293.60       |            |
| Adult Day Health IMPlus                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per 15 Minute Unit | 20      | 1139.00             | 2.12            | 48293.60       |            |
| Adult Day Health MMCP                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit | 20      | 1139.00             | 2.12            | 48293.60       |            |
| <p>GRAND TOTAL: 148108640.25</p> <p>Total: Services included in capitation:</p> <p>Total: Services not included in capitation: 148108640.25</p> <p>Total Estimated Unduplicated Participants: 14704</p> <p>Factor D (Divide total by number of participants): 10072.68</p> <p>Services included in capitation:</p> <p>Services not included in capitation: 10072.68</p> <p>Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|-------------|
| <b>Day Habilitation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                    |         |                     |                 |                | 4593.42     |
| Day Habilitation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit | 1       | 338.00              | 4.53            | 1531.14        |             |
| Day Habilitation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 1       | 338.00              | 4.53            | 1531.14        |             |
| Day Habilitation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 1       | 338.00              | 4.53            | 1531.14        |             |
| <b>Homemaker Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                    |         |                     |                 |                | 30839653.44 |
| Homemaker FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per 15 Minute Unit | 3046    | 712.00              | 4.74            | 10279884.48    |             |
| Homemaker IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 3046    | 712.00              | 4.74            | 10279884.48    |             |
| Homemaker MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit | 3046    | 712.00              | 4.74            | 10279884.48    |             |
| <b>Residential Habilitation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                    |         |                     |                 |                | 13480473.42 |
| Residential Habilitation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per Diem           | 69      | 127.00              | 512.78          | 4493491.14     |             |
| Residential Habilitation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Diem           | 69      | 127.00              | 512.78          | 4493491.14     |             |
| Residential Habilitation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per Diem           | 69      | 127.00              | 512.78          | 4493491.14     |             |
| <b>Respite Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                    |         |                     |                 |                | 60403.95    |
| Respite FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit | 15      | 269.00              | 4.99            | 20134.65       |             |
| Respite IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit | 15      | 269.00              | 4.99            | 20134.65       |             |
| Respite MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per 15 Minute Unit | 15      | 269.00              | 4.99            | 20134.65       |             |
| <b>Supported Employment Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                    |         |                     |                 |                | 84412.44    |
| Supported Employment FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit | 4       | 817.00              | 8.61            | 28137.48       |             |
| Supported Employment IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit | 4       | 817.00              | 8.61            | 28137.48       |             |
| Supported Employment MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit | 4       | 817.00              | 8.61            | 28137.48       |             |
| <p style="text-align: right;"><b>GRAND TOTAL: 148108640.25</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 148108640.25</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 14704</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10072.68</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10072.68</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |             |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|-------------|
| <b>Attendant Care Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                    |         |                     |                 |                | 28094584.32 |
| Attendant Care FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 1356    | 1308.00             | 5.28            | 9364861.44     |             |
| Attendant Care IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 1356    | 1308.00             | 5.28            | 9364861.44     |             |
| Attendant Care MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Per 15 Minute Unit | 1356    | 1308.00             | 5.28            | 9364861.44     |             |
| <b>Adult Residential Care Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                    |         |                     |                 |                | 64832409.60 |
| Adult Residential Care FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per Diem           | 1888    | 224.00              | 51.10           | 21610803.20    |             |
| Adult Residential Care IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per Diem           | 1888    | 224.00              | 51.10           | 21610803.20    |             |
| Adult Residential Care MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Diem           | 1888    | 224.00              | 51.10           | 21610803.20    |             |
| <b>Chore Service Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                    |         |                     |                 |                | 246690.36   |
| Chore Service FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 126     | 146.00              | 4.47            | 82230.12       |             |
| Chore Services Idaho Medicaid Plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 126     | 146.00              | 4.47            | 82230.12       |             |
| Chore Service MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 126     | 146.00              | 4.47            | 82230.12       |             |
| <b>Companion Services Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                    |         |                     |                 |                | 3922978.32  |
| Companion Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per 15 Minute Unit | 244     | 1074.00             | 4.99            | 1307659.44     |             |
| Companion Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit | 244     | 1074.00             | 4.99            | 1307659.44     |             |
| Companion Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 244     | 1074.00             | 4.99            | 1307659.44     |             |
| <b>Consultation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                    |         |                     |                 |                | 2891.70     |
| Consultation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 63      | 2.00                | 7.65            | 963.90         |             |
| Consultation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Per 15 Minute Unit | 63      | 2.00                | 7.65            | 963.90         |             |
| Consultation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 63      | 2.00                | 7.65            | 963.90         |             |
| <b>Environmental Accessibility Adaptations Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                    |         |                     |                 |                | 389328.12   |
