



Prospective Home and  
Community Based Services  
Provider (HCBS)  
Personal Assistance Agency (PAA)  
Toolkit

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## Introduction

This toolkit was developed to assist prospective Personal Assistance Agencies (PAA). A PAA provider delivers Aged and Disabled (A&D) Waiver and Personal Care Services (PCS) to approved Medicaid participants within their home. The application requires review and approval from the Medicaid Provider Enrollment team and the Bureau of Long Term Care (BLTC), Quality Assurance (QA) team. This toolkit provides important information to assist prospective providers in the application process to ensure compliance to all rules, regulations and contractual obligations.



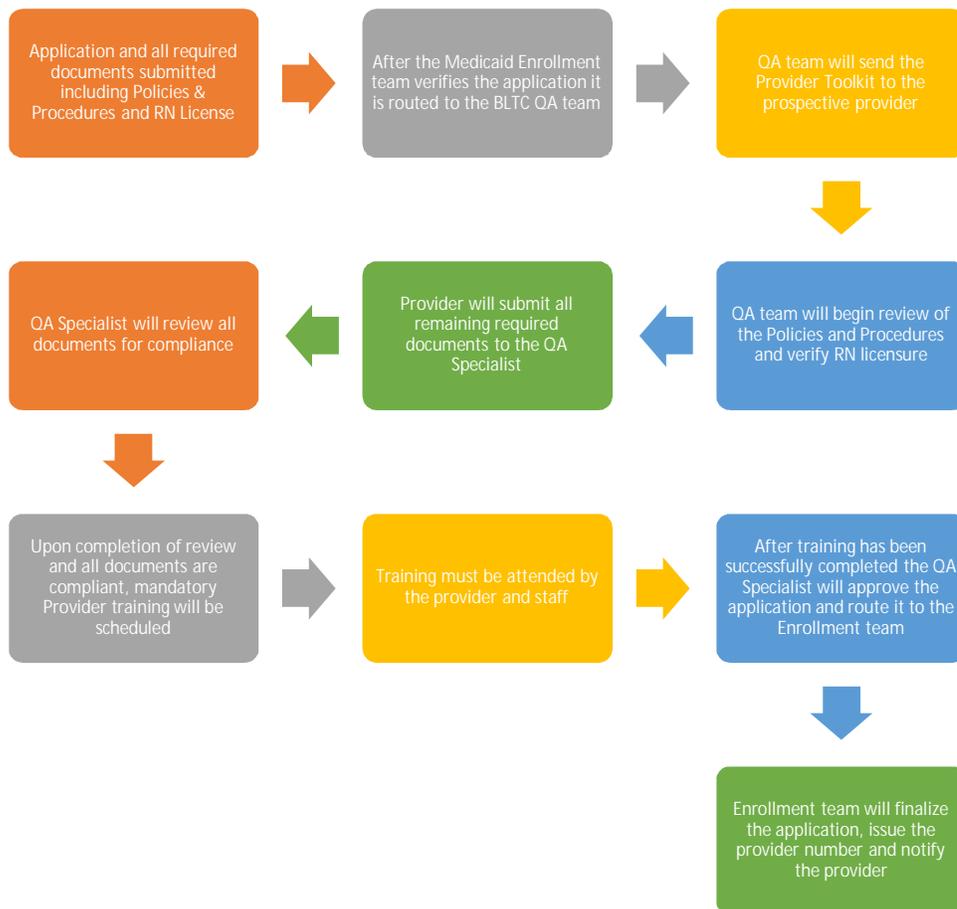
## Application Checklist

The following is a checklist of all the documents that must be submitted by the prospective provider for review by the QA team. **Providers must submit all documents concurrently.**

Documents submitted separately or at different times will be considered as incomplete submissions. Incomplete packages will not be reviewed.

- Policies and Procedures
- EVV Policy and Procedure
- EVV Informed Consent template
- RN License
- Training Curriculum or attestation indicating the provider will be using Online Training modules approved by the BLTC
- Training Verification template
- Health Screening template
- Mock Service Plan
- Mock Progress Notes
- Progress Note Acknowledgement template

## Prospective Provider Process Flow



## Policies and Procedures

The policies and procedures are required and must be submitted with the provider application. When the application and policy documents are routed to the BLTC, QA team they will be reviewed for compliance.

### Required Policies

Following are the required policies;

- Personnel
- Participant Acceptance
- Participant Rights and Responsibilities
- HIPAA
- Participant Choice
- Participant Grievance
- Employee Grievance
- Service Delivery
- Health and Safety
- Quality Assurance

The information outlined within the Idaho Medicaid Provider Agreement Additional Terms – Aged and Disabled Waiver is vague in the requirements for the policies and procedures. Each policy section below identifies the main components that should be included.

### Personnel Policy

The personnel policy should address the following:

- Employee qualifications – What are the employee type titles? What are the qualifications for each title?
- Duties – Are the duties for each employee type clearly identified?
- Compensation/Benefits – Is the compensation clearly outlined? How are employees compensated?
- Training – What training will take place?
- Conduct – Is the code of conduct clearly outlined? Does the policy address a disciplinary action process?

### Participant Acceptance Policy

The participant acceptance policy should address the following:

- Acceptance of participants – Are the standards for participant acceptance clearly outlined?
- Intake – Is the participant intake process clearly outlined?
- Termination – Is the process for termination of services clearly outlined?

### Participant Rights and Responsibilities Policy

The participant rights and responsibilities policy should identify the following:

- Rights and Responsibilities – Are the participant’s rights and responsibilities clearly identified? What is the process for informing the participant of their rights and responsibilities?

### HIPPA Policy

The Health Information Portability and Accountability Act (HIPAA) policy should address the following:

- Privacy practices – Are the agency privacy practices clearly outlined? Is HIPAA addressed?

### Participant Choice Policy

The participant choice policy should address the following:

- Participant choice – How will the agency maximize participant choice?
- Selection – How is the participant involved in the selection of the caregiver?
- Scheduling – How is the participant involved in the scheduling of the caregiver?
- Direction and Evaluation – How is the participant involved in the direction and evaluation of the caregiver?

### Participant Grievance Policy

The participant grievance policy should address the following:

- Grievance process – Is the participant grievance process clearly outlined? Is the agency investigation and response process clearly outlined?

### Employee Grievance Policy

The employee grievance policy should address the following:

- Grievance process – Is the employee grievance process clearly outlined? Is the agency investigation and response process clearly outlined?

### Service Delivery Policy

The service delivery policy should address the following:

- Scope of services – Are the services the agency provides clearly outlined?
- Procedures – Are the procedures for delivering services clearly identified?
- Service delivery documentation – Are progress note requirements clearly outlined? Is the process for caregivers to complete service delivery documentation clearly outlined?

