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## Certified Family Homes

This chapter of the Idaho Medicaid Provider Handbook describes Medicaid covered services provided by Certified Family Home (CFH) providers, as approved by the Department of Health and Welfare (DHW). When these words are used in this chapter they mean:

- Participant: The person with Medicaid receiving services.
- Provider: The person providing the services.
- Resident: An adult living in the CFH that needs personal assistance and/or supervision.

The purpose of a CFH is to provide residential services in as a homelike option instead of more expensive or more restrictive group or institutional care. It is meant to help vulnerable adults live in a family-style setting that supports integrated community living. CFHs provide housing and care for adults who are elderly or who have mental illnesses, developmental disabilities, physical disabilities, or other challenges that make it hard for them to live alone. These adults can have their needs met by the provider in the home.

Depending on the type of waiver a participant has, CFHs are called Adult Residential Care in the Aged and Disabled (A&D) waiver, or Residential Habilitation-CFH in the Adult Developmental Disabilities (DD) Waiver.

Participants can access Residential Habilitation–CFH through the DD Waiver using two different approaches: Traditional Direction and Self-Direction. This chapter of the handbook focuses on the Traditional Direction approach for both participants and CFH providers.

CFH providers can also assist participants who either do not qualify for waiver services or those who qualify but do not reside in the CFH home. CFH can offer services like Adult Day Health, Respite, and Personal Care Services (PCS) if they are qualified. However, participants cannot get supported living services in a CFH because that would be getting the same service twice. Waiver CFH residential services support the participant in daily living activities, household tasks, and other routine activities that the participant is unable to accomplish.

The service provided by CFHs must be within the scope of practice, licensure, and training of the provider rendering them.

Should the handbook ever appear to contradict relevant provisions of Idaho or federal regulations, the regulations prevail. Any paper or digital copy of these documents is considered out of date except the version appearing on Gainwell Technologies' [Idaho Medicaid](#) website. Sections of the Idaho Medicaid Provider Handbook applicable in specific situations are listed throughout the handbook for provider convenience. Handbook sections that always apply include the following:

- [General Billing Instructions](#);
- [General Information and Requirements for Providers](#); and
- [Glossary](#).

Handbooks can only be used properly in context. Providers must be familiar with the handbooks that affect them and their services. The numbering in handbooks is also important to make note of as subsections rely on the content of the sections above them.

### **Example**

Section 1.2.3.a The Answer requires the reader to have also read Section 1, Section 1.2 and Section 1.2.3 to be able to properly apply Section 1.2.3.a.

References are included throughout the handbook for provider and staff convenience. Not all applicable references are incorporated into the handbook. Not all references provided are equal in weight.

- **Case Law:** Includes references to court cases that established interpretations of law that states and providers are required to follow.
- **CMS Guidance:** These references reflect various Centers for Medicare and Medicaid Services (CMS) publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services except where noted.
- **Federal Regulations:** These references are regulations from the federal level that affected policy development. Usually these include the Code of Federal Regulations, the Social Security Act and other statutes. They are required to be followed.
- **Idaho Medicaid Publications:** These are communications from Idaho Medicaid, such as information releases, newsletters and the provider handbook, to providers that were required to be followed when published. These are included in the handbook for historical reference. The provider handbook supersedes other communications unless the documents are listed in the [Policies, Procedures, and Waivers](#) webpage under policies in [Medicaid Policies library](#).
- **Idaho State Plan:** The State Plan is the agreement between the State of Idaho and the Centers for Medicare and Medicaid Services on how the State will administer its medical assistance program. It is required to be followed.
- **Professional Organizations:** These references reflect various publications of professional organizations that Idaho Medicaid reviewed in the formulation of their policy. Providers may or may not be required to follow these references, depending on the individual reference and its application to a provider's licensure and scope of practice.
- **Scholarly Work:** These references are publications that Idaho Medicaid reviewed in the formulation of their policy. The publications themselves are not required to be followed for Idaho Medicaid services.
- **State Regulations:** These references are regulations from the state level that affected policy development. They usually include statute and IDAPA. They are required to be followed.

Some citations may not be available on the internet. Copies of the documents may be requested with a public records request online: [www.healthandwelfare.idaho.gov/news-notices/public-records-requests](http://www.healthandwelfare.idaho.gov/news-notices/public-records-requests). Guidance for public records requests is available on the Department's website.

## 1. Important Contacts

### 1.1. Directory

The directory contains contacts, addresses, telephone numbers, and fax numbers that providers may need.

Providers may get information about the Idaho Medicaid Program on the Internet at the following sites:

**Idaho Medicaid**

[www.medicaid.idaho.gov](http://www.medicaid.idaho.gov)

**Idaho Department of Health and Welfare (DHW)**

[www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov)

**Centers for Medicare and Medicaid Services (CMS)**

[www.cms.gov](http://www.cms.gov)

**Quality Improvement Organization (QIO) – Telligen Inc.**

<https://idmedicaid.telligen.com>

**Magellan Healthcare, Inc. for mental health and substance use disorder services.**

<https://www.MagellanOfIdaho.com>

**Idaho Smiles – MCNA for dental services.**

<http://www.mcna.net/en/plans/medicaid>

**Medical Transportation Management Inc. (MTM)**

[www.mtm-inc.net/idaho](http://www.mtm-inc.net/idaho)

**Medicare Medicaid Coordinated Plan (MMCP) and Idaho Medicaid Plus (IMPlus)**

- United Healthcare
  - Website: [www.UHCprovider.com](http://www.UHCprovider.com)
  - Phone: 1 (855) 857-9753
- Molina Healthcare of Idaho
  - Website: [www.molinahealthcare.com](http://www.molinahealthcare.com)
  - Phone: 1 (844) 239-4914

## 1.2. Division of Medicaid

<b>Appeals</b>	<b>Bureau of Developmental Disability Services</b>	<b>Estate Recovery</b>
Division of Medicaid Idaho Department of Health and Welfare P.O. Box 83720 Boise, ID 83720-0036 Fax: 1 (208) 364-1811 <a href="mailto:MedicaidAppeals@dhw.idaho.gov">MedicaidAppeals@dhw.idaho.gov</a>	P.O. Box 83720 Boise, ID 83720-0009 1 (208) 334-0940 Fax: 1 (208) 334-0953	P.O. Box 83720 Boise, ID 83720-0009 1 (208) 364-1975 1 (866) 849-3843 Fax: 1 (866) 852-2954
<b>Bureau of Long-Term Care</b>	<b>Medical Care Unit</b>	<b>Medicaid Provider Fraud and Program Integrity</b>
P.O. Box 83720 Boise, ID 83720-0009 1 (877) 799-4430 <a href="mailto:BLTCCentral@dhw.idaho.gov">BLTCCentral@dhw.idaho.gov</a>	P.O. Box 83720 Boise, ID 83720-0009 1 (866) 205-7403 Fax: 1 (877) 314-8779	P.O. Box 83720 Boise, ID 83720-0036 <a href="mailto:prvfraud@dhw.idaho.gov">prvfraud@dhw.idaho.gov</a> 1 (208) 334-5754 Fax: 1 (208) 334-2026
<b>Pharmacy and Medicaid Participant Lock-in</b>	<b>Preventive Health Assistance (PHA) Unit</b>	<b>Office of Mental Health and Substance Abuse</b>
P.O. Box 83720 Boise, ID 83720-0009 1 (208) 364-1829 1 (866)-827-9967 Fax: 1 (800) 327-5541	P.O. Box 83720 Boise, ID 83720-0009 1 (877) 364-1843 Fax: 1 (877) 845-3956	P.O. Box 83720 Boise, ID 83720-0009 1 (208) 334-0767 1 (866) 681-7062 Fax: 1 (866) 241-7278
<b>Financial Operations</b>		
P.O. Box 83720 Boise, ID 83720-0009 1 (208) 287-1150 Fax: 1 (208) 287-1170		

### 1.3. Participant Service Numbers

<b>Participant Line (English and Spanish)</b>
1 (866) 686-4752 Fax: 1 (877) 517-2039 <a href="mailto:idparticipantservices@gainwelltechnologies.com">idparticipantservices@gainwelltechnologies.com</a>
<b>Idaho CareLine (English and Spanish)</b>
2-1-1 or 1 (800) 926-2588
<b>Medicaid Non-Emergent Transportation</b>
1 (208) 334-4990 or 1 (877) 503-1261 TTY 1(877) 503-1257
<b>Idaho Nurse Aide Registry</b>
1 (800) 748-2480

### 1.4. Gainwell Technologies

Gainwell Technologies – [www.idmedicaid.com](http://www.idmedicaid.com) works with Idaho Medicaid fiscal agents to enroll providers, process claims, and help with customer service issues.

#### 1.4.1. Provider Services

Gainwell Technologies operates an automated phone service to support providers with general inquiries, including enrollment and technical services. Additional contact information is provided for providers who need after hours support

<b>Medicaid Automated Call Service (MACS)</b>	
1 (866) 686-4272 1 (208) 373-1424	MACS is available 24 hours a day, seven days a week. Provider service representatives (PSR) are available Monday through Friday, 7:00 A.M.-7:00 P.M. MT.
<b>Mailing Address</b>	
P.O. Box 70082 Boise, ID 83707	
<b>Email and Fax Support</b>	
Provider Services	Fax: 1 (877) 661-0974 <a href="mailto:IDProviderServices@gainwelltechnologies.com">IDProviderServices@gainwelltechnologies.com</a>
Provider Enrollment	Fax: 1 (877) 517-2041 <a href="mailto:IDProviderEnrollment@gainwelltechnologies.com">IDProviderEnrollment@gainwelltechnologies.com</a>
Technical Services	Fax: 1 (877) 517-2040 <a href="mailto:IDEDISupport@gainwelltechnologies.com">IDEDISupport@gainwelltechnologies.com</a>

<b>Gainwell Technologies Contact Information</b>
Gainwell Technologies Provider Services P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 661-0974 <a href="mailto:IDProviderServices@gainwelltechnologies.com">IDProviderServices@gainwelltechnologies.com</a>
The Medicaid Automated Call Service (MACS) is available 24 hours a day, seven days a week. Provider service representatives are available: Monday through Friday, 7:00 A.M.-7:00 P.M. MT.