| <p style="text-align: right;"><b>GRAND TOTAL: 148108640.25</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 148108640.25</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 14704</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10072.68</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10072.68</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |             |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit                  | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|---------|---------------------|-----------------|----------------|------------|
| Environmental Accessibility Adaptations FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Job               | 36      | 1.00                | 3604.89         | 129776.04      |            |
| Environmental Accessibility Adaptations IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Job               | 36      | 1.00                | 3604.89         | 129776.04      |            |
| Environmental Accessibility Adaptations MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per Job               | 36      | 1.00                | 3604.89         | 129776.04      |            |
| <b>Home Delivered Meals Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |         |                     |                 |                | 3518482.50 |
| Home Delivered Meals FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Meal              | 1150    | 195.00              | 5.23            | 1172827.50     |            |
| Home Delivered Meals IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Meal              | 1150    | 195.00              | 5.23            | 1172827.50     |            |
| Home Delivered Meals MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per Meal              | 1150    | 195.00              | 5.23            | 1172827.50     |            |
| <b>Non-medical Transportation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                       |         |                     |                 |                | 145846.80  |
| Non-medical Transportation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Mile              | 254     | 435.00              | 0.44            | 48615.60       |            |
| Non-medical Transportation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Mile              | 254     | 435.00              | 0.44            | 48615.60       |            |
| Non-medical Transportation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Mile              | 254     | 435.00              | 0.44            | 48615.60       |            |
| <b>Personal Emergency Response System Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                       |         |                     |                 |                | 441825.06  |
| PERS Install/1st Month FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | 1st Month (+ Install) | 137     | 1.00                | 56.89           | 7793.93        |            |
| PERS Install/1st Month IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | 1st Month (+ Install) | 137     | 1.00                | 56.89           | 7793.93        |            |
| PERS Install/1st Month MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | 1st Month (+ Install) | 137     | 1.00                | 56.89           | 7793.93        |            |
| PERS Monthly Rent FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per Month             | 589     | 7.00                | 33.83           | 139481.09      |            |
| PERS Monthly Rent IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Month             | 589     | 7.00                | 33.83           | 139481.09      |            |
| PERS Monthly Rent MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per Month             | 589     | 7.00                | 33.83           | 139481.09      |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 148108640.25</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 148108640.25</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 14704</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10072.68</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10072.68</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                       |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit                   | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|---------|---------------------|-----------------|----------------|------------|
| <b>Skilled Nursing Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                        |         |                     |                 |                | 1566949.20 |
| RN Nursing Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit     | 38      | 176.00              | 10.19           | 68150.72       |            |
| RN Nursing Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per 15 Minute Unit     | 38      | 176.00              | 10.19           | 68150.72       |            |
| RN Nursing Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit     | 38      | 176.00              | 10.19           | 68150.72       |            |
| LPN Nursing Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit     | 18      | 896.00              | 7.31            | 117895.68      |            |
| LPN Nursing Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit     | 18      | 896.00              | 7.31            | 117895.68      |            |
| LPN Nursing Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit     | 18      | 896.00              | 7.31            | 117895.68      |            |
| Nursing Supervisory Visits FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Visit              | 2200    | 3.00                | 50.95           | 336270.00      |            |
| Nursing Supervisory Visits IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Visit              | 2200    | 3.00                | 50.95           | 336270.00      |            |
| Nursing Supervisory Visits MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Visit              | 2200    | 3.00                | 50.95           | 336270.00      |            |
| <b>Specialized Medical Equipment and Supplies Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        |         |                     |                 |                | 299856.60  |
| Specialized Medical Equipment and Supplies FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Piece of Equipment | 45      | 2.00                | 1110.58         | 99952.20       |            |
| Specialized Medical Equipment and Supplies IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Piece of Equipment | 45      | 2.00                | 1110.58         | 99952.20       |            |
| Specialized Medical Equipment and Supplies MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Piece of Equipment | 45      | 2.00                | 1110.58         | 99952.20       |            |
| <b>Transition Services Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                        |         |                     |                 |                | 32380.20   |
| Transition Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| Transition Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 148108640.25</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 148108640.25</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 14704</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10072.68</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10072.68</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                        |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                               | Capitation | Unit           | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|---------|---------------------|-----------------|----------------|------------|
| Transition Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per Transition | 10      | 1.00                | 1079.34         | 10793.40       |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 148108640.25</b></p> <p>Total: Services included in capitation:</p> <p>Total: Services not included in capitation: 148108640.25</p> <p>Total Estimated Unduplicated Participants: 14704</p> <p>Factor D (Divide total by number of participants): 10072.68</p> <p>Services included in capitation:</p> <p>Services not included in capitation: 10072.68</p> <p>Average Length of Stay on the Waiver: 285</p> |            |                |         |                     |                 |                |            |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (6 of 9)