### Health and Safety Policy

The health and safety policy should address the following:

- Emergency response – Is the provider’s emergency response process to ensure participant health and safety clearly identified?
- Backup Plan – Does the provider’s backup plan clearly outline the process for when a caregiver does not show up for a scheduled shift?
- Essential service needs – Does the provider have a plan that clearly outlines the process for providing emergency backup and relief services to cover essential service needs within a reasonable time frame? What is the plan in the event of a natural disaster?

## Quality Assurance Policy

The quality assurance policy must address the following:

- Quarterly audits of services – Does the agency clearly outline how they will audit services on a quarterly basis? What information will be reviewed? Does the policy address the review of progress notes and service plans on a quarterly basis? How will the audits of services be documented?
- Quarterly participant on-site visits – Does the policy clearly outline the process for quarterly participant on-site visits? Is a random sample size identified? Who will conduct the on-site visit? How will the participant on-site visit be documented?
- Quarterly participant satisfaction survey – Does the policy clearly outline the process for completing the quarterly participant satisfaction survey? Who completes the survey? How will the survey be documented?
- Annual professional credential and competency review - Does the policy clearly outline the process for reviewing RN, LPN, and/or CNA credentials? Is ongoing competency review clearly outlined?
- RN Oversight – Does the policy clearly outline the requirements for RN oversight? How is the agency RN involved? What does the agency RN review?

## Electronic Visit Verification Policy

This policy must be included. Please refer to the EVV section of this toolkit for more information and a policy template document.

## Quality Assurance Program and Registered Nurse Oversight

PAA's are required to develop and implement Quality Assurance programs that assure service delivery consistent with all applicable Idaho Administrative Procedures Act (IDAPA) rules as well as the Idaho Medicaid Provider Additional Terms for Aged and Disabled (A&D) Waiver, Personal Care Services (PCS).

The QA program should include oversight by the Agency RN Supervisor. The RN Supervisor must be of such quality that the overall program is enhanced. The IDHW will review the RN oversight of delivery of services to ensure quality of care is being provided.

### Registered Nurse Oversight

Service Delivery oversight is the responsibility of the agency RN. All oversight should be documented as part of the Quality Assurance program.

The agency RN is responsible to ensure compliance in the following areas:

- Review of the Service Plan to ensure that it accurately reflects and addresses the participants needs and that it is accurate and understandable
- Ensure the Service Plan is developed within 30 days from the date of assessment
- Review the daily Progress Notes to ensure services are delivered with accordance with the Service Plan and Level of Care Assessment
- Notify the IDHW of any changes in participants conditions as noted during service delivery, using the approved Significant Change form
- Ensure the Service Plan is developed with the participant and/or family or other support

systems

- Ensure that all caregivers understand and can implement the plan of care
- Notify the IDHW if service delivery is deficient or if the participant exhibits indications of abuse, neglect or exploitation
- The RN should be reasonably accessible to participants, caregivers and the IDHW to respond when care issues arise
- Document the oversight of LPN services every 30 days

## Quality Assurance Program

The provider must have a quality assurance program with appropriate RN oversight, which includes the following:

- Quarterly audit of services
- Participant quarterly site visits including:
  - Ensure the service plan is being followed
  - Provide instruction to the caregiver if needed
  - Assess and document the general health status of the participant
  - Assess and document the effectiveness of the service plan
- Participant quarterly satisfaction surveys
- Staff professional credential review annually
- Staff competency review annually

Site visits and satisfaction survey may be conducted by any staff member as determined appropriate by the provider, however oversight must be retained by the RN. The audit sample is at the discretion of the provider.

The provider is responsible to implement a quality improvement plan for any deficiencies identified during QA Program activities.

## Training

Effective training is the foundation of a personal care program. It is imperative that training provides the knowledge and skills that can improve competence and confidence and thereby improve the effectiveness of the care we deliver to those we serve.

In accordance with Idaho Administrative Procedures Act (IDAPA) 16.03.10.329.03 Provider Qualifications, all providers of homemaker services, respite care, adult day health, transportation, chore services, companion services, attendant care, adult residential care, and home delivered meals 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 (A&D) Waiver approved by the Centers for Medicare & Medicaid Services (CMS).

Registered Nurses, Licensed Practical Nurses and Certified Nursing Assistants with a current active license/certification are only required to be trained for Participant-Specific Endorsements as needed.

## Training Curriculum

For any provider that elects to use a curriculum outside of the Online Training Modules, the curriculum must be submitted to the QA Team prior to the approval of the provider application. The QA Team will review and verify the curriculum is compliant with the requirements identified below.

## Training Requirements

The following are requirements/procedures regarding the implementation of the Provider Training Matrix and standards.

The Provider Training Matrix is divided into four main categories.

1. General
2. Personal Care and Attendant Care
3. Homemaker
4. Participant Specific Endorsements

Each category identifies what core body of knowledge of skill level is expected, who can verify competency and by what method.

### General

This category includes the following Required Competencies; Communication, Infection Control, Confidentiality, Documentation, and Participant Rights and Preferences. The table below identifies who can determine competency and by what method.

### Attendant Care and Personal Care Services

This category includes the following Required Competencies; Documentation, Eating Meals, Toileting, Mobility, Transferring, Personal Hygiene, Dressing, Bathing, and Medication. The table below identifies who can determine competency and by what method.

### Homemaker

This category includes the following Required Competencies; Meal Preparation, Shopping, Laundry, and Housework. The table below identifies who can determine competency and by what method.

### Participant Specific Endorsements

These endorsements are related to participants who have care needs that require specific training, delegation, and/or demonstration. The table below identifies who can determine competency and by what method and includes a list of endorsements.

### Personal Assistance Agency

1. The Required Verification method for each identified category must be completed. If multiple methods are indicated all must be completed.
2. The written test required under each identified category must be approved by either the Agency RN or Agency Personnel as identified in this Matrix.

3. The Agency RN will determine the minimum standards for a passing grade.
4. All training curriculum and blank written test templates will be maintained in an agency training manual and made available for Department review.
5. Completed written tests should be maintained in the individual employee record.
6. Proof of completion for the Provider Training Matrix and/or Participant Specific Endorsements should be maintained in the individual employee record.

#### Fiscal Intermediary

1. The written test required under each identified category must be approved by either the Agency RN or Agency Personnel as identified in this Matrix.
2. The Agency RN will determine the minimum standards for a passing grade.
3. All training curriculum and blank written test templates will be maintained in an agency training manual and made available for Department review.
4. Completed written tests should be maintained in the individual employee record.
5. The agency RN and participant are responsible for verification of competency for Participant Specific Endorsements.
6. Proof of completion for the Provider Training Matrix and/or Participant Specific Endorsements should be maintained in the individual employee record.