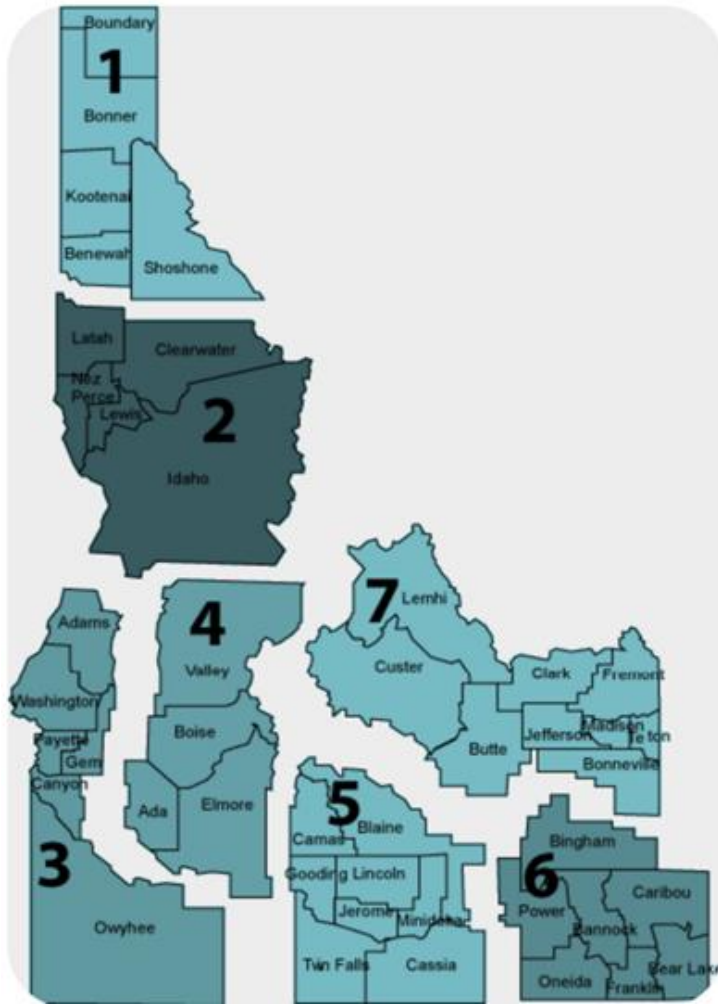
<p>Provider Enrollment P.O. Box 70082 Boise, ID 83707 Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2041 <a href="mailto:IDProviderEnrollment@gainwelltechnologies.com">IDProviderEnrollment@gainwelltechnologies.com</a></p>
<p>Participant Services Phone: 1 (866) 686-4752 Fax: 1 (877) 517-2039 <a href="mailto:idparticipantservices@gainwelltechnologies.com">idparticipantservices@gainwelltechnologies.com</a></p>
<p>Technical Services Phone: 1 (866) 686-4272 Fax: 1 (877) 517-2040 <a href="mailto:IDEDISupport@gainwelltechnologies.com">IDEDISupport@gainwelltechnologies.com</a></p>

**1.4.2. Gainwell Technologies Regional Provider Relations Consultants (PRCs)**

Gainwell Technologies Provider Relations Consultants (PRCs) help keep providers up to date on billing changes required by program policy changes implemented by the Division of Medicaid.

PRCs accomplish this by:

- Conducting provider workshops
- Conducting live meetings for training
- Visiting a provider’s site to conduct training
- Assisting providers with electronic claims submission



Region 1 and the state of Washington  
1 (208) 202-5735  
[Region.1@gainwelltechnologies.com](mailto:Region.1@gainwelltechnologies.com)

Region 2 and the state of Montana  
1 (208) 202-5736  
[Region.2@gainwelltechnologies.com](mailto:Region.2@gainwelltechnologies.com)

Region 3 and the state of Oregon  
1 (208) 202-5816  
[Region.3@gainwelltechnologies.com](mailto:Region.3@gainwelltechnologies.com)

Region 4  
1 (208) 202-5843  
[Region.4@gainwelltechnologies.com](mailto:Region.4@gainwelltechnologies.com)

Region 5 and the state of Nevada  
1 (208) 202-5963  
[Region.5@gainwelltechnologies.com](mailto:Region.5@gainwelltechnologies.com)

Region 6 and the state of Utah  
1 (208) 593-7759  
[Region.6@gainwelltechnologies.com](mailto:Region.6@gainwelltechnologies.com)

Region 7 and the state of Wyoming  
1 (208) 609-5062  
[Region.7@gainwelltechnologies.com](mailto:Region.7@gainwelltechnologies.com)

Region 9 and other states (not  
bordering Idaho)  
1 (208) 609-5115  
[Region.9@gainwelltechnologies.com](mailto:Region.9@gainwelltechnologies.com)

### 1.4.3. Idaho Cities by Medicaid Region

<b>Region 1: Benewah, Bonner, Boundary, Kootenai, and Shoshone Counties</b>					
Athol	Cocolalla	Harrison	Moyie Springs	Ponderay	Santa
Avery	Coeur d'Alene	Hauser	Mullan	Port Hill	Silverton
Bayview	Colburn	Hayden Lake	Murray	Post Falls	Smelterville
Blanchard	Careywood	Hope	Naples	Priest River	Spirit Lake
Bonnars Ferry	Coolin	Kellogg	Nordman	Rathdrum	Tensed
Calder	Desmit	Kingston	Oldtown	Sagle	Wallace
Cataldo	Dover	Kootenai	Osburn	Saint Maries	Worley
Clarkfork	Eastport	Laclede	Pinehurst	Samuals	
Clarkia	Fernwood	Medimont	Plummer	Sandpoint	

<b>Region 2: Clearwater, Idaho, Latah, Lewis, and Nez Perce Counties</b>					
Ahsahka	Elk City	Julietta	Lucille	Pollock	Troy
Boville	Fenn	Kamiah	Morgan's Valley	Potlach	University
Clearwater	Ferdinand	Kendrick	Moscow	Princeton	Viola
Cottonwood	Genesee	Keuterville	Nez Perce	Riggins	Weippe
Craig Mont	Grangeville	Kooskia	Onaway	Rueben's	White Bird
Culdesac	Green creek	Lapwai	Orofino	Southwick	Winchester
Deary	Harvard	Lenore	Peck	Spalding	
Dixie	Headquarters	Lewiston	Pierce	Stites	

<b>Region 3: Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties</b>					
Bruneau	Fruitvale	Letha	Murphy	Oreana	
Caldwell	Grandview	Marsing	Nampa	Owyhee	
Cambridge	Greenleaf	Melba	New Meadows	Parma	
Council	Homedale	Mesa	New Plymouth	Payette	
Emmett	Huston	Middleton	Notus	Weiser	
Fruitland	Indian Valley	Midvale	Ola	Wilder	

<b>Region 4: Ada, Boise, Elmore, and Valley Counties</b>					
Atlanta	Eagle	Horseshoe Bend	Meridian	Star	
Banks	Featherville	Idaho City	Montour	Sweet	
Boise	Gardena	King Hill	Mountain Home	Warren	
Cascade	Garden City	Kuna	Northside	West Mountain	
Centerville	Garden Valley	Lowman	Pioneerville	Yellow Pine	
Crouch	Glenns Ferry	Lakefork	Placerville		
Donnelly	Hammett	McCall	Smith's Ferry		

<b>Region 5: Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties</b>					
Acequia	Castleford	Gooding	Jerome	Paul	Wendell
Albion	Corral	Hagerman	Ketchum	Picabo	
Almo	Declo	Hailey	Kimberly	Richfield	
Bellevue	Dietrich	Hansen	Malta	Rogerson	
Bliss	Eden	Hazelton	Minidoka	Rupert	
Buhl	Elba	Heyburn	Murtaugh	Shoshone	
Burley	Fairfield	Hill City	Oakley	Sun Valley	
Carey	Filer	Hollister	Obsidian	Twin Falls	

<b>Region 6: Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power Counties</b>					
Aberdeen	Bloomington	Fort Hall	Malad City	Pocatello	Sublett
American Falls	Chubbuck	Franklin	May	Portneuf	Swan Lake
Arbon	Clifton	Freedom	McCammon	Preston	Thatcher
Arimo	Conda	Geneva	Mink Creek	Rockland	Wayan
Atomic City	Dayton	Georgetown	Montpelier	Saint Charles	Weston
Bancroft	Dingle	Grace	Moreland	Shelley	Whitney
Basalt	Downey	Holbrook	Ovid	Soda Springs	
Bern	Firth	Inkom	Paris	Springfield	
Blackfoot	Fish Haven	Lava Springs	Pingree	Sterling	

<b>Region 7: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton Counties</b>					
Ammon	Darlington	Iona	Menan	Roberts	Teton
Anthony	Driggs	Irwin	Monteview	Saint Anthony	Tetonia
Arco	Dubois	Island Park	Moore	Salmon	Ucon
Ashton	Ellis	Leadore	Newdale	Shoup	Victor
Butte City	Felt	Ledmore	Northfork	Stanley	
Carmen	Gibbonsville	Lemhi	Palisades	Stone	
Challis	Grouse	Leslie	Parker	Sugar City	
Chester	Hamer	Lewisville	Rexburg	Swan Valley	
Clayton	Howe	Mackay	Rigby	Tendoy	
Cobalt	Idaho Falls	Macks Inn	Ririe	Terreton	

## 2. Qualifying to be a Certified Family Home Provider

Certified Family Homes (CFH) in Idaho can be eligible to participate in the Idaho Medicaid Program. A CFH provider must be certified by the Department to provide care in their own home. They must also have a valid provider agreement with Medicaid.

CFH providers must meet the following minimum qualifications:

- Be at least eighteen (18) years of age;
- Be a high school graduate, have a GED, or demonstrate the ability to follow a service plan;
- Have current CPR and First Aid certifications;
- Be free from transmissible diseases;
- Have a valid driver's license and vehicle insurance, if transporting participants;
- Have appropriate certification or licensure if required to perform tasks that require certification or licensure;
- A CFH provider assisting the participant with medications must meet one of the following:
  - Successfully completed a Department-approved medications course through an Idaho technical college;
  - Licensed as a practical nurse, physician's assistant, or medical doctor; and
- A CFH waiver provider that is a spouse of the participant cannot be paid by Medicaid for services.