#### d. Estimate of Factor D.

**ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

#### Waiver Year: Year 2

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                               | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|-------------|
| <b>Adult Day Health Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                    |         |                     |                 |                | 141523.20   |
| Adult Day Health FFS                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 21      | 1152.00             | 1.95            | 47174.40       |             |
| Adult Day Health IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit | 21      | 1152.00             | 1.95            | 47174.40       |             |
| Adult Day Health MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 21      | 1152.00             | 1.95            | 47174.40       |             |
| <b>Day Habilitation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                    |         |                     |                 |                | 4647.78     |
| Day Habilitation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 1       | 342.00              | 4.53            | 1549.26        |             |
| Day Habilitation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit | 1       | 342.00              | 4.53            | 1549.26        |             |
| Day Habilitation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 1       | 342.00              | 4.53            | 1549.26        |             |
| <b>Homemaker Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                    |         |                     |                 |                | 31544510.40 |
| <p style="text-align: right;"><b>GRAND TOTAL: 152947530.00</b></p> <p>Total: Services included in capitation:</p> <p>Total: Services not included in capitation: 152947530.00</p> <p>Total Estimated Unduplicated Participants: 14883</p> <p>Factor D (Divide total by number of participants): 10277.00</p> <p>Services included in capitation:</p> <p>Services not included in capitation: 10277.00</p> <p>Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |             |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|-------------|
| Homemaker FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per 15 Minute Unit | 3081    | 720.00              | 4.74            | 10514836.80    |             |
| Homemaker IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 3081    | 720.00              | 4.74            | 10514836.80    |             |
| Homemaker MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit | 3081    | 720.00              | 4.74            | 10514836.80    |             |
| <b>Residential Habilitation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                    |         |                     |                 |                | 13783526.40 |
| Residential Habilitation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per Diem           | 70      | 128.00              | 512.78          | 4594508.80     |             |
| Residential Habilitation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Diem           | 70      | 128.00              | 512.78          | 4594508.80     |             |
| Residential Habilitation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per Diem           | 70      | 128.00              | 512.78          | 4594508.80     |             |
| <b>Respite Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                    |         |                     |                 |                | 61077.60    |
| Respite FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit | 15      | 272.00              | 4.99            | 20359.20       |             |
| Respite IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit | 15      | 272.00              | 4.99            | 20359.20       |             |
| Respite MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per 15 Minute Unit | 15      | 272.00              | 4.99            | 20359.20       |             |
| <b>Supported Employment Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                    |         |                     |                 |                | 118151.04   |
| Supported Employment FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit | 4       | 826.00              | 11.92           | 39383.68       |             |
| Supported Employment IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit | 4       | 826.00              | 11.92           | 39383.68       |             |
| Supported Employment MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit | 4       | 826.00              | 11.92           | 39383.68       |             |
| <b>Attendant Care Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                    |         |                     |                 |                | 28731114.72 |
| Attendant Care FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 1371    | 1323.00             | 5.28            | 9577038.24     |             |
| Attendant Care IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 1371    | 1323.00             | 5.28            | 9577038.24     |             |
| Attendant Care MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Per 15 Minute Unit | 1371    | 1323.00             | 5.28            | 9577038.24     |             |
| <b>Adult Residential Care Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                    |         |                     |                 |                | 66466281.00 |
| Adult Residential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Diem           |         |                     |                 | 22155427.00    |             |
| <p style="text-align: right;"><b>GRAND TOTAL: 152947530.00</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 152947530.00</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 14883</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10277.00</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10277.00</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |             |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|------------|
| Care FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    | 1910    | 227.00              | 51.10           |                |            |
| Adult Residential Care IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per Diem           | 1910    | 227.00              | 51.10           | 22155427.00    |            |
| Adult Residential Care MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Diem           | 1910    | 227.00              | 51.10           | 22155427.00    |            |
| <b>Chore Service Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                    |         |                     |                 |                | 252054.36  |
| Chore Service FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 127     | 148.00              | 4.47            | 84018.12       |            |
| Chore Services Idaho Medicaid Plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 127     | 148.00              | 4.47            | 84018.12       |            |
| Chore Service MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 127     | 148.00              | 4.47            | 84018.12       |            |
| <b>Companion Services Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                    |         |                     |                 |                | 3999325.32 |
| Companion Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per 15 Minute Unit | 246     | 1086.00             | 4.99            | 1333108.44     |            |
| Companion Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit | 246     | 1086.00             | 4.99            | 1333108.44     |            |
| Companion Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 246     | 1086.00             | 4.99            | 1333108.44     |            |
| <b>Consultation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                    |         |                     |                 |                | 2937.60    |
| Consultation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 64      | 2.00                | 7.65            | 979.20         |            |
| Consultation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Per 15 Minute Unit | 64      | 2.00                | 7.65            | 979.20         |            |
| Consultation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 64      | 2.00                | 7.65            | 979.20         |            |
| <b>Environmental Accessibility Adaptations Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                    |         |                     |                 |                | 389328.12  |
| Environmental Accessibility Adaptations FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Job            | 36      | 1.00                | 3604.89         | 129776.04      |            |
| Environmental Accessibility Adaptations IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Job            | 36      | 1.00                | 3604.89         | 129776.04      |            |
| Environmental Accessibility Adaptations MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per Job            | 36      | 1.00                | 3604.89         | 129776.04      |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 152947530.00</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 152947530.00</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 14883</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10277.00</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10277.00</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit                  | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|---------|---------------------|-----------------|----------------|------------|
| <b>Home Delivered Meals Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |         |                     |                 |                | 4852570.98 |
| Home Delivered Meals FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Meal              | 1163    | 197.00              | 7.06            | 1617523.66     |            |
| Home Delivered Meals IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Meal              | 1163    | 197.00              | 7.06            | 1617523.66     |            |
| Home Delivered Meals MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per Meal              | 1163    | 197.00              | 7.06            | 1617523.66     |            |
| <b>Non-medical Transportation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                       |         |                     |                 |                | 149265.60  |
| Non-medical Transportation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Mile              | 257     | 440.00              | 0.44            | 49755.20       |            |
| Non-medical Transportation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Mile              | 257     | 440.00              | 0.44            | 49755.20       |            |
| Non-medical Transportation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Mile              | 257     | 440.00              | 0.44            | 49755.20       |            |
| <b>Personal Emergency Response System Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                       |         |                     |                 |                | 527631.93  |
| PERS Install/1st Month FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | 1st Month (+ Install) | 139     | 1.00                | 67.13           | 9331.07        |            |
| PERS Install/1st Month IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | 1st Month (+ Install) | 139     | 1.00                | 67.13           | 9331.07        |            |
| PERS Install/1st Month MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | 1st Month (+ Install) | 139     | 1.00                | 67.13           | 9331.07        |            |
| PERS Monthly Rent FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per Month             | 596     | 7.00                | 39.92           | 166546.24      |            |
| PERS Monthly Rent IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Month             | 596     | 7.00                | 39.92           | 166546.24      |            |
| PERS Monthly Rent MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per Month             | 596     | 7.00                | 39.92           | 166546.24      |            |
| <b>Skilled Nursing Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                       |         |                     |                 |                | 1584683.67 |
| RN Nursing Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit    | 38      | 178.00              | 10.19           | 68925.16       |            |
| RN Nursing Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per 15 Minute Unit    | 38      | 178.00              | 10.19           | 68925.16       |            |
| RN Nursing Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit    | 38      | 178.00              | 10.19           | 68925.16       |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 152947530.00</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 152947530.00</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 14883</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10277.00</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10277.00</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                       |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit                   | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|---------|---------------------|-----------------|----------------|------------|
| LPN Nursing Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit     | 18      | 906.00              | 7.31            | 119211.48      |            |
| LPN Nursing Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit     | 18      | 906.00              | 7.31            | 119211.48      |            |
| LPN Nursing Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit     | 18      | 906.00              | 7.31            | 119211.48      |            |
| Nursing Supervisory Visits FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Visit              | 2225    | 3.00                | 50.95           | 340091.25      |            |
| Nursing Supervisory Visits IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Visit              | 2225    | 3.00                | 50.95           | 340091.25      |            |
| Nursing Supervisory Visits MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Visit              | 2225    | 3.00                | 50.95           | 340091.25      |            |
| <b>Specialized Medical Equipment and Supplies Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        |         |                     |                 |                | 306520.08  |
| Specialized Medical Equipment and Supplies FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Piece of Equipment | 46      | 2.00                | 1110.58         | 102173.36      |            |
| Specialized Medical Equipment and Supplies IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Piece of Equipment | 46      | 2.00                | 1110.58         | 102173.36      |            |
| Specialized Medical Equipment and Supplies MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Piece of Equipment | 46      | 2.00                | 1110.58         | 102173.36      |            |
| <b>Transition Services Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                        |         |                     |                 |                | 32380.20   |
| Transition Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| Transition Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| Transition Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 152947530.00</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 152947530.00</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 14883</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10277.00</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10277.00</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                        |         |                     |                 |                |            |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (7 of 9)