#### Provider Training Matrix

Required Competency	Required Instructor	Required Verification
<b>General</b>		
<b>Communication</b> <ol style="list-style-type: none"> <li>1. Basic knowledge of reading and comprehension specific to participant Service Plans.</li> <li>2. Ability to follow verbal and written instructions.</li> <li>3. Clear prompting and cueing related to participant service delivery.</li> <li>4. Basic knowledge of effective communication.</li> </ol>	Agency Personnel	<ul style="list-style-type: none"> <li>· Documentation</li> </ul> (Documentation examples: resume, interview summary)
<b>Infection Control</b> <ol style="list-style-type: none"> <li>1. Basic knowledge of how infections are spread, proper handwashing techniques, and knowledge of Universal Precautions.</li> <li>2. Basic knowledge of Personal Protective Equipment (PPE)</li> </ol>	RN	<ul style="list-style-type: none"> <li>· Written Test</li> <li>· Demonstrated Ability</li> </ul>
<b>Confidentiality</b> <ol style="list-style-type: none"> <li>1. Adheres to Health Insurance Portability and Accountability Act (HIPAA) and agency confidentiality guidelines.</li> </ol>	Agency Personnel	<ul style="list-style-type: none"> <li>· Written Test</li> <li>· Documentation</li> </ul>
<b>Documentation</b>	Agency Personnel	<ul style="list-style-type: none"> <li>· Written Test</li> <li>· Documentation</li> </ul>

1. Knows basic guidelines and fundamentals of documentation specific to participant Service Plans.		
Participant Rights and Preferences 1. Knowledge of the limitations regarding participant information including Advanced Directives, Physician Scope of Treatment (POST) or Do Not Resuscitate (DNR) 2. Basic knowledge of Home and Community Based Service (HCBS) participant rights IDAPA 16.03.10.313-314. 3. Basic knowledge of participant dignity, respect, and preferences.	Agency Personnel	· Written Test
<b>Attendant Care and Personal Care Services</b>		
Documentation 1. <u>Observation</u> : Basic knowledge of, and the ability to, identify the participant's physical and mental factors along with usual daily routines. 2. <u>Reporting</u> : Knowledge of mandatory and incident reporting as well as role in reporting condition changes.	RN	· Written Test
Eating Meals 1. Basic knowledge of fluid balance/hydration. 2. Strategies to ensure adequate nutritional/fluid intake. (For feeding tubes or special circumstances, Participant Specific Endorsements are required)	RN	· Written Test
Toileting 1. Knowledge of elimination, terms, and problems with urinary and bowel function. 2. Knowledge of proper cleansing procedures. 3. Knowledge of toileting equipment/supplies including care, cleaning, and disposal.	RN	· Written Test
Mobility 1. Knowledge of basic terminology and assistive devices including cane, walker, wheelchair, and crutches. 2. Limitations of caregivers must be identified on the employee health screen. (For mechanical lifts and maintenance exercises Specific Endorsements are required)	RN	· Written Test · Demonstrated Ability
Transferring 1. Knowledge of proper body mechanics and transfers: Bed to chair/commode, bed to wheelchair and back, and participants with weak or paralyzed side.	RN	· Written Test · Demonstrated Ability
Personal Hygiene	RN	· Written Test

<ol style="list-style-type: none"> <li>1. Basic knowledge of oral care, hair care, skin care, nail care, and basic grooming needs.</li> <li>2. Nail care for diabetic or circulatory compromised participants is limited to nail filing only.</li> </ol>		
<b>Dressing</b> <ol style="list-style-type: none"> <li>1. Basic knowledge of dressing practices including upper and lower body.</li> </ol> (For compression hose, prosthetics and orthotics Participant Specific Endorsements are required)	RN	· Written Test
<b>Bathing</b> <ol style="list-style-type: none"> <li>1. Basic knowledge of bathing techniques.</li> </ol>	RN	· Written Test
<b>Medication</b> <ol style="list-style-type: none"> <li>1. Basic knowledge of prompting and cueing self-directed medication and treatment administration.</li> <li>2. Knowledge of program limitations in accordance with IDAPA 23.01.01 "Rules of the Board of Nursing".</li> </ol> (For participant specific medications, oxygen therapy, and inhalation equipment Participant Specific Endorsements are required)	RN	· Written Test · Demonstrated Ability
<b>Homemaker</b>		
<b>Meal Preparation</b> Basic knowledge of the following: <ol style="list-style-type: none"> <li>1. <u>Meal Planning</u>: basic nutrition needs.</li> <li>2. <u>Preparation</u>: preparation of nutritious foods following diet requirements.</li> <li>3. <u>Storage and Handling</u>: understanding labels, seasonal foods as well as safe food storage and handling.</li> <li>4. Safe use of household appliances.</li> </ol> (Special diets require Participant Specific Endorsements)	Agency Personnel	· Written Test
<b>Shopping</b> <ol style="list-style-type: none"> <li>1. Basic knowledge of purchasing items based on participant preference and consideration of a fixed income.</li> </ol>	Agency Personnel	· Written Test
<b>Laundry</b> <ol style="list-style-type: none"> <li>1. Basic knowledge of accepted practice in laundry procedures including following label and washing machine instructions, folding, and putting away laundry.</li> </ol>	Agency Personnel	· Written Test
<b>Housework</b> <ol style="list-style-type: none"> <li>1. Basic knowledge of routine housekeeping duties including ability to clean surfaces, furnishings, dishes, floors, and garbage disposal.</li> </ol>	Agency Personnel	· Written Test · Demonstrated Ability

## Participant Specific Endorsements

Participant Specific Endorsements training and subsequent required verification must be conducted by the agency RN. This documentation must be kept in the employee file.

Participant Specific Endorsements		
<b>Maintenance Exercise</b> 1. Formal program established by a PT, RN, or Physician. 2. Passive ROM could be established by RN. (Delegated by licensed professional)	RN	· Demonstrated Ability
<b>Mechanical Lift</b> 1. Knowledge of current standards of safe practice for mechanical transfers. (Delegated by licensed professional)	RN	· Demonstrated Ability
<b>Catheter Care</b> 1. Knowledge of current standards of practice for routine care procedure of indwelling catheter.	RN	· Demonstrated Ability
<b>Bowel Care</b> 1. Knowledge of current standards of practice for routine bowel program.	RN	· Demonstrated Ability
<b>Orthotics</b> 1. Knowledge of current standards of practice in applying compression hose/sleeves, prosthetics and orthotics.	RN	· Demonstrated Ability
<b>Ostomy Care</b> 1. Knowledge of current standards of practice for routine procedure of participant ostomy.	RN	· Demonstrated Ability
<b>Oxygen Therapy</b> 1. Knowledge of generally accepted practice when dealing with oxygen supplies and equipment. 2. Knowledge of appropriate application of oxygen delivery equipment. 3. Flow meter setting as prescribed by Physician only. (Delegated by licensed professional)	RN	· Demonstrated Ability
<b>Inhalation Equipment</b> 1. Knowledge of generally accepted practice in care of nebulizers or other inhalation equipment.	RN	· Demonstrated Ability
<b>Gastrostomy Tube Feeding</b> 1. Knowledge of current accepted procedure for gastrostomy tube feedings. 2. Knowledge of current accepted procedure for care of gastrostomy site and tube.	RN	· Demonstrated Ability