### **Providing Adult Residential Care (CFH) Services to Participants on the Aged and Disabled Waiver**

All Certified Family Home (CFH) providers must meet the training requirements contained in the provider training matrix and the standards for direct care staff. Adequate staff must be provided to meet the needs of the participants accepted for admission. CFH providers must receive a training certificate from the Bureau of Long-Term Care (BLTC).

More information can be found on the [Long-Term Care Provider Enrollment and General Information](#) webpage.

### **Providing Residential Habilitation-CFH Services to a Participant on the Adult Developmental Disability Waiver**

Certified Family Home (CFH) providers must complete an orientation training provided by the Bureau of Developmental Disability Services (BDDS) or its program coordination contractor before delivering services, and additional CFH-specific training within six (6) months of certification.

All skills training for CFH providers of residential habilitation-CFH services under the Developmental Disabilities (DD) Waiver must be provided by a Qualified Intellectual Disabilities Professional (QIDP) with experience in writing skill training programs. This training must be provided through program coordination services, which are provided through the Department.

Prior to delivering residential habilitation-CFH services to a participant, the CFH provider must complete an orientation training in the following areas:

- Purpose and philosophy of services
- Service rules
- Policies and procedures
- Proper conduct in relating to waiver participants
- Handling of confidential and emergency situations that involve the waiver participant

- Participant rights
- Methods of supervising participants
- Working with individuals with developmental disabilities
- Training specific to the needs of the participant.

Additional training requirements for CFH providers of residential habilitation-CFH waiver services must be completed within six (6) months of certification date and include the following:

- Methodologies for training in a systematic and effective manner
- Techniques and strategies for teaching adaptive behaviors
- Feeding
- Communication
- Mobility
- Activities of daily living
- Body mechanics and lifting techniques
- Housekeeping techniques
- Maintenance of a clean, safe, and healthy environment

The Department, through program coordination services, will provide ongoing training to the CFH provider of residential habilitation, tailored to the participant's specific needs, as needed.

### **Providing Additional State Plan and Waiver Services**

CFHs may also provide additional Medicaid State Plan PCS and A&D/DD Waiver Adult Day Health and Respite services to eligible non-residents or residents not receiving paid Adult Residential Care-CFH or Residential Habilitation-CFH services.

Certified Family Home (CFH) providers must have a completed Adult Day Health Additional Terms provider agreement to provide these services. The adult day health provider is responsible for delivering care and supervision that meets the needs of the participant, as outlined in their service plan. Aged and Disabled Waiver providers are required to notify the Department when this service is provided in a CFH that is not the participant's primary residence.

Certified Family Home (CFH) Respite providers must receive instructions regarding the participant's needs and show their capability to follow the service plan. The provider providing respite care must be an enrolled "Respite Provider." A CFH provider can be separately enrolled as both a CFH and Respite provider.

## **2.1. References: Qualifying to be a Certified Family Home Provider**

### **2.1.1. Idaho State Plan**

*ID Adult Developmental Disabilities Waiver (0076.R07.00)*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>.

*ID Aged and Disabled Waiver (1076.R07.00)*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>.

## 2.1.2. State Regulations

"Adult Day Health." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 544.10. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult Day Health." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 614.11. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult Residential Care." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 544.07. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Certification Requirements." IDAPA 16.03.19, "Certified Family Homes," Sec. 100. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160319.pdf>.

Idaho Certified Family Homes, Idaho Code 39-35 (2024). Idaho State Legislature, <https://legislature.idaho.gov/wp-content/uploads/statutesrules/idstat/Title39/T39CH35.pdf>.

IDAPA 16.03.19, "Certified Family Homes." Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160319.pdf>.

"Individual Provider Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 020. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Individuals Subject to a Background Check." IDAPA 16.05.06, "Criminal History and Background Checks," Sec. 100. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160506.pdf>.

"PCS: Provider Qualifications and Duties." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 554. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 007.10. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider Qualifications." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 544.03. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Residential Habilitation – CFH." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 614.02. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Respite Care." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 544.17. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Respite Care." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 614.04. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 2.2. Background Check Requirements

Certified Family Home (CFH) providers who provide direct care or services to a participant must pass a background check and receive the proper clearance. This is required by the Division of Licensing and Certification and the Division of Medicaid and applies to:

- You (the provider)
- All adults eighteen (18) years and older living in the home (except the participants)
- Staff
- Substitute caregivers

### Special Rules

- New Adults moving into the home after certification - Before moving into the home, a new adult must complete a self-declaration form, be fingerprinted, and not have any convictions for a disqualifying crime on their record.
- Visitors - Visitors cannot be alone with the participant unless they clear a background check.
- Minor Turning eighteen (18) - If a child living in the home turns eighteen (18), they are considered a New Adult within the household. To update their status, they must complete a self-declaration form, be fingerprinted, and not have any convictions for a disqualifying crime on their record. This must be done within thirty (30) days after their birth month.
- Substitute Caregivers and Staff - Before being left alone with a participant, they must complete a self-declaration form, be fingerprinted, and not have any convictions for a disqualifying crime on their record.
- The Department can ask for a new background check at any time.

### 2.2.1. References: Background Check Requirements

#### (a) Federal Regulations

Criminal Background Checks, 42 CFR 455.434 (2023). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol4/pdf/CFR-2023-title42-vol4-sec455-434.pdf>.

#### (b) State Regulations

"Background Check Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 003. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Criminal History and Background Check Requirements." IDAPA 16.03.19, "Certified Family Homes," Sec. 009. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160319.pdf>.

"Individuals Subject to a Background Check." IDAPA 16.05.06, "Criminal History and Background Checks," Sec. 100. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160506.pdf>.

"Providers Subject to Background Check Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 003.04.a. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

### 3. Signing Up to be a Medicaid Provider

If you want to become a Certified Family Home (CFH) provider, you first enroll with Gainwell Technologies. Here are the steps:

- **Step 1:** Create a Trading Partner Account (TPA) at [www.idmedicaid.com](http://www.idmedicaid.com).
  - Gainwell offers a Provider Checklist for CFH providers here: <https://www.idmedicaid.com/New%20Enrollment%20Checklist/Adult%20Residential%20Care%20Checklist.pdf>
- **Step 2:** Complete the Provider Enrollment Application: After you log in, click the link for the Provider Enrollment Application link.
- **Step 3:** Submit Required Documents:

Your application must include:

- A signed Medicaid Provider Enrollment Agreement form
- A signed W-9 form
- A background check clearance
- Certificate – Certified Family Home

Submit everything through the website to Gainwell Technologies.

As a CFH provider, you must possess all necessary state and Medicaid licenses, certifications, and insurance to practice. Additionally, you must meet the [provider qualification](#) requirements specific to the services you intend to provide. The information you supply will be used to verify your credentials.

Specific requirements for CFH Providers:

- Complete Department required training.
- You must get a Provider ID (A unique 8-digit Idaho Medicaid Provider Number is assigned during enrollment, sometimes called an Atypical Provider Number)
- Your home must be credentialed and approved by the Division of Licensing and Certification.
- You must have a Certified Family Home Certificate issued by the Division of Licensing and Certification.
- If a CFH intends to provide Adult Day Health or Respite services, then the CFH must complete every section and sign the Adult Day Care (Adult Day Health) Additional Terms form.

If you lose or do not renew your license, certification, or insurance, you will be removed from the Idaho Medicaid Program. You will have to return payments if you bill after losing your license, certification or insurance.

Provider Enrollment can be contacted by e-mail or phone:

- [idproviderenrollment@gainwelltechnologies.com](mailto:idproviderenrollment@gainwelltechnologies.com)
- 1 (866) 686-4272

Additional information about Idaho administrative rules is available at [Idaho Laws & Rules](#). See [Idaho Medicaid Provider Handbook, General Information and Requirements for Providers](#), to view the [Provider Agreement Example](#) in the appendix for provisions that apply to all providers.

### **3.1. References: Signing Up to be a Medicaid Provider**

#### **(a) a) Federal Regulations**

Disclosure of Information by Providers and Fiscal Agents, 42 CFR 455, Subpart B (2023). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol4/pdf/CFR-2023-title42-vol4-part455-subpartB.pdf>.

#### **(b) b) State Regulations**

"Provider Agreements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 022. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Provider Application Process." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 021. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 4. Participant Eligibility

Participants may be eligible for Medicaid services provided by Certified Family Homes (CFH) through the Aged and Disabled (A&D) Waiver, the Adult Developmental Disability (DD) Waiver, or the State Plan.

### **Aged and Disabled Waiver Eligibility**

A participant's eligibility for benefits under the Aged and Disabled (A&D) Waiver is determined by the Bureau of Long-Term Care (BLTC). A Medicaid Nurse Reviewer checks medical eligibility during the initial assessment and again yearly.

To be eligible, the participant must meet the following criteria:

- Be age eighteen (18) through sixty-four (64) and meet the disability criteria; or
- Be age sixty-five (65) or older;
- The participant is capable of being maintained safely and effectively in a non-institutional setting; and
- In the absence of such service, the individual would require the level of care provided in a Nursing Facility.

Eligibility for Adult Day Health, Adult Residential Care in a CFH and Respite Care services is determined and authorized during the assessment.

**Adult Developmental Disability Waiver Eligibility** A participant's eligibility for benefits under the Adult Developmental Disabilities (DD) Waiver is decided by the appropriate Medicaid authority. Medical and functional eligibility are established during the initial assessment and yearly after.

To be eligible, the participant must:

- Be at least eighteen (18) years of age;
- Meet the level of care criteria for an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);
- Be financially eligible for Medicaid;
- Have a primary diagnosis of developmental disability that affects learning and daily living skills, and impacts at least three (3) of the following areas:
  - Communication
  - Self-care
  - Home living
  - Social or interpersonal skills
  - Use of community resources
  - Self-direction
  - Academic skills
  - Work
  - Leisure
  - Health and safety
  - Or have a related condition causing similar daily challenges;
- Be capable of being maintained safely and effectively in a non-institutional setting;
- In the absence of such services, be at risk of needing the level of care provided in an ICF/IID.