#### d. Estimate of Factor D.

##### ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated

**payment arrangements.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

**Waiver Year: Year 3**

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|-------------|
| <b>Adult Day Health Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                    |         |                     |                 |                | 143120.25   |
| Adult Day Health FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit | 21      | 1165.00             | 1.95            | 47706.75       |             |
| Adult Day Health IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 21      | 1165.00             | 1.95            | 47706.75       |             |
| Adult Day Health MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 21      | 1165.00             | 1.95            | 47706.75       |             |
| <b>Day Habilitation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                    |         |                     |                 |                | 4702.14     |
| Day Habilitation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit | 1       | 346.00              | 4.53            | 1567.38        |             |
| Day Habilitation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 1       | 346.00              | 4.53            | 1567.38        |             |
| Day Habilitation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 1       | 346.00              | 4.53            | 1567.38        |             |
| <b>Homemaker Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                    |         |                     |                 |                | 32257330.56 |
| Homemaker FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per 15 Minute Unit | 3116    | 728.00              | 4.74            | 10752443.52    |             |
| Homemaker IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 3116    | 728.00              | 4.74            | 10752443.52    |             |
| Homemaker MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit | 3116    | 728.00              | 4.74            | 10752443.52    |             |
| <b>Residential Habilitation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                    |         |                     |                 |                | 14089656.06 |
| Residential Habilitation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per Diem           | 71      | 129.00              | 512.78          | 4696552.02     |             |
| Residential Habilitation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Diem           | 71      | 129.00              | 512.78          | 4696552.02     |             |
| Residential Habilitation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per Diem           | 71      | 129.00              | 512.78          | 4696552.02     |             |
| <b>Respite Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                    |         |                     |                 |                | 61751.25    |
| Respite FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                    |         |                     |                 | 20583.75       |             |
| <p style="text-align: right;"><b>GRAND TOTAL:</b> 156594224.28</p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 156594224.28</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15095</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10373.91</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10373.91</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |             |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|-------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per 15 Minute Unit | 15      | 275.00              | 4.99            |                |             |
| Respite IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit | 15      | 275.00              | 4.99            | 20583.75       |             |
| Respite MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per 15 Minute Unit | 15      | 275.00              | 4.99            | 20583.75       |             |
| <b>Supported Employment Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                    |         |                     |                 |                | 119438.40   |
| Supported Employment FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit | 4       | 835.00              | 11.92           | 39812.80       |             |
| Supported Employment IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit | 4       | 835.00              | 11.92           | 39812.80       |             |
| Supported Employment MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit | 4       | 835.00              | 11.92           | 39812.80       |             |
| <b>Attendant Care Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                    |         |                     |                 |                | 29395967.04 |
| Attendant Care FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 1387    | 1338.00             | 5.28            | 9798655.68     |             |
| Attendant Care IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 1387    | 1338.00             | 5.28            | 9798655.68     |             |
| Attendant Care MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Per 15 Minute Unit | 1387    | 1338.00             | 5.28            | 9798655.68     |             |
| <b>Adult Residential Care Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                    |         |                     |                 |                | 68120388.00 |
| Adult Residential Care FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per Diem           | 1932    | 230.00              | 51.10           | 22706796.00    |             |
| Adult Residential Care IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per Diem           | 1932    | 230.00              | 51.10           | 22706796.00    |             |
| Adult Residential Care MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Diem           | 1932    | 230.00              | 51.10           | 22706796.00    |             |
| <b>Chore Service Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                    |         |                     |                 |                | 259483.50   |
| Chore Service FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 129     | 150.00              | 4.47            | 86494.50       |             |
| Chore Services Idaho Medicaid Plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 129     | 150.00              | 4.47            | 86494.50       |             |
| Chore Service MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 129     | 150.00              | 4.47            | 86494.50       |             |
| <b>Companion Services Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                    |         |                     |                 |                | 4092827.94  |
| Companion Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per 15 Minute Unit | 249     | 1098.00             | 4.99            | 1364275.98     |             |
| <p style="text-align: right;"><b>GRAND TOTAL: 156594224.28</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 156594224.28</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15095</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10373.91</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10373.91</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |             |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|------------|
| Companion Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit | 249     | 1098.00             | 4.99            | 1364275.98     |            |
| Companion Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 249     | 1098.00             | 4.99            | 1364275.98     |            |
| <b>Consultation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                    |         |                     |                 |                | 2983.50    |
| Consultation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 65      | 2.00                | 7.65            | 994.50         |            |
| Consultation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Per 15 Minute Unit | 65      | 2.00                | 7.65            | 994.50         |            |
| Consultation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 65      | 2.00                | 7.65            | 994.50         |            |
| <b>Environmental Accessibility Adaptations Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                    |         |                     |                 |                | 389328.12  |
| Environmental Accessibility Adaptations FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Job            | 36      | 1.00                | 3604.89         | 129776.04      |            |
| Environmental Accessibility Adaptations IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Job            | 36      | 1.00                | 3604.89         | 129776.04      |            |
| Environmental Accessibility Adaptations MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per Job            | 36      | 1.00                | 3604.89         | 129776.04      |            |
| <b>Home Delivered Meals Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                    |         |                     |                 |                | 4956628.32 |
| Home Delivered Meals FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Meal           | 1176    | 199.00              | 7.06            | 1652209.44     |            |
| Home Delivered Meals IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Meal           | 1176    | 199.00              | 7.06            | 1652209.44     |            |
| Home Delivered Meals MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per Meal           | 1176    | 199.00              | 7.06            | 1652209.44     |            |
| <b>Non-medical Transportation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                    |         |                     |                 |                | 152724.00  |
| Non-medical Transportation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Mile           | 260     | 445.00              | 0.44            | 50908.00       |            |
| Non-medical Transportation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Mile           | 260     | 445.00              | 0.44            | 50908.00       |            |
| Non-medical Transportation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Mile           | 260     | 445.00              | 0.44            | 50908.00       |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 156594224.28</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 156594224.28</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15095</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10373.91</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10373.91</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit                   | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|---------|---------------------|-----------------|----------------|------------|
| <b>Personal<br/>Emergency<br/>Response System<br/>Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                        |         |                     |                 |                | 606118.23  |
| PERS<br>Install/1st<br>Month FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | 1st Month (+ Install)  | 141     | 1.00                | 67.13           | 9465.33        |            |
| PERS<br>Install/1st<br>Month IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | 1st Month (+ Install)  | 141     | 1.00                | 67.13           | 9465.33        |            |
| PERS<br>Install/1st<br>Month MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | 1st Month (+ Install)  | 141     | 1.00                | 67.13           | 9465.33        |            |
| PERS Monthly<br>Rent FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Month              | 603     | 8.00                | 39.92           | 192574.08      |            |
| PERS Monthly<br>Rent IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Month              | 603     | 8.00                | 39.92           | 192574.08      |            |
| PERS Monthly<br>Rent MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per Month              | 603     | 8.00                | 39.92           | 192574.08      |            |
| <b>Skilled Nursing<br/>Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                        |         |                     |                 |                | 1602876.69 |
| RN Nursing<br>Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per 15 Minute Unit     | 38      | 180.00              | 10.19           | 69699.60       |            |
| RN Nursing<br>Services<br>IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit     | 38      | 180.00              | 10.19           | 69699.60       |            |
| RN Nursing<br>Services<br>MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit     | 38      | 180.00              | 10.19           | 69699.60       |            |
| LPN Nursing<br>Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit     | 18      | 916.00              | 7.31            | 120527.28      |            |
| LPN Nursing<br>Services<br>IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit     | 18      | 916.00              | 7.31            | 120527.28      |            |
| LPN Nursing<br>Services<br>MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per 15 Minute Unit     | 18      | 916.00              | 7.31            | 120527.28      |            |
| Nursing<br>Supervisory<br>Visits FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per Visit              | 2251    | 3.00                | 50.95           | 344065.35      |            |
| Nursing<br>Supervisory<br>Visits IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per Vist               | 2251    | 3.00                | 50.95           | 344065.35      |            |
| Nursing<br>Supervisory<br>Visits MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per Visit              | 2251    | 3.00                | 50.95           | 344065.35      |            |
| <b>Specialized<br/>Medical<br/>Equipment and<br/>Supplies Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                        |         |                     |                 |                | 306520.08  |
| Specialized<br>Medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per Piece of Equipment | 46      | 2.00                | 1110.58         | 102173.36      |            |
| <p style="text-align: right;"><b>GRAND TOTAL:</b> 156594224.28</p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 156594224.28</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15095</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10373.91</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10373.91</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                        |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit                   | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|---------|---------------------|-----------------|----------------|------------|
| Equipment and Supplies FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                        |         |                     |                 |                |            |
| Specialized Medical Equipment and Supplies IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Piece of Equipment | 46      | 2.00                | 1110.58         | 102173.36      |            |
| Specialized Medical Equipment and Supplies MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Piece of Equipment | 46      | 2.00                | 1110.58         | 102173.36      |            |
| <b>Transition Services Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                        |         |                     |                 |                | 32380.20   |
| Transition Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| Transition Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| Transition Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 156594224.28</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 156594224.28</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15095</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10373.91</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10373.91</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                        |         |                     |                 |                |            |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (8 of 9)