(Monthly performance evaluations must be conducted by the RN. Medications via G-Tube may only be given if authorized by RN)		
Feeding Complications 1. Knowledge of current accepted practices when dealing with a participant with specialized feeding needs. (i.e. difficulty swallowing, frequent aspiration, set-up, and specialized equipment)	RN	· Demonstrated Ability
Special Diets 1. Knowledge of generally accepted practice for special dietary needs.	RN	· Demonstrated Ability
Medication Assistance 1. In-home Settings: assisting the participant with Physician-ordered medications that are ordinarily self-administered in accordance with IDAPA 23.01.01 "Rules of the Board of Nursing". (Delegated by licensed professional)	RN	· Written Test · Documentation
Treatments 1. Knowledge of current accepted and prescribed procedure. (Delegated by licensed professional)	RN	· Demonstrated Ability
Cognitive Impairments 1. Knowledge of cognitive impairments, care needs, and techniques when working with cognitively impaired individuals. (For participants with a developmental disability, the IDHW approved courses, Visions and Pathways must be completed)	RN	· Written Test · Documentation
Psychological or Social Disorders 1. General knowledge of mental illness/behaviors and basic interventions for Alzheimer's, dementia, depression, and generalized anxiety.	RN	· Written Test

### Online Training Modules

IDHW has approved the online training hosted by Home Care Pulse and CareAcademy as meeting the Provider Training Matrix requirements for Attendant Care and Homemaker services only. Please note that the training modules replace the requirements for training conducted by the agency RN or administrative staff, except for Special Endorsements. All Special Endorsement training must be completed as outlined on the Provider Training Matrix.

The online training can be accessed for Home Care Pulse at <https://www.homecarepulse.com/resources/welcome-idaho/> and for CareAcademy at <https://careacademy.com/idaho-medicaid/>.

The table below identifies the training modules that meet the requirements of Idaho Provider Training Matrix:

Provider Training Matrix Required Competencies	Home Care Pulse Corresponding Required Courses	CareAcademy Corresponding Required Courses
<p>Communication</p> <ul style="list-style-type: none"> <li>▪ Basic knowledge of reading and comprehension specific to participant Service Plans</li> <li>▪ Ability to follow verbal and written instructions</li> <li>▪ Clear prompting and cueing related to participant service delivery</li> <li>▪ Basic knowledge of effective communication</li> </ul>	Client Centered Care	<p>CARE0100 – What Does It Mean to Be A Professional Caregiver?</p> <p>For enhanced initial training, CareAcademy recommends: CARE0103 – Communicating with Older Adults</p>
<p>Infection Control</p> <ul style="list-style-type: none"> <li>▪ Basic knowledge of how infections are spread, proper handwashing techniques and knowledge of Universal Precautions</li> <li>▪ Basic knowledge of personal protective equipment</li> </ul>	Standard Precautions	CARE0700 – Maintaining a Clean & Healthy Environment (Infection Control)
<p>Confidentiality</p> <p>Adheres to Health Insurance Portability and Accountability Act (HIPAA) and agency confidentiality guideline.</p>	<p>Maintaining Confidentiality</p> <p>Client Centered Care</p>	CARE0202 – Clients’ Rights, HIPAA & Elder Abuse Prevention
<p>Documentation</p> <p>Knows basic guidelines and fundamentals of documentation specific to participant Service Plans.</p>	Reporting & Documenting Client Care	CARE0204 – Observation, Reporting & Documentation: Part 2
<p>Participant Rights &amp; Preferences</p> <ul style="list-style-type: none"> <li>▪ Knowledge of the limitations regarding participant information including Advanced Directives, Physician Scope of Treatment (POST) or DNR status</li> </ul>	<p>Reporting &amp; Documenting Client Care</p> <p>Client Centered Care</p>	CARE0100 – What Does It Mean to Be A Professional Caregiver?

Provider Training Matrix Required Competencies	Home Care Pulse Corresponding Required Courses	CareAcademy Corresponding Required Courses
<ul style="list-style-type: none"> <li>▪ Basic knowledge of HCBS participant rights IDAPA 16.03.10.313-314</li> <li>▪ Basic knowledge participant dignity, respect and preferences</li> </ul>		
<p>Documentation</p> <p><u>Observation</u>- Basic knowledge of and ability to identify participant's physical and mental factors along with usual daily routines.</p> <p><u>Reporting</u>- Knowledge of mandatory and incident reporting as well as role in reporting condition changes.</p>	Reporting & Documenting Client Care	CARE0204 – Observation, Reporting & Documentation: Part 2
<p>Eating Meals</p> <ul style="list-style-type: none"> <li>▪ Basic knowledge of fluid balance/hydration</li> <li>▪ Strategies to ensure adequate nutritional/fluid intake</li> </ul> <p>For Feeding tubes or special circumstances Specific Endorsements are required</p>	Helping with Activities of Daily Living Nutrition for the Elderly	CARE0300 – Assisting with Personal Care Through ADLs
<p>Toileting</p> <ul style="list-style-type: none"> <li>▪ Knowledge of elimination, terms, and problems with urinary and bowel function</li> <li>▪ Knowledge of proper cleansing procedure</li> <li>▪ Knowledge of toileting equipment/supplies including care, cleaning, and disposal</li> </ul>	Helping with Activities of Daily Living	CARE0300 – Assisting with Personal Care Through ADLs  For enhanced initial training, CareAcademy recommends: CARE0302 – Assisting with Elimination Needs
<p>Mobility</p> <ul style="list-style-type: none"> <li>▪ Knowledge of basic terminology and assistive devices including</li> </ul>	Helping with Activities of Daily Living Helping Clients with Mobility	CARE0300 – Assisting with Personal Care Through ADLs