Additional requirements include:

- Completion of a functional assessment to determine service needs;
- Documentation of a qualifying health or behavior issue.

To maintain eligibility, participants must complete yearly assessments. Services must:

- Be included in the approved service plan;
- Comply with service-specific rules;
- Be reviewed at least every ninety (90) days by the plan monitor or service coordinator.

### **State Plan Service Eligibility**

#### **Personal Care Services (PCS)**

The Department will conduct a level of care assessment to determine if an individual's health affects their daily activities and if they can live safely at home with personal care service (PCS) support. Each year, the Bureau of Long-Term Care will review the participant's needs to decide if PCS should continue, if the participant is eligible for the Aged and Disabled Waiver, or if a referral to a nursing home is necessary. If an individual's health conditions change, an assessment can be requested at any time.

#### **Community Crisis Support**

Participants are eligible to receive community crisis supports when they meet eligibility for the adult developmental disabilities (DD) home and community-based services (HCBS) option under the State Plan Services and are at risk of losing housing, employment, or income, or are at risk of incarceration, physical harm, or family altercations.

## **4.1. References: Participant Eligibility**

### **4.1.1. Federal Regulations**

Persons to Whom Services will be Provided, 42 CFR 136.12 (2002). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2024-title42-vol1/pdf/CFR-2024-title42-vol1-sec136-12.pdf>.

### **4.1.2. Idaho State Plan**

"Evaluation/Reevaluation of Eligibility," ID-22-0022 Adult Developmental Disabilities 1915(i) Home and Community-Based Services (HCBS) State Plan Benefit Renewal. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicare.gov/medicaid/spa/downloads/ID-22-0022.pdf>.

*ID Adult Developmental Disabilities Waiver (0076.R07.00)*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>.

*ID Aged and Disabled Waiver (1076.R07.00)*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>.

### **4.1.3. State Regulations**

"Adult DD HCBS State Plan Option." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 590. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult DD HCBS State Plan Option: Eligibility." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 591. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult DD Services: Eligibility Determination." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 569. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult DD Waiver Services: Participant Eligibility." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 611. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"A&D Waiver Services: Eligibility." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 541. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Community Crisis Supports." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 592. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"DD Determination Standards: Participant Eligibility." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 561. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 5. Service Plan

The Certified Family Home (CFH) provider must work with participants and/or their representatives to help create a plan that explains what services the participant needs and how those services will be provided. This helps CFH providers know what to do. The plan must include the participant's name and details about the services.

A service plan must include activities to promote progress, maintain functional skills, or delay or prevent regression. Unless the participant has a guardian, who retains full decision-making authority, the participant must make decisions regarding the type and amount of services.

In general, plans must be based on:

- What the participant wants (as much as possible);
- The assessed need;
- Information from doctors, including recent medical exams and orders;
- Any support services the participant receives;
- That the plan was developed through home and community based services' ([HCBS](#)) [person-centered planning process](#),
- The participant's needs, such as:
  - Supervision
  - Help with daily tasks (eating, bathing, etc.)
  - Managing behaviors

The plan must also include:

- A list of the participants needs;
- A care plan describing how each need will be met; and
- How often each service will be provided.

The plan must be completed soon after the participant moves into the CFH. It must adhere to [HCBS setting requirements](#) and be reviewed and updated annually, or sooner if the participant's condition changes.

The participant (or their representative) and the CFH provider must sign and date the plan when it is first made and any time it is updated.

### 5.1. References: Service Plan

#### 5.1.1.State Regulations

Plan of Service, Idaho Code 39-3509 (2024). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH35/SECT39-3509/>

### 5.2. Aged & Disabled Waiver Service Plan

Certified Family Homes (CFH) providers are required to use the Bureau of Long-Term Care (BLTC) Service Plan template for all participants incorporating all Medicaid services they receive. The plan must be developed with the participant and their person-centered planning team. The person-centered planning team may include family members, guardian or individuals who are significant to the participant. A documented individual service plan must be negotiated between the participant or their legal representative and the CFH provider.

In developing the service plan, the CFH provider and participant must identify any services and supports available outside of Medicaid-funded services that can help the participant meet desired goals within the plan year. This may also include the frequency of supports and services.

The service plan must be re-authorized annually and submitted within forty-five (45) days prior to the expiration of the existing service plan.

### **5.2.1. References: Aged & Disabled Waiver Service Plan**

#### **(a) Idaho State Plan**

*ID Adult Developmental Disabilities Waiver (0076.R07.00)*. Appendix D. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>.

*ID Aged and Disabled Waiver (1076.R07.00)*. Appendix D. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>.

#### **(b) State Regulations**

"Individual Service Plan." IDAPA 16.03.26, "Medicaid Plan Benefits", Sec 543.01, Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Service Plan." IDAPA 16.03.26, "Medicaid Plan Benefits", Sec 007.23, Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

### **5.3. Aged & Disabled Waiver Plan of Care**

The plan of care, also known as the written care plan, outlines how services will be provided to the participant.

The Medicaid Nurse Reviewer Narrative serves as a guide for delivering each care task. The certified family home (CFH) provider is responsible for carrying out each care task as detailed in the Narrative. The CFH will create a care plan that explains how each task will be delivered, based on the instructions in the Narrative.

The Medicaid Nurse Reviewer Narrative is included on the Bureau of Long-Term Care (BLTC) Service Plan template.

The plan must be revised and updated based on treatment results or a change in the participant's needs.

### **5.3.1. References: A&D Plan of Care**

#### **(a) State Regulations**

Idaho Certified Family Homes, Idaho Code 39-35 (2024). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH35/SECT39-3509>.

"Plan of Care." IDAPA 16.03.26, "Medicaid Plan Benefits", Sec 007.05, Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 5.4. Adult Developmental Disability Waiver Service Plan

All services must be within the participant's individualized budget and provided based on a service plan written by a plan developer and approved by the Department, unless authorized over budget through the exception review process. The Department will notify the participant of its decision on their service plan, including an individualized explanation and how to appeal a decision. Authorized services must be delivered by providers who are selected by the participant.

The medical, social, and developmental assessment (MSDA), and other assessments, are used to develop a person-centered plan that includes the participant's medical conditions, risk of deterioration, living conditions, and individual goals. Behavioral or psychiatric needs also require special consideration. Prior to plan development, the plan developer must document the information and support provided to the participant to maximize their ability to make informed choices regarding the services and supports they receive and from whom. Planning team members must each indicate whether they believe the service plan meets the needs of the participant and represents the participant's choice. If there is a conflict that cannot be resolved among person-centered planning members, or if a member does not believe the plan meets the participant's needs or represents the participant's choice, the service plan or amendment may be referred to the Department to negotiate a resolution.

A service plan may be adjusted during the year with an addendum to the plan. These adjustments must be based on a change to a cost, addition of a service or increase to a service, change of provider, addition of a restrictive intervention, or addition or increase of alone time. Additional assessments or information may be clinically necessary. Adjustment of the service plan is subject to prior authorization by the Department.

A participant's service plan must be re-authorized annually. Prior to submission, the plan developer must notify the providers who appear on the service plan of the annual review date, obtain a copy of the most recent provider status review, and convene the person-centered planning team to develop a new service plan. The service plan must:

- Identify the type of service to be delivered, goals to be addressed within the plan year, frequency of supports and services, and identified service providers;
- Include activities to promote progress, maintain functional skills, or delay or prevent regression; and
- Identify services and supports available outside of Medicaid-funded services that can help the participant meet desired goals.

The annual service plan must be submitted at least forty-five (45) days prior to the expiration of the existing plan, or the requested start date for an initial plan. Addendums must be submitted at least fifteen (15) days prior to the requested start date. Expedited review of addendums and initial plans outside of these timeframes can be requested for health and safety reasons. The request for expedited review must demonstrate how the requested services will address the health or safety risk.

The plan developer must ensure no duplication of services. Services are duplicative when goals are not separate and unique to each service provided, or when more than one service

is provided at the same time, unless otherwise authorized. Duplicative services will not be authorized.

A plan developer is defined as a paid or non-paid person identified by the participant who is responsible for developing a service plan and subsequent addenda that cover all services and supports, based on a person-centered planning process. Paid plan developers must be employed as a service coordinator and cannot be a paraprofessional. The following cannot be a paid plan developer:

- Providers of direct services to the participant, or be employed by providers for the participant;
- Individuals related to the participant by blood or marriage;
- Individuals who make financial or health-related decisions for the participant;
- Individuals who hold a financial interest in any agency or entity paid to provide care for the participant; or
- The assessor.

The Department will distribute the service plan or addendum to Residential Habilitation-CFH to complete Provider Implementation Plan and Provider Status Reviews. Residential Habilitation-CFH must sign the plan or addendum indicating they have reviewed the plan or addendum and will deliver services accordingly. The plan developer must distribute a copy of the service plan or addendum, in whole or in part, to any other provider identified by the participant during the person-centered planning process. If the Department has already provided the plan to a provider, the plan developer does not need to distribute another copy to that provider.

Plan developers are also required to monitor the plan. The plan monitor must be a service coordinator. The planning team must identify the frequency of monitoring, which must be face-to-face at least every ninety (90) days and may occur via synchronous interaction virtual care. Plan monitoring must include a review of the service plan to identify the status of programs and changes if needed, contact with service providers to identify barriers to service provision, discuss with participant satisfaction regarding quality and quantity of services, and review of provider status reviews. Plan monitors must immediately report all allegations or suspicions of mistreatment, abuse, neglect, or exploitation, and injuries of unknown origin to the agency administrator, the Department, the adult protection authority, and any other entity required under state or federal law.