#### d. Estimate of Factor D.

**ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

#### Waiver Year: Year 4

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|---------|---------------------|-----------------|----------------|------------|
| Adult Day Health Total:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |      |         |                     |                 |                | 144717.30  |
| <p style="text-align: right;"><b>GRAND TOTAL: 160161351.24</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 160161351.24</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15237</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10511.34</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10511.34</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |      |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|-------------|
| Adult Day Health FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit | 21      | 1178.00             | 1.95            | 48239.10       |             |
| Adult Day Health IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 21      | 1178.00             | 1.95            | 48239.10       |             |
| Adult Day Health MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 21      | 1178.00             | 1.95            | 48239.10       |             |
| <b>Day Habilitation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                    |         |                     |                 |                | 4756.50     |
| Day Habilitation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit | 1       | 350.00              | 4.53            | 1585.50        |             |
| Day Habilitation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 1       | 350.00              | 4.53            | 1585.50        |             |
| Day Habilitation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 1       | 350.00              | 4.53            | 1585.50        |             |
| <b>Homemaker Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                    |         |                     |                 |                | 32988579.84 |
| Homemaker FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per 15 Minute Unit | 3152    | 736.00              | 4.74            | 10996193.28    |             |
| Homemaker IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 3152    | 736.00              | 4.74            | 10996193.28    |             |
| Homemaker MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit | 3152    | 736.00              | 4.74            | 10996193.28    |             |
| <b>Residential Habilitation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                    |         |                     |                 |                | 14398862.40 |
| Residential Habilitation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per Diem           | 72      | 130.00              | 512.78          | 4799620.80     |             |
| Residential Habilitation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Diem           | 72      | 130.00              | 512.78          | 4799620.80     |             |
| Residential Habilitation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per Diem           | 72      | 130.00              | 512.78          | 4799620.80     |             |
| <b>Respite Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                    |         |                     |                 |                | 62424.90    |
| Respite FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit | 15      | 278.00              | 4.99            | 20808.30       |             |
| Respite IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit | 15      | 278.00              | 4.99            | 20808.30       |             |
| Respite MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per 15 Minute Unit | 15      | 278.00              | 4.99            | 20808.30       |             |
| <b>Supported Employment Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                    |         |                     |                 |                | 120868.80   |
| Supported Employment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit |         |                     |                 | 40289.60       |             |
| <p style="text-align: right;"><b>GRAND TOTAL:</b> 160161351.24</p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 160161351.24</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15237</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10511.34</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10511.34</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |             |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|-------------|
| FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                    | 4       | 845.00              | 11.92           |                |             |
| Supported Employment IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit | 4       | 845.00              | 11.92           | 40289.60       |             |
| Supported Employment MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit | 4       | 845.00              | 11.92           | 40289.60       |             |
| <b>Attendant Care Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                    |         |                     |                 |                | 30068422.56 |
| Attendant Care FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 1403    | 1353.00             | 5.28            | 10022807.52    |             |
| Attendant Care IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 1403    | 1353.00             | 5.28            | 10022807.52    |             |
| Attendant Care MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Per 15 Minute Unit | 1403    | 1353.00             | 5.28            | 10022807.52    |             |
| <b>Adult Residential Care Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                    |         |                     |                 |                | 69794730.60 |
| Adult Residential Care FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per Diem           | 1954    | 233.00              | 51.10           | 23264910.20    |             |
| Adult Residential Care IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per Diem           | 1954    | 233.00              | 51.10           | 23264910.20    |             |
| Adult Residential Care MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Diem           | 1954    | 233.00              | 51.10           | 23264910.20    |             |
| <b>Chore Service Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                    |         |                     |                 |                | 264981.60   |
| Chore Service FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 130     | 152.00              | 4.47            | 88327.20       |             |
| Chore Services Idaho Medicaid Plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 130     | 152.00              | 4.47            | 88327.20       |             |
| Chore Service MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 130     | 152.00              | 4.47            | 88327.20       |             |
| <b>Companion Services Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                    |         |                     |                 |                | 4191180.84  |
| Companion Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per 15 Minute Unit | 252     | 1111.00             | 4.99            | 1397060.28     |             |
| Companion Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit | 252     | 1111.00             | 4.99            | 1397060.28     |             |
| Companion Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 252     | 1111.00             | 4.99            | 1397060.28     |             |
| <b>Consultation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                    |         |                     |                 |                | 3029.40     |
| Consultation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 66      | 2.00                | 7.65            | 1009.80        |             |
| <p style="text-align: right;"><b>GRAND TOTAL: 160161351.24</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 160161351.24</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15237</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10511.34</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10511.34</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |             |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit                  | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|---------|---------------------|-----------------|----------------|------------|
| Consultation<br>IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per 15 Minute Unit    | 66      | 2.00                | 7.65            | 1009.80        |            |