Provider Training Matrix Required Competencies	Home Care Pulse Corresponding Required Courses	CareAcademy Corresponding Required Courses
cane, walker, wheelchair and crutches <ul style="list-style-type: none"> <li>▪ Limitations of caregivers need to be identified on an employee's health screen</li> </ul> For mechanical lifts and maintenance exercises Specific Endorsements are required		For enhanced initial training, CareAcademy recommends: CARE0400 – Assisting with Independent Living Through ADLS
Transferring Knowledge of proper body mechanics and transfers: Bed to chair/commode, bed to wheelchair and back and participants with weak or paralyzed side.	Helping with Activities of Daily Living Helping Clients with Mobility	CARE0300 – Assisting with Personal Care Through ADLS  For enhanced initial training, CareAcademy recommends: CARE0400 – Assisting with Independent Living Through ADLS
Personal Hygiene <ul style="list-style-type: none"> <li>▪ Basic knowledge of oral care, hair care, skin care, nail care and basic grooming needs</li> <li>▪ Nail care for diabetic or circulatory compromised participants is limited to nail filing only</li> </ul>	Helping with Activities of Daily Living	CARE0300 – Assisting with Personal Care Through ADLS
Dressing Basic knowledge of dressing practices including upper and lower body.  For compression hose, prosthetics and orthotics Specific Endorsements are required	Helping with Activities of Daily Living	CARE0300 – Assisting with Personal Care Through ADLS
Bathing Basic knowledge of bathing techniques.	Helping with Activities of Daily Living	CARE0300 – Assisting with Personal Care Through ADLS  For enhanced initial training, CareAcademy recommends:

Provider Training Matrix Required Competencies	Home Care Pulse Corresponding Required Courses	CareAcademy Corresponding Required Courses
		CARE0301 – Assisting with Bathing
<p>Medications</p> <ul style="list-style-type: none"> <li>▪ Basic knowledge of prompting and cueing, self-directed medication and treatment administration</li> <li>▪ Knowledge of program limitations in accordance with IDAPA 23.01.01 "Rules of the Board of Nursing"</li> </ul> <p>For participant specific medications, oxygen therapy and inhalation equipment Specific Endorsements are required</p>	Helping with Activities of Daily Living	<p>CARE0400 – Assisting with Independent Living Through ADLs</p> <p>For enhanced initial training, CareAcademy recommends: CARE0518 – Assisting with Medication Self-Administration: Part 2</p>
<p>Meal Preparation</p> <p>Basic knowledge of the following:</p> <ul style="list-style-type: none"> <li>▪ <u>Meal Planning</u>- Basic nutrition needs</li> <li>▪ <u>Preparation</u>- Preparation of nutritious foods following diet requirements</li> <li>▪ <u>Storage and Handling</u>- Understanding labels, seasonal foods as well as safe food storage and handling</li> <li>▪ Safe use of household appliances</li> </ul> <p>Special diets require Specific Endorsement</p>	<p>Helping with Activities of Daily Living</p> <p>Nutrition for the Elderly</p> <p>Food Preparation &amp; Safety Tips</p>	<p>CARE0400 – Assisting with Independent Living Through ADLs</p> <p>For enhanced initial training, CareAcademy recommends: CARE0600 – Overview of Nutrition &amp; Food Preparation</p>
<p>Shopping</p> <p>Basic knowledge of purchasing items based on participant preference and consideration of a fixed income.</p>	Helping with Activities of Daily Living	CARE0400 – Assisting with Independent Living Through ADLs

Provider Training Matrix Required Competencies	Home Care Pulse Corresponding Required Courses	CareAcademy Corresponding Required Courses
<b>Laundry</b> Basic knowledge of accepted practice in laundry procedures including following label and washing machine instructions, folding and putting away laundry.	Helping with Activities of Daily Living	CARE1000 – Light Housekeeping for Professional Caregivers
<b>Housework</b> Basic knowledge of routine housekeeping duties including ability to clean surfaces, furnishings, dishes, floors and garbage disposal.	Helping with Activities of Daily Living	CARE1000 – Light Housekeeping for Professional Caregivers

The following courses are recommended, but not required;	
Home Care Pulse	CareAcademy
Infection Control in Home Care Bill of Rights Activity and the Elderly Basic Nutrition and Hydration Using Assistive Devices Mechanical Lift Use & Safety Performing Safe Transfers Performing Mouth Care Dressing and Grooming Tips Bathing Tips Common Medications Feeding Your Clients Housekeeping Basics	CARE0103 – Communicating with Older Adults CARE0302 – Assisting with Elimination Needs CARE0301 – Assisting with Bathing CARE0518 – Assisting with Medication Self-Administration: Part 2 CARE0600 – Overview of Nutrition & Food Preparation

### Challenge Exam

IDHW has approved Home Care Pulse and CareAcademy to offer a Challenge Exam for individuals who have been paid caregivers for twenty-four (24) months or more. The caregiver, when hired, is not required to take the full training course of modules. Instead, they may take the Challenge Exam and if passed this exam will take the place of the training module courses. The Challenge Exam is not allowed for any special endorsements.

## Online Training Frequently Asked Questions

### Why has IDHW approved online training modules?

We listened! Providers have been asking us for a solution to the high cost of training staff that can move from agency to agency. National research has identified one reason for the high turnover rate among caregivers is due to a lack of quality training.

### Are the training modules mandatory?

No, the modules are not mandatory. Providers may elect to develop their own training process but must ensure that they meet all the requirements outlined in the Provider Training Matrix.

### Are the online training modules compliant with the Provider Training Matrix?

Yes! The modules we have endorsed ensure the caregiver will meet all standards outlined in the Provider Training Matrix except for Special Endorsements. Special Endorsements must be trained as outlined by the Provider Training Matrix and by the Board of Nursing rules.

### What about return demonstrations?

A return demonstration is required for procedures outlined in IDAPA 16.03.10.303.01f.i-vi. Providers are strongly encouraged to ensure that caregivers meet their individual business standards by requiring RN oversight for return demonstrations when appropriate.

### How will I know if my staff have completed the modules with a passing grade?

The user will receive a certificate of completion once all modules have been taken and there will be reports available for summary data. Each training module has a test the user is required to pass.

### If a caregiver completed the coursework with another Agency can I accept their certificate of completion and be compliant with IDHW training requirements?

Yes! One of the benefits of using the online training modules is that providers do not need to retrain staff if they have completed all the modules. However, the provider is required to have a certificate of completion in the employee file.

### What is the cost?

For pricing, please reach out to Home Care Pulse at <https://www.homecarepulse.com/resources/welcome-idaho/> or CareAcademy at <http://careacademy.com/idaho-medicaid/>.

### Who pays for the modules?

It is up to the provider to determine who will pay for the modules, however IDHW will not pay for any portion of the training modules.

### Who developed the modules?

The training modules for Home Care Pulse and CareAcademy were developed by Registered Nurses and meet the Board of Nursing guidelines for Certified Nursing training.

### How long does each module take to complete?

The average completion time is 50 minutes per module.

#### Is the caregiver required to complete the training in the office?

That is a business decision that each agency can determine. However, one of the benefits of the web-based modules is that they can be completed anywhere with internet access.

#### How many times can a user retake a failed exam?

There is no limit on the number of times a module can be taken. However, the modules are not considered completed until the 80% passing score is obtained. Test questions are randomized each time a user completes a module.

#### Does the online module system track the time that a user spends taking the training modules?

Yes, it does indeed track the amount of time the users spend in each module. The tracking/reporting hub has a section that allows the admin to view the total time spent for each user.