#### **5.4.1. References: Adult Developmental Disability Waiver Service Plan**

##### **(a) State Regulations**

"Adult DD Services: Coverage and Limitations." IDAPA 16.03.26, "*Medicaid Plan Benefits*", Sec 571, Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult DD Services: Service Plan Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits", Sec 573, Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"DD Services: Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits", Sec 560, Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Service Plan." IDAPA 16.03.26, "Medicaid Plan Benefits", Sec 007.23, Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## **5.5. Adult Developmental Disability Waiver Provider Implementation Plans and Provider Status Reviews**

Provider Implementation Plans (PIP) and Provider Status Reviews for Certified Family Home (CFH) services are completed by the CFH Program Coordinator.

Residential Habilitation-CFH providers are required to have a completed provider implementation plan (PIP) that includes:

Upon receiving the authorized service plan or subsequent addenda, Residential Habilitation-CFH providers must sign the plan indicating they will deliver services according to the service plan/addendum and consistent with home and community-based requirements and develop an implementation plan. Implementation plans must identify specific objectives that demonstrate how the provider will assist the participant to meet the participant's goals and needs identified in the service plan/addendum. The implementation plan must be completed within fourteen (14) days of or receiving the service plan/addendum or the service start date (whichever is later) and revised whenever participant needs change. Documentation of implementation plan changes must be included in the participant record and include the reason for the change, documentation of coordination with other service providers (where applicable), the date the change was made, and the name of the person making the change complete with the date and title.

Residential Habilitation-CFH providers must submit data to the CFH Program Coordinator to draft provider status reviews six (6) months after the start date of the service plan and annually. The CFH Program Coordinator then submits this to the plan monitor. The semi-annual review is due fifteen (15) days after the end of the six (6) month period. The annual review is due thirty (30) days after plan's end. Provider status reviews must include the status of supports and services to identify progress, maintenance, or delay or prevention of regression.

### **5.5.1. References: Adult Developmental Disability Waiver Provider Implementation Plans and Provider Status Reviews**

#### **(a) Federal Regulations**

"Contents of request for a waiver." 42 CFR 441.301 (2025), Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-sec441-301.pdf>.

"State plan home and community-based services under section 1915(i)(1) of the Act." 42 CFR 441.710 (2025), Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2024-title42-vol4/pdf/CFR-2024-title42-vol4-sec441-710.pdf>.

#### **(b) Idaho State Plan**

ID-22-0022 Adult Developmental Disabilities 1915(i) Home and Community-Based Services (HCBS) State Plan Benefit Renewal. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicare.gov/medicaid/spa/downloads/ID-22-0022.pdf>.

ID Adult Developmental Disabilities Waiver (0076.R07.00). Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>.

**(c) State Regulations**

"Adult DD Services: Service Plan Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 573. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Developmental Therapy: Individual Service Plan (ISP) Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 603. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 6. What's Covered?

Certified Family Home (CFH) residential services support the participant in daily living activities, household tasks, and other routine activities that a participant is unable to accomplish by themselves. Other residential services may include the following:

- Monitoring of medication management
- Assistance with Activities of Daily Living (ADL)
- Meals, including special diets
- Housekeeping
- Laundry
- Transportation
- Recreation
- Assistance with personal finances

Residential services provided by CFHs are called "Adult Residential Care" under the Aged and Disabled (A&D) Waiver. Under the Developmental Disabilities (DD) Waiver, residential services are called "Residential Habilitation CFH." In addition to being a CFH residential services provider, you can also provide adult day health, crisis intervention, personal care services (PCS), and respite care services.

Participants can receive services provided by a CFH through a waiver with a prior authorization and completion of a service plan. CFH providers can only deliver the services they are specifically enrolled to provide.

### **Residential Habilitation-CFH**

DD Waiver participants may receive many services specifically done for them that are designed to assist participants to acquire, retain, or improve his or her ability to reside as independently as possible in the community or maintain family unity.

- Habilitation services Habilitation services include training in one or more of the following areas:
  - Self-direction: Identifying and responding to dangerous situations, making life decisions, and initiating changes in living arrangements;
  - Daily living skills: Training in routine housekeeping tasks, meal preparation, dressing, personal hygiene, self-administration of medications, and other areas of daily living, and using adaptive devices safely;
  - Behavior-shaping and management: 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;
  - Mobility: 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;
  - Socialization: Training or assistance in participation in general community activities and establishing relationships with peers, with an emphasis on connecting the participant to their community.
- Skills training: to teach to participants, family members, alternative family caregivers, or a participant's roommate 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.

## 6.1. References: What's Covered?

### 6.1.1. Idaho State Plan

*ID Adult Developmental Disabilities Waiver (0076.R07.00)*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>.

*ID Aged and Disabled Waiver (1076.R07.00)*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>.

### 6.1.2. State Regulations

"A&D Services: Coverage and Limitations." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 530. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult DD Services: Procedural Requirements." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 572. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult Residential Care." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 542.02. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

"Medical Necessity (Medically Necessary)." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 006.15. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Residential Habilitation." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 612.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 6.2. Adult Day Health

Adult Day Health is a supervised, structured service provided in a community outside an institution. It includes health services, social services, recreation, supervision for safety, and assistance with activities of daily living needed to ensure the optimal functioning of a participant. Certified family home (CFH) providers cannot provide Adult Day Health to their own CFH residents who are receiving paid Adult Residential Care or Residential Habilitation CFH waiver services.

Place of Service: Adult Day Health services may only be provided in the following place of services: (12) Home and (99) Other (Community).

For CFH providers who choose to provide Adult Day Health under the Aged and Disabled (A&D) Waiver or the Developmental Disabilities (DD) Waiver, the following requirements apply:

- Services provided do not include room and board payments
- Services are limited to thirty (30) hours per week
- The combined total of Adult Day Health and Developmental Therapy may not exceed thirty (30) hours per week
- The combined total of Adult Day Health, Supported Employment, and Developmental Therapy may not exceed forty (40) hours per week

### **6.2.1. References: Adult Day Health**

#### **(a) Idaho Medicaid Publications**

"Appendix A. Provider Agreement Example." Idaho Medicaid Provider Handbook - General Information and Requirements for Providers, July 2025, <https://www.idmedicaid.com/General%20Information/General%20Information%20and%20Requirements%20for%20Providers.pdf>

#### **(b) State Regulations**

"Adult Day Health." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 542.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult Day Health." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 612.12. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult Day Health (ADH)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 005.03. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

## **6.3. Respite Care**

Respite services are short-term breaks for non-paid caregivers from their caregiving responsibilities. The caregiver or participant is responsible for selecting, training, and directing the provider. While receiving respite care services, the waiver participant cannot receive other services that are duplicative in nature. Payment for respite care services does not include room and board.

### **Residential Habilitation-CFH providers**

Certified family home (CFH) providers of respite care under the Developmental Disabilities (DD) Waiver, can provide developmental therapy if they are also a certified developmental disabilities agency (DDA). CFH providers are allowed to provide both respite care and adult day health to the participant they are giving respite care for, but not at the same time, and the participant must not be their own CFH resident.

### 6.3.1. References: Respite

#### (a) State Regulations

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

"Respite Care." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 542.13. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Respite Care." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 612.03. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

### 6.4. Personal Care Services (PCS)

Personal Care Services (PCS) help individuals stay in their homes instead of moving to nursing homes or other care facilities. PCS includes help with a participant's physical or functional needs in their home but does not cover general housekeeping or nursing care.

Certified Family Home (CFH) providers can offer PCS to residents who do not receive Medicaid payments for CFH under either waiver but are still eligible for PCS services. In this situation, the CFH can bill room and board, along with other services and items, directly to the resident.

The PCS provider is referred to as a Direct Care Worker (personal assistant) and is responsible for medically oriented tasks related to a participant's physical care provided in the home.

Such services must be included in an approved plan of care and include, but are not limited to, the following:

- **Medical Services** – The personal assistant assists the participant with or performs basic personal care and grooming that may include bathing, hair care, assistance with clothing and dressing, bathroom assistance, and basic skin care; the personal assistant may assist the participant with bladder or bowel requirements, which may include helping the participant to and from the bathroom or assisting the participant with bedpan routines.
- **Medications** – The personal assistant may assist the participant with physician-ordered medications that are ordinarily self-administered.
- **Meal Preparation** – The personal assistant may assist with food, nutrition, and diet activities, including meal preparation if the physician determines the participant has a medical need for such assistance; gastrostomy tube feedings may be performed if authorized by Medicaid, and if the supervising nurse has properly trained the personal assistant; personal assistants may be authorized to perform non-nasogastric gastrostomy tube feedings if authorized by Medicaid and meets the following requirements:
  - The task is simple and safe to do at home;
  - An RN has developed a plan;
  - The RN approves the staff member's ability;
  - The RN documents and reviews delegation, performance, and evaluations monthly;
  - The direct care worker can only administer routine medication through a tube with RN approval.

- **Non-Medical Services** – The personal assistant may perform such incidental household services Medicaid determines to be essential to a participant’s comfort, safety, and health. The participant must receive one medical service to be eligible to receive non-medical services. Non-medical services include:
  - Changing of bed linens for the participant.
  - Rearranging of furniture to enable the participant to move about more easily.
  - Doing laundry for the participant.
  - Cleaning of areas used by the participant when required for the participant’s treatment.
  - Accompanying the participant to clinics, a physician’s office, or other medical appointments.
  - Shopping for groceries or other household items required specifically for the health and maintenance of the participant.
- **Independence Training** – The personal assistant may assist the developmentally disabled adult participant in the home setting, through the continuation of active treatment training programs to increase or maintain participant independence; independence training is part of the participant’s everyday care; a Qualified Intellectual Disabilities Professional (QIDP) must specifically identify such services on the PCS plan of care. Examples of independence training are personal hygiene, getting dressed, or taking the participant grocery shopping.

It is the responsibility of the personal assistant provider to notify either the supervising registered nurse or the physician when there is a significant change in the participant’s condition; notification of the physician or registered nurse must be documented in the progress notes; the personal assistant will document any changes noted in the participant’s condition or any deviation from the plan of care.

Under no circumstances is the certified family home (CFH) authorized to perform any of the following:

- Irrigation or suctioning of any body cavities that require sterile procedures.
- Application of sterile dressings.
- Administration of prescription medication through injections of fluids into the veins, muscles, or skin.
- Procedures requiring aseptic technique.
- Insertion or irrigation of catheters.
- Administering medications.