| Consultation<br>MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit    | 66      | 2.00                | 7.65            | 1009.80        |            |
| <b>Environmental<br/>Accessibility<br/>Adaptations<br/>Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                       |         |                     |                 |                | 389328.12  |
| Environmental<br>Accessibility<br>Adaptations<br>FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per Job               | 36      | 1.00                | 3604.89         | 129776.04      |            |
| Environmental<br>Accessibility<br>Adaptations<br>IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per Job               | 36      | 1.00                | 3604.89         | 129776.04      |            |
| Environmental<br>Accessibility<br>Adaptations<br>MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per Job               | 36      | 1.00                | 3604.89         | 129776.04      |            |
| <b>Home Delivered<br/>Meals Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                       |         |                     |                 |                | 5066044.20 |
| Home<br>Delivered<br>Meals FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Meal              | 1190    | 201.00              | 7.06            | 1688681.40     |            |
| Home<br>Delivered<br>Meals IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Meal              | 1190    | 201.00              | 7.06            | 1688681.40     |            |
| Home<br>Delivered<br>Meals MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Meal              | 1190    | 201.00              | 7.06            | 1688681.40     |            |
| <b>Non-medical<br/>Transportation<br/>Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                       |         |                     |                 |                | 156222.00  |
| Non-medical<br>Transportation<br>FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per Mile              | 263     | 450.00              | 0.44            | 52074.00       |            |
| Non-medical<br>Transportation<br>IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per Mile              | 263     | 450.00              | 0.44            | 52074.00       |            |
| Non-medical<br>Transportation<br>MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per Mile              | 263     | 450.00              | 0.44            | 52074.00       |            |
| <b>Personal<br/>Emergency<br/>Response System<br/>Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                       |         |                     |                 |                | 540173.97  |
| PERS<br>Install/1st<br>Month FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | 1st Month (+ Install) | 143     | 1.00                | 67.13           | 9599.59        |            |
| PERS<br>Install/1st<br>Month IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | 1st Month (+ Install) | 143     | 1.00                | 67.13           | 9599.59        |            |
| PERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                       |         |                     |                 | 9599.59        |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 160161351.24</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 160161351.24</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15237</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10511.34</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10511.34</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                       |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit                   | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|---------|---------------------|-----------------|----------------|------------|
| Install/1st Month MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | 1st Month (+ Install)  | 143     | 1.00                | 67.13           |                |            |
| PERS Monthly Rent FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per Month              | 610     | 7.00                | 39.92           | 170458.40      |            |
| PERS Monthly Rent IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Month              | 610     | 7.00                | 39.92           | 170458.40      |            |
| PERS Monthly Rent MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per Month              | 610     | 7.00                | 39.92           | 170458.40      |            |
| <b>Skilled Nursing Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                        |         |                     |                 |                | 1621464.45 |
| RN Nursing Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit     | 38      | 182.00              | 10.19           | 70474.04       |            |
| RN Nursing Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per 15 Minute Unit     | 38      | 182.00              | 10.19           | 70474.04       |            |
| RN Nursing Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit     | 38      | 182.00              | 10.19           | 70474.04       |            |
| LPN Nursing Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit     | 18      | 927.00              | 7.31            | 121974.66      |            |
| LPN Nursing Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit     | 18      | 927.00              | 7.31            | 121974.66      |            |
| LPN Nursing Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit     | 18      | 927.00              | 7.31            | 121974.66      |            |
| Nursing Supervisory Visits FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Visit              | 2277    | 3.00                | 50.95           | 348039.45      |            |
| Nursing Supervisory Visits IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Visit              | 2277    | 3.00                | 50.95           | 348039.45      |            |
| Nursing Supervisory Visits MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Visit              | 2277    | 3.00                | 50.95           | 348039.45      |            |
| <b>Specialized Medical Equipment and Supplies Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        |         |                     |                 |                | 313183.56  |
| Specialized Medical Equipment and Supplies FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Piece of Equipment | 47      | 2.00                | 1110.58         | 104394.52      |            |
| Specialized Medical Equipment and Supplies IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Piece of Equipment | 47      | 2.00                | 1110.58         | 104394.52      |            |
| Specialized Medical Equipment and Supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per Piece of Equipment | 47      | 2.00                | 1110.58         | 104394.52      |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 160161351.24</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 160161351.24</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15237</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10511.34</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10511.34</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                        |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit           | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|---------|---------------------|-----------------|----------------|------------|
| MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                |         |                     |                 |                |            |
| <b>Transition Services Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                |         |                     |                 |                | 32380.20   |
| Transition Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per Transition | 10      | 1.00                | 1079.34         | 10793.40       |            |
| Transition Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per Transition | 10      | 1.00                | 1079.34         | 10793.40       |            |
| Transition Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Transition | 10      | 1.00                | 1079.34         | 10793.40       |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 160161351.24</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 160161351.24</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15237</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10511.34</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10511.34</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                |         |                     |                 |                |            |