#### Is continuing education for caregivers required by the Provider Training Matrix?

No, it is not, however we strongly encourage providers to invest in ongoing training for their staff to ensure that caregivers are qualified. One of the major benefits of the online training modules is that the user will have complete access to all modules available by the company, in addition to the required modules.

#### Does the Challenge Exam meet all training requirements?

The Challenge Exam has been approved by IDHW to meet the Provider Training Matrix requirements for attendant care and homemaker services for individuals that have been paid caregivers for twenty-four (24) months or more. The Challenge Exam fulfills the training requirements outlined in the Provider Training Matrix except for special endorsements. The Challenge Exam is an option for only individuals that have been paid caregivers for a minimum of twenty-four (24) months.

#### How can we access the modules?

The link to the modules can be found on the IDHW Provider website page located at <https://healthandwelfare.idaho.gov/providers/home-and-community-based-long-term-care/long-term-care-provider-training>.

## Training Verification

All training must be completed prior to service delivery and verified. For providers that use their own training curriculum, the BLTC strongly encourages providers to utilize the Provider Training Matrix Checklist for verification. If using the online modules, the comprehensive completion certificate will serve as verification.

## Provider Training Matrix Checklist

Agency Name:	

Caregiver Last Name	Caregiver First Name
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GENERAL				
Required Competency	Required Instructor	Required Verification	Training Completion Date	Instructor Initials
Communication	Agency Personnel	· Documentation		
Infection Control	RN	· Written Test · Demonstrated Ability		
Confidentiality	Agency Personnel	· Written Test · Documentation		
Documentation	Agency Personnel	· Written Test · Documentation		
Participant Rights & Preferences	Agency Personnel	· Written Test		
ATTENDANT CARE AND PERSONAL CARE SERVICES				
Required Competency	Required Instructor	Required Verification	Training Completion Date	Instructor Initials
Documentation	RN	· Written Test		
Eating Meals	RN	· Written Test		
Toileting	RN	· Written Test		
Mobility	RN	· Written Test · Demonstrated Ability		
Transferring	RN	· Written Test · Demonstrated Ability		
Personal Hygiene	RN	· Written Test		
Dressing	RN	· Written Test		
Bathing	RN	· Written Test		
Medication	RN	· Written Test · Demonstrated Ability		
HOMEMAKER				
Required Competency	Required Instructor	Required Verification	Training Completion Date	Instructor Initials
Meal Preparation	Agency Personnel	· Written Test		

Shopping	Agency Personnel	· Written Test		
Laundry	Agency Personnel	· Written Test		
Housework	Agency Personnel	· Written Test · Demonstrated Ability		

### Participant Specific Endorsements

Participant Specific Endorsements training and subsequent required verification must be conducted by the agency RN. This documentation must be kept in the employee file.

PARTICIPANT SPECIFIC ENDORSEMENTS				
Required Competency	Required Instructor	Required Verification	Training Completion Date	Instructor Initials
Maintenance Exercise	RN	· Demonstrated Ability		
Mechanical Lift	RN	· Demonstrated Ability		
Catheter Care	RN	· Demonstrated Ability		
Bowel Care	RN	· Demonstrated Ability		
Orthotics	RN	· Demonstrated Ability		
Ostomy Care	RN	· Demonstrated Ability		
Oxygen Therapy	RN	· Demonstrated Ability		
Inhalation Equipment	RN	· Demonstrated Ability		
Gastrostomy Tube Feeding	RN	· Demonstrated Ability		
Feeding Complications	RN	· Demonstrated Ability		
Special Diets	RN	· Demonstrated Ability		
Medication Assistance (Documentation of course completion)	RN	· Written Test · Documentation		
Treatments	RN	· Demonstrated Ability		
Cognitive Impairments (Documentation of QIDP course completion)	RN	· Written Test · Documentation		

Psychological or Social Disorders	RN	· Written Test		
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The above listed caregiver has completed all appropriate training as outlined in the IDHW Provider Training Matrix.

Signatures:

Caregiver:	Date:
Agency Personnel:	Date:
Agency RN:	Date:

## Service Plan

Providers are required to develop a Service Plan and assure it is reflective of the Level of Care Assessment. The Service Plan must be developed in conjunction with the participant and/or family members or guardian, etc., within thirty (30) days from the receipt of the assessment. Providers are strongly encouraged but not required to use the Bureau of Long Term Care Service Plan template for all participant Service Plans.

Service Plans are required to have the following elements as outlined in IDAPA and the Provider Agreement Additional Terms for Aged and Disabled (A&D) Waiver, Personal Care Services:

### Service Plan Development

Service Plans must be developed with the participation of the Medicaid participant and/or their family, legal guardian and other individuals as identified. The Service Plan must be developed and signed within thirty (30) days from the date the provider receives the assessment.

### Participant Signature

Service Plans must be signed by the participant or the participants decision making authority as confirmation of informed consent, contribution and agreement of the written plan of care.

### Agency Signature

Service Plans must be signed by the Supervisory Nurse or Agency personnel with clinical oversight that is responsible for developing the written plan of care. The agency signature provides confirmation that the agency is committing to providing services as outlined in the plan of care.

### Service Plan Placement

Service Plans must be placed and maintained in the participants residence on or before the first day of service. A copy of the Service Plan should also be available in the Provider files.

### Level of Care Assessment

The Service Plan must reflect the results of the Universal Assessment Instrument (UAI) conducted by the Medicaid Nurse Reviewers. The UAI is sent to the provider.

## Goals and Outcomes

All goals and outcomes must be participant centric and reflect individually identified goals and desired outcomes.

Goals: Participant-centric goals should be observable and measurable having one or more objectives that lead to the outcome

Outcomes: Outcomes follow the direct intention of the goal, but elaborate on the who, what, where, why and how the goal will be achieved

Example:

Goal: Decrease swelling in legs and walking more often

Outcome: Work with caregiver to create a low salt diet to follow. Keep legs elevated when sitting

## Risk Factors & Interventions

Risk Factors and Interventions must be identified on the Service Plan and must be person centered and individualized for each participant. It is strongly recommended that the risk and intervention be identified on each care task but must be, at a minimum, addressed overall.

## Back Up Plan

Backup Plans must be identified on the Service Plan and must be person centered and individualized for each participant and should include measures necessary to maintain the participants health and safety.

Backup Plans should also include instructions (communication plan) on what a participant is to do in the event of non-provision of services. This plan should demonstrate the capability of providing emergency backup and relief services to cover the essential service needs for each participant within a reasonable time frame.

## Paid and Non-Paid Caregivers

All person-centered Service Plans must reflect all paid and unpaid services and supports that will assist the participant to achieve their identified services and goals.

## Amount/Type and Frequency

All Service Plans must clearly identify the type of services provided as well as the amount and frequency of each service.