Adults who receive PCS under the State Medicaid Plan option are limited to a maximum of sixteen (16) hours per week, per participant.

### **6.4.1. References: Personal Care Services (PCS)**

#### **(a) State Regulations**

Medical Assistance Program – Services to be Provided, Idaho Code 56-255(3) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

“PCS.” IDAPA 16.03.26, “Medicaid Plan Benefits,” Sec. 550.01. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"PCS: Coverage and Limitations." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 552.  
Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 6.5. Community Crisis Support

Community crisis supports are interventions designed for adult participants who are eligible for Adult Developmental Disability State Plan home and community-based services (HCBS) and are at risk of losing their housing, employment, or income. These supports also assist individuals who may face incarceration, physical harm, family altercation, or other emergencies. Participants in the Aged & Disabled (A&D) waiver can qualify for this service if they meet the requirements for the Developmental Disability (DD) waiver. If a participant experiences a crisis, community crisis support can be provided to help them navigate the crisis and create a plan to reduce the risk of future crises.

Services are authorized after an intervention when a documented need for immediate intervention exists, no other supports are available, and services are appropriate to rectify the crisis. Services are limited to a maximum of twenty (20) hours during any consecutive five (5) day period.

Community crisis supports may be provided in an emergency room (ER) during the evaluation process if the goal is to prevent hospitalization and return the participant to the community. Services may be provided before completion of the service plan. When the initial service plan is submitted, it must identify the factors that lead to the crisis and a strategy for addressing those factors in the future. This service is not self-directed but must meet federal Home and Community Based Services (HCBS) requirements as outlined in the [Home and Community Based Services \(HCBS\)](#) section of this handbook. After the services are provided, a crisis resolution plan must be completed and submitted to the Department within five (5) business days.

The Bureau of Developmental Disabilities Services (BDDS) prior authorizes Community Crisis Services through the [Community Crisis Supports/Crisis Assistance Form](#).

Community Crisis Supports may be retroactively authorized within seventy-two (72) hours of service delivery, when a provider documents the need for immediate intervention, no other means of support are available, and the services are appropriate to rectify the crisis.

### 6.5.1. References: Community Crisis Support

#### (a) Federal Regulations

State Plan Home and Community-Based Services Under Section 1915(i)(1) of the Act, 42 CFR 441.710 (2024). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2024-title42-vol4/pdf/CFR-2024-title42-vol4-sec441-710.pdf>.

#### (b) Idaho State Plan

"Services," *ID-22-0022 Adult Developmental Disabilities 1915(i) Home and Community-Based Services (HCBS) State Plan Benefit Renewal*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicare.gov/medicaid/spa/downloads/ID-22-0022.pdf>.

**(c) State Regulations**

"Community Crisis Supports: Coverage and Limitations." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 593. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"HCBS." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 530. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Medical Assistance Program – Services to be Provided, Idaho Code 56-255 (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-255>.

## 7. Resident Rights

Certified family home (CFH) providers must protect and promote the rights of each resident, including each of the following rights:

- **Privacy.** Each resident shall be ensured the right to privacy regarding accommodations, medical and other treatment, written and telephone communications, visits, and meetings of family and resident groups, including:
  - The right to send and receive mail unopened, unless an exception is on file.
  - The right to control the use of pictures or videos containing the resident's image.
- **Humane care and environment, dignity, and respect.**
  - The right to a diet that is consistent with any religious or health-related restrictions.
  - The right to refuse a restricted diet.
  - The right to refuse assistance with services such as bathing, dressing, toileting, etc.
  - The right to be treated in a courteous manner.
  - The right to receive a response from CFH staff regarding a request made by a resident in a timely manner.
  - The right to make choices free from intimidation, manipulation and coercion
  - Freedom from discrimination of race, color, religion, etc.
  - The right to determine personal dress and hairstyles.
- **Personal Possessions.** Each resident has the right to:
  - Wear personal clothing;
  - Retain and use the resident's own personal property in the resident's own living area in order to maintain individuality and personal dignity as long as the storage or use of these items do not present a fire or safety hazard;
  - Be provided a separate storage area in the resident's own living area and at least one (1) lockable cabinet or drawer for keeping personal property if requested by the resident.
- **Personal Funds.** Each resident has the right to:
  - Retain for personal use the difference between the resident's total monthly income and the monthly charges by the CFH, such that the resident is left with at least the amount established by department rules for a basic-needs allowance.
  - Deposit personal funds into the resident's own financial account and not into the account of any other person;
  - Review financial accounting pertaining to the use of the resident's funds. If the resident or the representative agree in writing that the provider will manage the resident's personal funds on the resident's behalf, the provider must hold, safeguard, and account for such personal funds; and
  - Receiving remaining funds into the resident's estate upon the resident's death. Upon the death of a resident whose funds were deemed to be managed by the provider, the provider shall ensure the resident's remaining personal funds, along with a final accounting of such funds are promptly conveyed to the individual administering the resident's estate.
- **Access and visitation right**
  - Resident's representative and resident's healthcare professional shall have immediate access to the resident.
  - Resident's relatives, unless restricted by a lawful order from the government unit, shall have immediate access to the resident.

- Others who wish to visit the resident, unless otherwise restricted by a lawful order from a government unit, shall have immediate access to the resident at any time, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time.
- **Confidentiality.** Each resident shall have the right to confidentiality of personal and clinical records. The care provider shall obtain written consent from the resident or resident's representative prior to disclosing any such record except to the following:
  - Representatives of the Department, including certified agents;
  - Representatives of the Idaho commission on aging;
  - Advocates and representatives of the protection and advocacy system designated by the governor pursuant to 42 USC 15043 and 43 USC 10801, in accordance with applicable federal law and regulations;
  - The resident's authorized personal health care professional when the record is relevant to the condition the health care professional is treating; and
  - The resident or the resident's legally authorized representative.
- **Freedom from harm.** Each resident shall have the right to be free from:
  - Abuse (Mental, Physical or Sexual)
  - Neglect
  - Exploitation
  - Corporal punishment
  - Involuntary seclusion
  - Any restraint (Chemical or Mechanical/Physical)
- **Freedom of religion.** Each resident has the right to practice the religion of the resident's choice or to abstain from religious practice. Resident must also be free from the imposition of the religious practices of others.
- **Control and receipt of health-related services.** Each resident or representative must have the right to control the resident's receipt of health-related services, including but not limited to:
  - The right to retain services of the resident's own health care professionals;
  - The right to select the pharmacy or pharmacist of the resident's choice;
  - The right to confidentiality and privacy concerning the resident's medical or dental condition and treatment; and
  - The right to decline treatment for any medical condition.
- **Grievances.** Each resident or resident's representative shall have the right to voice grievances without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the CFH to resolve grievances, including a written response from the care provider. Grievances may include but are not limited to:
  - Quality of services or care provided
  - Failure to provide services or care; and
  - The behavior of other residents.
- **Participation in other activities.** Unless otherwise restricted by a lawful order from a governmental unit, each resident must have the right to participate in social, religious, and community activities that do not interfere with the rights of the other residents in the CFH.
- **Examination of home inspection reports.** Each resident or representative shall have the right to examine the results of any home inspection of the CFH conducted by the department and any department-approved plan of correction the care provider was or is expected to implement.
- **List of alternative care settings.** Each resident or representative shall have the right to review lists of alternative care settings, including other CFH, that may be available to meet the resident's needs.

- **Advanced directives.** Each resident must have the right to be informed by the care provider in writing regarding the resident's option to formulate advance care directives.
- **Other rights established by law.** The resident must have another right established by law.

## 7.1. References: Resident Rights

### 7.1.1. Federal Regulations

Congressional Findings and Statement of Purpose, 43 USC 10801 (1991). Government Printing Office,

[https://uscode.house.gov/view.xhtml?req=\(title:42%20section:10801%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:42%20section:10801%20edition:prelim))

Protection and Advocacy for Individuals with Mental Illness, 42 USC 15043 (2004). Government Printing Office,

<https://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter144/subchapter1/partC&edition=prelim>.

### 7.1.2. State Regulations

Health Care Directive Registry, Idaho Code 39-4515 (2023). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH45/SECT39-4515/>.

Resident Rights, Idaho Code 39-3516 (2024). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/Title39/T39CH35/SECT39-3516>.

## 8. Home and Community-Based Setting Requirements

Home and Community-Based settings include all locations where participants who receive Home and Community-Based Services (HCBS) live or receive their services. These settings do not include a nursing facility, institution for mental diseases, intermediate facility for individuals with intellectual disabilities (ICF/IID), hospital or other location that has the qualities of an institutional setting. Qualities of an institutional setting includes any setting that is in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, a building on the grounds of or immediately adjacent to a state or federally operated inpatient treatment facility, or any other setting that has the effect of isolating participants receiving HCBS.

Home and community-based settings must support participants to have the same opportunities for integration, independence, choice, and rights as individuals who do not require supports or services to remain in their home or community. If a setting requirement presents a health or safety risk to the participant or those around the participant, goals must be identified with strategies to mitigate the risk. These goals and strategies must be documented in the person-centered plan. Providers must develop and implement policies and procedures to address the following HCBS setting requirements:

- **Integration and Access.** The setting is integrated in and supports full access to the greater community for participants receiving HCBS. Typical, age-appropriate activities include opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community in the same manner as individuals who do not require supports or services to remain in their home or community.
- **Selection of Setting.** Home and community-based settings are selected by the participant or the participant's decision-making authority from among disability-specific and non-disability-specific settings and are based on the participant's needs and preferences including consideration of the participant's safety and the safety of those around the participant.
- **Participant Rights.** The setting ensures a participant's rights of privacy, dignity, and respect, and freedom from coercion and unauthorized restraint are honored.
- **Autonomy and Independence.** The setting optimizes, but does not take control of, an individual's initiative, autonomy, and independence in making life choices, including daily activities, physical environment, and with whom to interact.
- **Choice.** The setting promotes opportunities for participant choice regarding the services and supports provided in the setting.

### 8.1. References: Home and Community-Based Setting Requirements

#### 8.1.1. Federal Regulations

"Contents of request for a waiver." 42 CFR 441.301 (2025), Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-sec441-301.pdf>.