## Appendix J: Cost Neutrality Demonstration

### J-2: Derivation of Estimates (9 of 9)

#### d. Estimate of Factor D.

**ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

#### Waiver Year: Year 5

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|------------|
| <b>Adult Day Health Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                    |         |                     |                 |                | 146437.20  |
| Adult Day Health FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Per 15 Minute Unit | 21      | 1192.00             | 1.95            | 48812.40       |            |
| Adult Day Health IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 21      | 1192.00             | 1.95            | 48812.40       |            |
| Adult Day Health MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 21      | 1192.00             | 1.95            | 48812.40       |            |
| <b>Day Habilitation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                    |         |                     |                 |                | 4810.86    |
| Day Habilitation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 1       | 354.00              | 4.53            | 1603.62        |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 164823853.38</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 164823853.38</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15433</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10679.96</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10679.96</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|-------------|
| FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                    |         |                     |                 |                |             |
| Day Habilitation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 1       | 354.00              | 4.53            | 1603.62        |             |
| Day Habilitation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 1       | 354.00              | 4.53            | 1603.62        |             |
| <b>Homemaker Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                    |         |                     |                 |                | 33728019.84 |
| Homemaker FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per 15 Minute Unit | 3188    | 744.00              | 4.74            | 11242673.28    |             |
| Homemaker IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 3188    | 744.00              | 4.74            | 11242673.28    |             |
| Homemaker MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit | 3188    | 744.00              | 4.74            | 11242673.28    |             |
| <b>Residential Habilitation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                    |         |                     |                 |                | 14711145.42 |
| Residential Habilitation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per Diem           | 73      | 131.00              | 512.78          | 4903715.14     |             |
| Residential Habilitation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Diem           | 73      | 131.00              | 512.78          | 4903715.14     |             |
| Residential Habilitation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per Diem           | 73      | 131.00              | 512.78          | 4903715.14     |             |
| <b>Respite Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                    |         |                     |                 |                | 63098.55    |
| Respite FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit | 15      | 281.00              | 4.99            | 21032.85       |             |
| Respite IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per 15 Minute Unit | 15      | 281.00              | 4.99            | 21032.85       |             |
| Respite MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per 15 Minute Unit | 15      | 281.00              | 4.99            | 21032.85       |             |
| <b>Supported Employment Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                    |         |                     |                 |                | 122299.20   |
| Supported Employment FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit | 4       | 855.00              | 11.92           | 40766.40       |             |
| Supported Employment IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit | 4       | 855.00              | 11.92           | 40766.40       |             |
| Supported Employment MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit | 4       | 855.00              | 11.92           | 40766.40       |             |
| <b>Attendant Care Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                    |         |                     |                 |                | 30770958.24 |
| Attendant Care FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 1419    | 1369.00             | 5.28            | 10256986.08    |             |
| <p style="text-align: right;"><b>GRAND TOTAL: 164823853.38</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 164823853.38</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15433</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10679.96</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10679.96</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |             |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit               | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|---------|---------------------|-----------------|----------------|-------------|
| Attendant Care IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per 15 Minute Unit | 1419    | 1369.00             | 5.28            | 10256986.08    |             |
| Attendant Care MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Per 15 Minute Unit | 1419    | 1369.00             | 5.28            | 10256986.08    |             |
| <b>Adult Residential Care Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                    |         |                     |                 |                | 71489308.80 |
| Adult Residential Care FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per Diem           | 1976    | 236.00              | 51.10           | 23829769.60    |             |
| Adult Residential Care IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Per Diem           | 1976    | 236.00              | 51.10           | 23829769.60    |             |
| Adult Residential Care MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Diem           | 1976    | 236.00              | 51.10           | 23829769.60    |             |
| <b>Chore Service Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                    |         |                     |                 |                | 272598.48   |
| Chore Service FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 132     | 154.00              | 4.47            | 90866.16       |             |
| Chore Services Idaho Medicaid Plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 132     | 154.00              | 4.47            | 90866.16       |             |
| Chore Service MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Per 15 Minute Unit | 132     | 154.00              | 4.47            | 90866.16       |             |
| <b>Companion Services Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                    |         |                     |                 |                | 4290701.40  |
| Companion Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per 15 Minute Unit | 255     | 1124.00             | 4.99            | 1430233.80     |             |
| Companion Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit | 255     | 1124.00             | 4.99            | 1430233.80     |             |
| Companion Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per 15 Minute Unit | 255     | 1124.00             | 4.99            | 1430233.80     |             |
| <b>Consultation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                    |         |                     |                 |                | 3029.40     |
| Consultation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Per 15 Minute Unit | 66      | 2.00                | 7.65            | 1009.80        |             |
| Consultation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | Per 15 Minute Unit | 66      | 2.00                | 7.65            | 1009.80        |             |
| Consultation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per 15 Minute Unit | 66      | 2.00                | 7.65            | 1009.80        |             |
| <b>Environmental Accessibility Adaptations Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                    |         |                     |                 |                | 389328.12   |
| Environmental Accessibility Adaptations FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Job            | 36      | 1.00                | 3604.89         | 129776.04      |             |
| <p style="text-align: right;"><b>GRAND TOTAL: 164823853.38</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 164823853.38</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15433</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10679.96</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10679.96</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                    |         |                     |                 |                |             |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit                  | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|---------|---------------------|-----------------|----------------|------------|
| Environmental Accessibility Adaptations IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Job               | 36      | 1.00                | 3604.89         | 129776.04      |            |
| Environmental Accessibility Adaptations MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per Job               | 36      | 1.00                | 3604.89         | 129776.04      |            |
| <b>Home Delivered Meals Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |         |                     |                 |                | 5176646.16 |
| Home Delivered Meals FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Meal              | 1204    | 203.00              | 7.06            | 1725548.72     |            |
| Home Delivered Meals IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per Meal              | 1204    | 203.00              | 7.06            | 1725548.72     |            |
| Home Delivered Meals MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per Meal              | 1204    | 203.00              | 7.06            | 1725548.72     |            |
| <b>Non-medical Transportation Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                       |         |                     |                 |                | 159759.60  |
| Non-medical Transportation FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Mile              | 266     | 455.00              | 0.44            | 53253.20       |            |
| Non-medical Transportation IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Mile              | 266     | 455.00              | 0.44            | 53253.20       |            |
| Non-medical Transportation MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Mile              | 266     | 455.00              | 0.44            | 53253.20       |            |
| <b>Personal Emergency Response System Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                       |         |                     |                 |                | 1510096.14 |
| PERS Install/1st Month FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | 1st Month (+ Install) | 145     | 1.00                | 67.13           | 9733.85        |            |
| PERS Install/1st Month IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | 1st Month (+ Install) | 145     | 1.00                | 67.13           | 9733.85        |            |
| PERS Install/1st Month MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | 1st Month (+ Install) | 145     | 1.00                | 6713.00         | 973385.00      |            |
| PERS Monthly Rent FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | Per Month             | 617     | 7.00                | 39.92           | 172414.48      |            |
| PERS Monthly Rent IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Month             | 617     | 7.00                | 39.92           | 172414.48      |            |
| PERS Monthly Rent MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | Per Month             | 617     | 7.00                | 39.92           | 172414.48      |            |
| <b>Skilled Nursing Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                       |         |                     |                 |                | 1640052.21 |
| RN Nursing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                       |         |                     |                 | 71248.48       |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 164823853.38</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 164823853.38</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15433</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10679.96</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10679.96</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                       |         |                     |                 |                |            |