## Understandable Language

Person-centered Service Plans must be written in a clear and concise manner. The language should be understandable to the participant and all care providers.

## Updated Service Plans

Service Plans must be current and reflective of the participants' current needs. It is the responsibility of the provider to update the service plan at least annually or when there is a change in the participants needs. A Service Plan addendum can be attached to the Annual Service Plan in the case of Significant Change.

## Service Plan Template

The Bureau of Long Term Care will send to providers a Service Plan that will be populated with the participant demographics as well as the assessment scoring and Bureau of Long Term Care Nurse Reviewer comments. Providers are strongly encouraged to use this Service Plan.

The Service Plan template is available [HERE](#)

## Electronic Visit Verification (EVV)

The purpose of this document is to outline the requirements for Electronic Visit Verification (EVV) as it pertains to Personal Assistance Agencies (PAA). EVV is a mechanism to capture and validate information about a visit to a participant's home and is intended to curb fraud, waste and abuse. All Personal Assistance Agencies are required to comply with outlined rules and regulations outlined in IDAPA 16.03.10.041.

### EVV Requirements

Each Personal Assistance Agency provider must have a compliant EVV system that captures and validates the following six (6) data elements for each visit:

1. Type of service performed
2. Individual receiving the service
3. Date of service
4. Location of service delivery
5. Individual providing the service
6. Time the service begins and ends

All visits for the following services must be captured and validated by the agency's EVV system:

- State Plan Personal Care Services (T1019)
- Aged and Disabled Waiver Services including:
  - Attendant Care (S5125)
  - Homemaker Services (S5130)
  - Respite (T1005)

All providers must complete testing and receive production credentials to successfully submit data to the state's aggregator. The technical guide for all EVV requirements is available at [www.idmedicaid.com](http://www.idmedicaid.com). Effective September 1, 2021, claims submitted for EVV applicable services that do not have corresponding EVV data submitted to the state's aggregator will deny.

For more information about the EVV requirements and additional resources, please visit <https://healthandwelfare.idaho.gov/providers/idaho-medicaid-providers/electronic-visit-verification-evv>.

### Additional Record Requirements

Providers with compliant EVV systems will capture most of the required elements described in IDAPA 16.03.10.328.07 and 16.03.10.304.04. However, providers must also identify a mechanism to capture the below items. The provider may elect to use their EVV platform to do so.

Service delivery records must be maintained on all participants who receive Aged & Disabled (A&D) Waiver or Personal Care Services (PCS).

The provider must maintain documentation of every visit made to a participant's home. Each service delivery record must contain the following elements as outlined in IDAPA 16.03.10.328.07 and 16.03.10.304.04:

- Date and time of visit – the time of day that services are delivered is to be identified by A.M. or P.M. unless military time is utilized
- Length of visit – including the total time for Attendant Care and Homemaker services
- Services provided during each visit made to the participant
- Narrative of participants response to the services(s), any changes noted in the participant's condition or any deviations from the plan of care
- Participant signature and date – this may be captured with a signature, or unique login
- Caregiver signature and date - this may be captured with a signature or unique login

## Participant Access to Records

### Record Availability

A copy of the progress notes, including all information as outlined above, must be available to the participant on at least a weekly basis. This may be in either a printed format and placed in the participants home or available to the participant and/or legal representative by an electronic record (email, login, website, etc.) If the documentation is not in a printed format and kept in the participants home, the provider must document the participants preference in how the service delivery documents are received by an attestation document which must be kept on file by the provider.

The provider should update their policies and procedures related to progress notes to outline this process.

### Progress Note Acknowledgement Template

If a participant declines to receive paper and/or electronic copies of their progress notes, the provider must document this refusal with a participant acknowledgement including their signature and date. This acknowledgement must clearly indicate the method by which progress notes were offered to the participant (print, electronic, email, etc.), and acknowledge that progress notes are available to the participant on at least a weekly basis. The acknowledgement must be kept on record with the provider and made available to the Department of Health and Welfare if requested. A template acknowledgement is available [HERE](#).

### EVV Informed Consent

An Informed Consent is required for all providers implementing an Electronic Visit Verification (EVV) system. A template consent form has been developed and providers may use the form. This specific document is not required to be used but is a recommended best practice by the Department of Health and Welfare, Division of Medicaid. The document is available [HERE](#). If you do not use this template, you are still responsible for developing and using an appropriate Informed Consent form.

## Claims Logic

EVV Data Element	Affects Claims	How?
Person Receiving Service	Yes	Medicaid ID# (MID) for the person verifying visit matches the MID on the claim
Person Delivering Service	No	This information should be captured in the Service Plan or narrative
Date	Yes	Date of service on the claim matches the date of an EVV visit
Start and End Time	Yes	Start and end time difference does not exceed total authorized and billed units
Location	No	This information should be captured in the Service Plan or narrative
Service Provided	Yes	Procedure code on the EVV visit line matches the procedure code on the claim

Remember: If a data point is missing and no manual entry/exception reason has been keyed, your associated claim will deny.

### Duals Claims

Duals claims will be paid by the appropriate provider. Providers must collect EVV data and submit it to the states aggregator for ALL EVV applicable visits, regardless of the payor.

### Quality Assurance Oversight

The BLTC Quality Assurance (QA) team will retain oversight of EVV data to verify that services are delivered according to the Service Plan and Level of Care Assessment. All Personal Assistance Agency providers will continue to be audited on a biennial basis using existing criteria as well as EVV data.

### Targeted Review Threshold

The threshold for manual entries or revisions will be 30%. For the first 12 months of the EVV implementation, the QA team will provide Technical Assistance to all providers that exceed 30% of manual entries within their system. The data will be reviewed on a semi-annual basis for all providers.

### Targeted Desk Review Criteria

After the first twelve (months) of EVV implementation, reports will be reviewed on a semi-annual basis to identify providers that have manual entries above the 30% threshold or the percentage identified on their approved exception.

A targeted review will be initiated as a desk review and the following criteria will be audited;

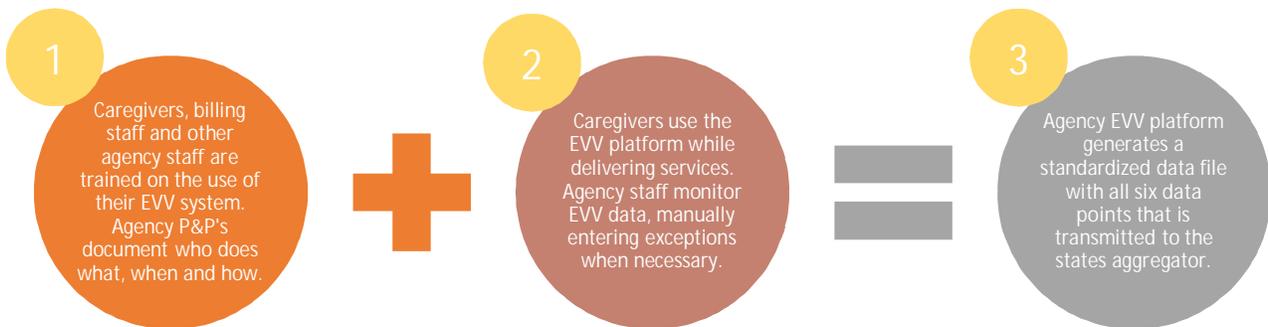
- Service Plan
- Delivery of services verification (reports from their EVV vendor and/or additional documentation)

All providers will be given a letter with the results of the audit and the opportunity to remediate any deficiencies within fifteen (15) business days. If the provider elects not to remediate a Corrective Action Plan will be requested.