"State plan home and community-based services under section 1915(i)(1) of the Act." 42 CFR 441.710 (2025), Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2024-title42-vol4/pdf/CFR-2024-title42-vol4-sec441-710.pdf>.

### 8.1.2. Idaho State Plan

*ID Adult Developmental Disabilities Waiver (0076.R07.00)*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>.

*ID Aged and Disabled Waiver (1076.R07.00)*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>.

### 8.1.3. State Regulations

"HCBS: Provider Qualifications and Duties." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 533. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 8.2. Additional Setting Requirements

In addition to the [Home and Community Based Setting Requirements](#), CFH providers must meet additional setting requirements. Rules governing home and community-based services (HCBS) are clear on the setting requirements in general and provider-owned or controlled settings specifically.

Certified Family Homes must meet the following conditions:

- **Written Agreement.** A lease, residency agreement, admission agreement, or other form of written agreement must be in place for each HCBS participant at the time of occupancy. The lease or residency agreement provides protections that address eviction processes and appeals comparable to those provided under Idaho landlord tenant law.
- **Privacy.** Participants have the right to privacy within their residence. Each participant has privacy in their sleeping or living unit including the right to entrance doors that are lockable by the individual with only appropriate staff having keys. Additionally, participants sharing units have a choice of roommates in that setting.
- **Décor.** Participants have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- **Schedules and Activities.** Participants have the freedom and support to control their own schedules and activities.
- **Access To Food.** Participants have access to food at any time.
- **Visitors.** Participants can have visitors of their choosing at any time.
- **Accessibility.** The setting is physically accessible to the participant.

Exceptions to residential provider-owned or controlled setting requirements must be made based on the needs of the participant which are identified through person-centered planning. Service plans with exceptions to these requirements must be submitted to the Department or its designee for review and approval. When an exception is made, the following information must be documented in the person-centered service plan:

- **Assessed Needs.** Specific and individualized assessed needs that are related to the exception.
- **Interventions and Supports.** Positive interventions and supports used prior to any exceptions to the person-centered service plan.
- **Prior Methods.** List less intrusive methods previously implemented that were unsuccessful in addressing the needs of the participant.

- **Description of Intervention.** A clear description of the intervention for the exception that is directly proportionate to the specific assessed needs.
- **Data Collection.** Regular collection and review of data to measure the ongoing effectiveness of the exception.
- **Time Limits.** Established time limits for periodic reviews to determine if the exception is still necessary, if a transition plan can be developed, or if the exception can be terminated.
- **Informed Consent.** Informed consent of the participant or legal guardian for the exception.
- **Assurance of No Harm.** An assurance that interventions and supports will cause no harm to the participant.

When an individual imposes restrictions on themselves, such as choosing not to have access to food at all hours of the day, this is not a restrictive intervention. Individuals should receive support to ensure that they make responsible decisions that align with their personal goals. These supports should be clearly outlined and monitored in the person-centered service plan. Any restrictive interventions need to be based on a specific assessed need. Parents, guardians, or individuals with parental power of attorney cannot waive the settings requirements in any HCBS setting as a matter of personal preference. If the assessed need is based on a probation/parole requirement upon which an individual's ability to live in the community is contingent, the restrictive intervention review and approval process must be followed and agreed to by the individual. The provider is not responsible for enforcing the provisions of probation, parole or guardianship order but should inform the participant of the potential violation and possible consequence of such action.

### **8.2.1. References: Residential Provider-Owned or Controlled Setting Quality Requirements**

#### **(a) Federal Regulations**

"Contents of request for a waiver." 42 CFR 441.301 (2025), Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-sec441-301.pdf>.

"State plan home and community-based services under section 1915(i)(1) of the Act." 42 CFR 441.710 (2025), Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2024-title42-vol4/pdf/CFR-2024-title42-vol4-sec441-710.pdf>.

#### **(b) Idaho State Plan**

*ID Adult Developmental Disabilities Waiver (0076.R07.00)*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>.

*ID Aged and Disabled Waiver (1076.R07.00)*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>.

#### **(c) Idaho Medicaid Publications**

"Attention Residential Rehabilitation Providers: Information of Provider Owned or Controlled Settings." *MedicAide Newsletter*, January 2020,

<https://www.idmedicaid.com/MedicAide%20Newsletters/January%202020%20MedicAide.pdf>.

### **(d) State Regulations**

"Exceptions to Residential Provider-Owned or Controlled Setting Qualities." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 535. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## **8.3. Person-Centered Planning**

All participants or their decision-making authority must direct the development of their service plan through a person-centered planning process. Information and support must be given to the home and community-based services (HCBS) participant to maximize their ability to make informed choices and decisions. Individuals invited to participate in the person-centered planning process should be identified by the participant or the participant's decision-making authority. Legal guardians who do not have full decision-making authority will have a participatory role as needed and defined by the participant. The person-centered planning process must be conducted timely and occur at convenient times and locations to the participant and the participant's decision-making authority. Person-centered planning must reflect cultural considerations of the participant and be conducted by providing information in plain language and in a manner that is accessible to participants with disabilities and persons who are limited English proficient. Additionally, person-centered planning process must utilize strategies for solving conflict or disagreement within the process and follow clear conflict-of-interest guidelines for all planning participants.

The person-centered service plan must reflect the following components:

- **Services And Supports.** Clinical services and supports that are important for the participant's behavioral, functional, and medical needs as identified through an assessment.
- **Service Delivery Preferences.** Indication of what is important to the participant about the service provider and preferences for the delivery of such services and supports.
- **Setting Selection.** HCBS settings selected by the participant or the participant's decision-making authority are chosen from among a variety of setting options. The person-centered service plan must identify and document the alternative home and community setting options that were considered by the participant, or the participant's decision-making authority.
- **Participant Strengths and Preferences.**
- **Individually Identified Goals and Desired Outcomes.**
- **Paid and Unpaid Services and Supports.** Assist the participant to achieve identified goals, and the providers of those services and supports, including natural supports.
- **Risk Factors.** Risk factors to the participant as well as people around the participant and measures in place to minimize them, including individualized back-up plans and strategies when needed.
- **Understandable Language.** Be understandable to the participant receiving services and supports, and the individuals important in supporting them. The written plan must be written in plain language that is accessible to participants with disabilities and who have limited English proficiency.
- **Plan Monitor.** Identify the name of the individual or entity responsible for monitoring the plan.
- **Plan Signatures.** Be finalized and agreed to, by the participant, or the participant's decision-making authority, in writing, indicating informed consent.

The plan must also be signed by the plan developer and all individuals and providers responsible for its implementation indicating they will deliver services according to the authorized service plan and consistent with home and community-based requirements. Providers responsible for implementation of the plan include all personal care services (PCS) and Aged and Disabled (A&D) Waiver service providers. For consumer-directed services, this includes the support broker and fiscal employment agency. For adult developmental disabilities (DD) service providers, this includes those providers responsible to develop a provider implementation plan.

- **Plan Distribution.** Be distributed to the participant and the participant’s decision-making authority, if applicable, and other people involved in the implementation of the plan. The following providers that will receive a copy of the plan:
  - *Adult DD services.* Providers responsible to develop a provider implementation plan. Additionally, the participant will determine during the person-centered planning process whether the service plan, in whole or in part, will be distributed to any other DD service provider.
  - *PCS and A&D Waiver services.* All PCS and A&D Waiver service providers identified on the service plan.
- **Residential Requirements.** For participants living in residential provider-owned or controlled settings, the service plan must include a residential setting option that allows for private units. Selection of residential settings will be based on the participant’s needs, preferences, and resources available for room and board. Additionally, any exception to residential provider-owned or controlled setting qualities must be documented in the person-centered plan.

### 8.3.1. References: Person-Centered Planning

#### (a) Federal Regulations

“Contents of request for a waiver.” 42 CFR 441.301 (2025), Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-sec441-301.pdf>.

“Person-centered service plan.” 42 CFR 441.725 (2025), Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2016-title42-vol4/pdf/CFR-2016-title42-vol4-sec441-725.pdf>.

“State plan home and community-based services under section 1915(i)(1) of the Act.” 42 CFR 441.710 (2025), Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2024-title42-vol4/pdf/CFR-2024-title42-vol4-sec441-710.pdf>.

#### (b) Idaho State Plan

*ID Adult Developmental Disabilities Waiver (0076.R07.00).* Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>.

*ID Aged and Disabled Waiver (1076.R07.00).* Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>.

**(c) *Idaho Medicaid Publications***

"Attention Residential Rehabilitation Providers: Information of Provider Owned or Controlled Settings." *Medicaid Newsletter*, January 2020,  
<https://www.idmedicaid.com/Medicaid%20Newsletters/January%202020%20Medicaid.pdf>.

**(d) *State Regulations***

"HCBS Person-Centered Plan Requirements." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 536. Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 9. Prior Authorization

A prior authorization (PA) is a written, faxed or electronic approval from the Department that allows payment for certain certified family homes (CFH) services. These services are only reimbursable if a PA is approved before services are provided. PAs are billed through Gainwell Technologies (GWT).

All CFH services require a PA. Providers must receive approval prior to delivering or billing for services. It is the provider's responsibility to confirm the participant's eligibility on the date of service and to submit any required PA request in advance.

To check PA status or eligibility for services billed through GWT, providers may:

- Log in to their Trading Partner Account at [www.idmedicaid.com](http://www.idmedicaid.com).
- For dual-eligible participants enrolled in a Medicare-Medicaid Coordinated Plan (MMCP) or Idaho Medicaid Plus (IMPlus), contact the participant's health plan directly.

**Note:** An approved PA does not guarantee payment. All other Medicaid requirements must also be met.

### Approval and Payment Conditions

An approved PA confirms that the service meets medical necessity criteria based on the documentation submitted. However, this does not verify whether the provider, place of service, or other considerations are appropriate. To be reimbursed, the following conditions must be met:

- Policy requirements;
- Be an appropriate and effective treatment for the participant's current medical condition;
- Be approved by a qualified and credentialed provider;
- Be the most cost-effective method to meet the participant's needs; and
- Comply with all relevant federal and state regulations.