| Waiver Service/<br>Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Capitation | Unit                   | # Users | Avg. Units Per User | Avg. Cost/ Unit | Component Cost | Total Cost |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|---------|---------------------|-----------------|----------------|------------|
| Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Per 15 Minute Unit     | 38      | 184.00              | 10.19           |                |            |
| RN Nursing Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per 15 Minute Unit     | 38      | 184.00              | 10.19           | 71248.48       |            |
| RN Nursing Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit     | 38      | 184.00              | 10.19           | 71248.48       |            |
| LPN Nursing Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per 15 Minute Unit     | 18      | 938.00              | 7.31            | 123422.04      |            |
| LPN Nursing Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Per 15 Minute Unit     | 18      | 938.00              | 7.31            | 123422.04      |            |
| LPN Nursing Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Per 15 Minute Unit     | 18      | 938.00              | 7.31            | 123422.04      |            |
| Nursing Supervisory Visits FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Visit              | 2303    | 3.00                | 50.95           | 352013.55      |            |
| Nursing Supervisory Visits IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Visit              | 2303    | 3.00                | 50.95           | 352013.55      |            |
| Nursing Supervisory Visits MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Visit              | 2303    | 3.00                | 50.95           | 352013.55      |            |
| <b>Specialized Medical Equipment and Supplies Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                        |         |                     |                 |                | 313183.56  |
| Specialized Medical Equipment and Supplies FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Per Piece of Equipment | 47      | 2.00                | 1110.58         | 104394.52      |            |
| Specialized Medical Equipment and Supplies IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Per Piece of Equipment | 47      | 2.00                | 1110.58         | 104394.52      |            |
| Specialized Medical Equipment and Supplies MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Per Piece of Equipment | 47      | 2.00                | 1110.58         | 104394.52      |            |
| <b>Transition Services Total:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                        |         |                     |                 |                | 32380.20   |
| Transition Services FFS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| Transition Services IMPlus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| Transition Services MMCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Per Transition         | 10      | 1.00                | 1079.34         | 10793.40       |            |
| <p style="text-align: right;"><b>GRAND TOTAL: 164823853.38</b></p> <p style="text-align: right;">Total: Services included in capitation:</p> <p style="text-align: right;">Total: Services not included in capitation: 164823853.38</p> <p style="text-align: right;">Total Estimated Unduplicated Participants: 15433</p> <p style="text-align: right;">Factor D (Divide total by number of participants): 10679.96</p> <p style="text-align: right;">Services included in capitation:</p> <p style="text-align: right;">Services not included in capitation: 10679.96</p> <p style="text-align: right;">Average Length of Stay on the Waiver: 285</p> |            |                        |         |                     |                 |                |            |