A referral to the Medicaid Program Integrity Unit will be initiated if the data warrants a financial audit.

## Policies and Procedures

- All providers are required to develop and maintain policies and procedures outlining agency implementation and use of EVV technology, including strategies for safeguarding of participant information and privacy. Policies should include the threshold for manual entry/overrides
- A template for the EVV policy and procedure is available [HERE](#)
- All providers may submit an EVV policy and procedure for review and informal feedback from the QA team at any time prior to a review
- During the biennial review or a targeted audit, the EVV policy and procedure will be required. All new providers will be required to provide their EVV policies and procedures prior to approval of their application



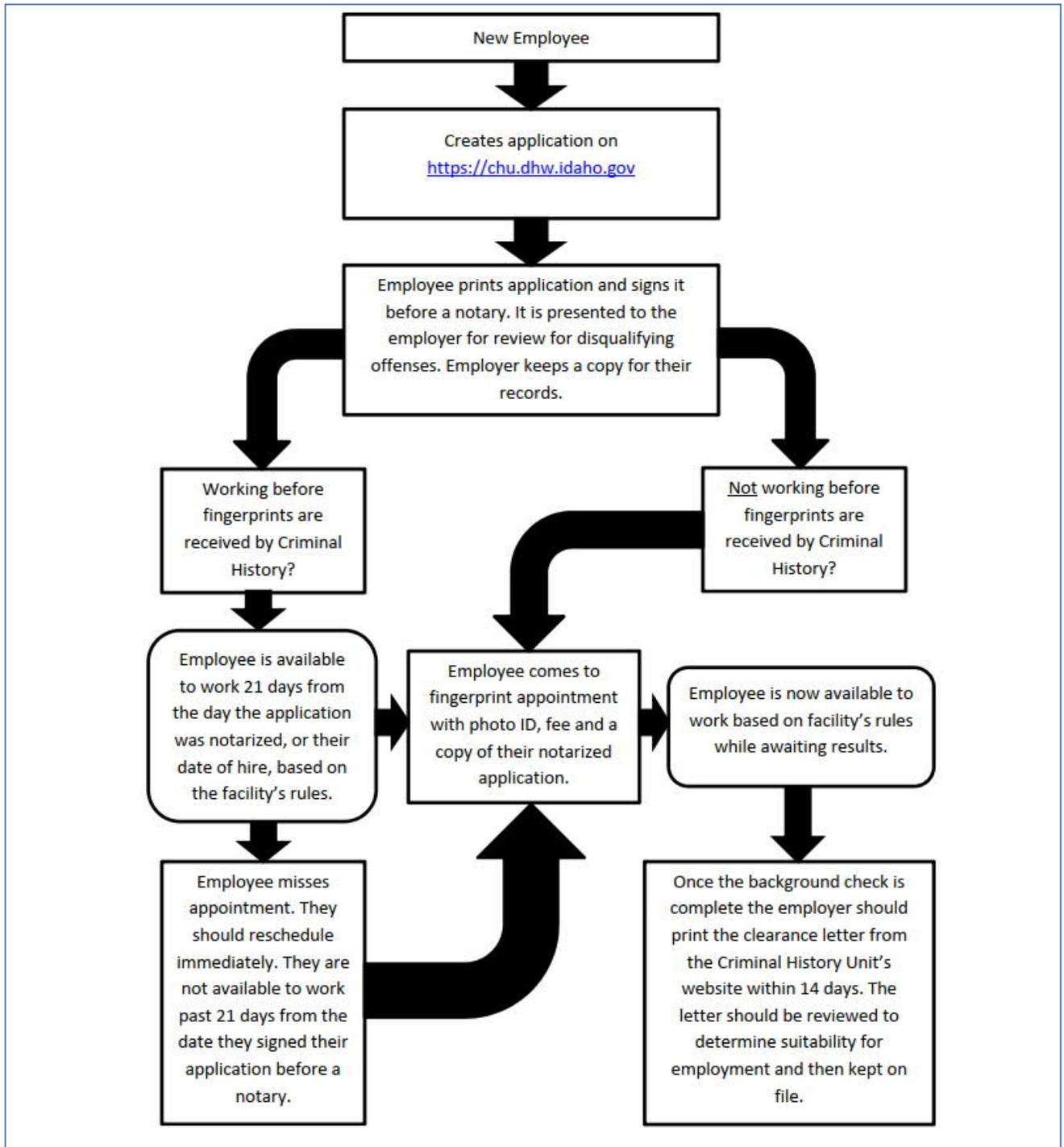
1 and 2. These areas refer to the agency's business practices. The provider determines this business process.

3. The provider ensures that the business practices result in this outcome or your claims may not pay as expected.

## Criminal History

IDAPA 16.03.10.305.06

All PCS providers, including service coordinators, RN supervisors, QIDP supervisors and personal assistants, must participate in a criminal history check as required by Section 39-5604, Idaho Code. The criminal history check must be conducted in accordance with IDAPA 16.05.06, "Criminal History and Background Checks."



## Additional Resources

For additional information and resources developed specifically for providers, including Provider Help Aids, please visit our website @ <https://healthandwelfare.idaho.gov/providers/home-and-community-based-long-term-care/long-term-care-provider-enrollment-and>

Provider Quick Reference Guide:

<https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=2272&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>

For additional information related to Electronic Visit Verification please visit:

<https://healthandwelfare.idaho.gov/providers/idaho-medicaid-providers/electronic-visit-verification-evv>

For additional information related to Criminal History requirements please visit:

<https://healthandwelfare.idaho.gov/chu>

Provider Application and enrollment information: [www.idmedicaid.com](http://www.idmedicaid.com)

## Version History

Date	Version	Comments
7/21/2021	1.0	Creation
8/19/2021	1.1	Corrected spelling error
8/24/2021	1.2	Minor formatting and terminology updates
9/2021	1.3	Updated Training Matrix information
10/2021	1.4	Updated Online Training Module information and Provider Training Matrix Checklist template
10/2021	1.5	Fixed error within Provider Training Matrix Checklist
11/2021	1.6	Updated Matrix and Matrix Checklist