

**STATE OF IDAHO  
MEDICAID PROVIDER AGREEMENT**

**ADDITIONAL TERMS – AGED AND DISABLED WAIVER,  
PERSONAL CARE SERVICES**

**A-1. Quality Assurance.** The 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 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.

- A-1.1. The provider conducts a quality assurance program which includes quarterly audits of services, site visits, participant satisfaction, and annual professional credential and competency review. Provider shall implement a quality improvement plan for any deficiencies noted.
- A-1.2. Keep annual evaluation reports and have them available to IDHW during Quality Assurance reviews.
- A-1.3. The provider informs the participant about the participant's rights, the availability of protection and advocacy services.

**A-2. Policies and Procedures.** The provider shall provide to IDHW policies and procedures that address the following:

- A-2.1. Personnel, including employee qualifications, duties, compensations, benefits, training and conduct;
- A-2.2. Standards for acceptance of participants, intake and admission procedures, and termination of services;
- A-2.3. Participants rights and confidentiality;
- A-2.4. How the provider will maximize participant choice and involvement in the selection, scheduling, direction, and evaluation of direct service providers;
- A-2.5. Participant and employee grievance procedures;
- A-2.6. Scope of services provided and procedures for delivering services;
- A-2.7. Emergency response to ensure participant health and safety. The provider must have a plan which demonstrates the capability of providing emergency back up and relief services to cover the essential service needs within a reasonable time frame.

**A-3. Subcontractors.** The provider shall describe the extent to which subcontractors will be used, submit to IDHW for review all contracts between the agency and its subcontractors, and have procedures in place to assure the work performed by the subcontractor is of high quality.

**A-4. Service Delivery.**

- A-4.1. The provider will not bring children or other third persons into the participant's home while providing services.
- A-4.2. The provider will not become involved in the participant's personal/financial affairs unless the participant is a family member or the provider's involvement is part of a service coordination plan.

- A-4.3. The provider will not smoke in the residence of a participant non-smoker, nor without written permission of a participant smoker.
- A-4.4. The provider will not use the participant's telephone for personal calls except as authorized by the participant and any long-distance charges are to be reimbursed immediately to the participant and/or other individuals responsible for paying phone charges.
- A-4.5. When terminating services to a participant, the provider will give 14 days written notice to the participant.
- A-4.6. The provider will not consume the food or beverages of the participant without the written permission of the participant, nor require the participant to provide food or beverage as a condition for providing services.

**A-5. Registered Nurse (RN) and Qualified Mental Retardation Professional (QMRP) Supervisors.**

The supervisor's service must be of such quality that the overall program is enhanced. The IDHW may review the supervisor's delivery of services to ensure quality care is being provided. Quality care includes, but is not limited to, assuring:

- A-5.1. Assessments accurately reflect and address the participant's medical condition, medical treatments, functional abilities, living environment, and formal and informal supports available to the eligible participant.
- A-5.2. The supervisor will develop care plans which reflect and address eligible participant's personal care needs which can only be met by the provision of personal care services by a qualified personal care attendant. To the maximum extent possible, the development of the plan will be a collaborative process involving the eligible participant, family, and other support systems. Complete, accurate and understandable care plans are completed within reasonable time frames allowing for earliest approval of services - not to exceed 30 days from request.
- A-5.3. Care plans are placed and maintained in the eligible participant's home on or before the first day of service which give adequate direction to the provider.
- A-5.4. Care plans for eligible participants with developmentally disabilities reflect coordination with the QMRP.
- A-5.5. The RN or QMRP supervisors are responsible for assuring that the PCA understands and is capable of implementing the plan of care.
- A-5.6. The provider will make on-site supervisory visits at intervals of at least 90 days, or as authorized by the IDHW. The provider shall ensure that the care plan is being followed, provide instruction to the personal care attendant, assess and document the general health status of the eligible participant, and assess and document the effectiveness of the care plan, and the provision of PCS in meeting the eligible participant's needs. **If service documentation is absent, the care plan is not being followed, or the eligible participant exhibits indications of abuse or neglect, the Supervisor will immediately notify the IDHW.**
- A-5.7. A copy of the RN and QMRP visit form will be provided to the IDHW within five working days of each visit.
- A-5.8. RN and QMRP supervisor services are reasonably accessible to participants, personal care attendant and the IDHW, to respond when care issues arise. Prior to a scheduled absence the supervisor will make alternative arrangements for coverage with another qualified supervisor.
- A-5.9. If needs are identified, the RN and QMRP supervisor may initiate an application for service coordination.

**FOR THE PROVIDER:**

\_\_\_\_\_  
**Administrator**

\_\_\_\_\_  
**Date**

Name of Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Idaho Medicaid Provider Number: \_\_\_\_\_