### Decisions and Appeals

The Department issues written notifications for all PA decisions. Participants receive a Notice of Decision by mail, which includes information about their right to appeal and how to request a hearing. Providers are notified based on their selected communication preferences. If the provider or participant disagrees with a decision, they may request a reconsideration or file an appeal.

### Validity and Renewals

Authorizations are valid only for the dates listed in the approval. If services will continue beyond the end date, a new PA request must be submitted before the current authorization expires to prevent a gap in services. When billing, the PA number must be included on the correct claim line. Claims without a valid PA number will be denied.

For addresses and phone numbers related to prior authorization requests, see the [Division of Medicaid](#) contact section of this handbook. Depending on the waiver, PA requests may be reviewed by:

- Bureau of Developmental Disability Services (BDDS), or
- Bureau of Long-Term Care (BLTC) for Aged and Disabled Waiver.

## **9.1. References: Prior Authorization**

### **9.1.1. Idaho Medicaid Publications**

"Prior Authorization Number on Claims." *MedicAide Newsletter, February 2014*,  
<https://www.idmedicaid.com/MedicAide%20Newsletters/February%202014%20MedicAide.pdf>.

### **9.1.2. State Regulations**

"Adult DD Services: Coverage and Limitations." IDAPA 16.03.26, "Medicaid Plan Benefits,"  
Sec. 571. Department of Administration, State of Idaho.  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult DD Services: Eligibility Determination." IDAPA 16.03.26, "Medicaid Plan Benefits,"  
Sec. 569. Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"DD Services: Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 560.  
Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"A&D Waiver Services: Procedural Requirements" IDAPA 16.03.26, "Medicaid Plan Benefits",  
Sec 543.01. Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>

"Prior Authorization (PA)." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 007.07.  
Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 10. Documentation

Certified family home (CFH) providers must also follow documentation rules in the Provider Enrollment Agreement and IDAPA regulations. This includes generating records at the time the service is delivered and maintaining documentation that supports reimbursement for services. Some examples of required documentation include proof of training, validity of existing CFH certificate, signed documentation that individual has reviewed policies, ongoing resident records, resident funds documentation, self-administration evaluation, and documentation of assistance with medications.

Records must clearly describe the services provided and be accurate, complete, and created at the time of service. Required service records must include:

- Date of service delivery
- Length of visit (start and end times, if applicable)
- Description of services
- Participant's response and any changes or deviations, if relevant
- Participant's signature and date
- Provider's signature and date

Individual services may have additional documentation requirements. General requirements for documentation and signatures can be found in [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook, including standard retention requirements. Records limited to checklists with attendance/appointments, procedure codes, and units of time are insufficient to meet this requirement. Documentation must be signed and dated by the person delivering the service with their name clearly printed.

If a participant experiences a significant change during service, the provider must document the change and notify the Department. For participants on the Developmental Disabilities (DD) waiver, the service coordinator or plan developer must also be notified.

Service plans may be updated during the year with an addendum where there is a change in cost, a new or increased service, or a change of provider. Additional assessments or documentation may be required. All changes must be approved in advance by the Department.

Participants must have access to service delivery records. These records should be stored in the participant's home or available electronically. Providers must document the participant's preferred delivery method using the Service Delivery Document Attestation.

CFHs providing PCS and respite care services are exempt from Electronic Visit Verification (EVV) requirements.

Records must be retained for at least five (5) years from the date of final payment. Documentation must be made available immediately upon request by Department personnel, U.S. Department of Health and Human Services, or the Bureau of Compliance acting in their official capacity. Reviews may occur with or without notice during regular business hours. Providers should only submit records for utilization management when requested by the Department. Documentation sent unsolicited, or not for a service requiring prior authorization, may not be reviewed by the Department. Unreviewed documentation does not constitute approval or authorization of a service. Services delivered without adequate documentation are not eligible for reimbursement.

## 10.1. References: Documentation

### 10.1.1. Federal Regulations

Disclosure of Information by Providers and Fiscal Agents, 42 CFR 455, Subpart B (2023). Government Printing Office, <https://www.govinfo.gov/content/pkg/CFR-2023-title42-vol4/pdf/CFR-2023-title42-vol4-part455-subpartB.pdf>.

### 10.1.2. Idaho Medicaid Publications

"Adult DD Signature Requirements." *MedicAide Newsletter*, November 2024, <https://www.idmedicaid.com/MedicAide%20Newsletters/November%202024%20MedicAide.pdf>.

"Aged and Disabled (A&D) Waiver program Companion Services." *MedicAide Newsletter*, June 2022, <https://www.idmedicaid.com/MedicAide%20Newsletters/June%202022%20MedicAide.pdf>.

"Idaho Guardianship/Conservatorship Laws for Adult DD Signature Requirements." *MedicAide Newsletter*, January 2023, <https://www.idmedicaid.com/MedicAide%20Newsletters/January%202023%20MedicAide.pdf>.

### 10.1.3. Idaho State Plan

ID-22-0022 Adult Developmental Disabilities 1915(i) Home and Community-Based Services (HCBS) State Plan Benefit Renewal. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/spa/downloads/ID-22-0022.pdf>.

*ID Adult Developmental Disabilities Waiver (0076.R07.00)*. Appendix C. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>.

*ID Aged and Disabled Waiver (1076.R07.00)*. Appendix C. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>.

### 10.1.4. State Regulations

"A&D Waiver Services: Procedural Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 543. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Administrative Remedies, Idaho Code §56-209h (3) (2018). Idaho State Legislature, <https://legislature.idaho.gov/statutesrules/idstat/title56/t56ch2/sect56-209h>.

"Adult DD Waiver Services: Procedural Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 613. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Documentation of Services and Access to Records." IDAPA 16.05.07, "*The Investigation and Enforcement of Fraud, Abuse and Misconduct*" Section 101. Department of Administration, State of Idaho. <https://adminrules.idaho.gov/rules/current/16/160507.pdf>.

"PCS: Procedural Requirements." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 553. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Records." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 035. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## 11. Reimbursement

Certified family home (CFH) providers must be enrolled with Idaho Medicaid to receive reimbursement. Idaho Medicaid reimburses services provided by CFHs, up to the Medicaid maximum rate listed on the applicable Fee Schedule. Reimbursement rates depend on whether the participant is receiving services authorized by the Bureau of Developmental Disabilities Services (BDDS) or the Bureau of Long Term Care (BLTC):

- CFHs providing services authorized by BDDS refer to the Adult Developmental Disabilities Waiver Services Fee Schedule.
- CFHs providing services authorized by BLTC (list) refer to the Certified Family Homes (CFH) – Aged and Disabled (A&D) Waiver / Personal Care Services (PCS) Fee Schedule.

Fee schedules can be found at: <https://publicdocuments.dhw.idaho.gov/WebLink/Browse.aspx?id=25868&dbid=0&repo=PUBLIC-DOCUMENTS>.

CFH Medicaid providers must ensure their claims are accurate and not duplicates submitted under different programs or provider types. Duplicate billing can lead to recoupment and penalties. Duplicates can occur within a single claim or across multiple claims on the same or different dates. Providers can prevent duplicates by regularly checking their weekly remittance advice. If a claim needs corrections, like adding a modifier, providers should either adjust the original claim or cancel the incorrect claim and submit a new one. More details can be found in the [General Billing Instructions, Idaho Medicaid Provider Handbook](#).

To remain eligible for reimbursement, providers must follow all relevant Department communications, including Information Releases, the MedicAide Newsletter, the Idaho Medicaid Provider Handbook, and all applicable rules and regulations.

### 11.1. Share of Cost

The Medicaid allowed amount must be accepted as full payment. If Self-Reliance imposes a Share of Cost (SOC), the CFH provider is responsible for billing the participant directly for that amount. Participants are responsible for paying the CFH provider their SOC. Questions about a participant's SOC should be directed to the Self-Reliance office at (877) 456-1233.

Providers may verify SOC information online through their Trading Partner Account:

1. Sign into your Trading Partner Account at [www.idmedicaid.com](http://www.idmedicaid.com).
2. Navigate to Form Entry, then select Verify Member Eligibility or View Patient Roster.
3. Enter two (2) of the following identifiers:
  - a. Participant's first and last name
  - b. MID
  - c. SSN
  - d. DOB
4. Enter the dates of inquiry. The From date must be the first day of the month.
  - a. Example: For a January inquiry:  
From: 01/01/20xx – To: Current Date
5. Submit the inquiry and scroll down to the Share of Cost tab to view the SOC for the months requested. See the Trading Partner Account User Guide for additional guidance.

Monthly SOC amounts are available online for twelve (12) month periods, up to twenty-four (24) months in the past. SOC for future months are not available. For assistance, contact Gainwell Technologies Provider Services at (866) 686-4272 or your regional Provider Relations Consultant.

If a written notice from Self-Reliance shows an SOC amount that differs from the portal, providers should email: [SOCdiscrepancies@dhw.idaho.gov](mailto:SOCdiscrepancies@dhw.idaho.gov), including copies of participant SOC notices. If unable to email, documentation may be faxed to (208) 334-5571.

If SOC appears to be based on outdated or incomplete information, the participant's authorized representative should call Self-Reliance at (877) 456-1233 to update financial information. If the SOC shown online differs from the amount on a processed claim, contact Gainwell Technologies Provider Services at (866) 686-4272.

## 11.2. Reimbursement Methodology

Reimbursement is based on services documented in the participant's plan of care. The reimbursement rates calculated for services include both services and mileage. No separate charges for mileage will be paid by the Department for provider transportation to and from the participant's home or other service delivery location when the participant is provided transportation. For Adult Residential Care and Residential Habilitation – CFH, the participant's move-in date qualifies as the first reimbursable day. The move-out date is reimbursed only if the participant leaves after 3:00 p.m. and is not transferring to another certified family home (CFH). If a participant passes away while living in the CFH, the date of death is reimbursed regardless of the time of day. Claims cannot span more than one (1) calendar week or more than one (1) calendar month. If a week crosses into a new month, the claim must be split accordingly.

Adult Residential Care, Residential Habilitation -CFH and daily Respite Care payments are authorized and paid on a per diem (daily)basis. All other services provided by CFHs are authorized and paid per unit (15-minute) Providers will be reimbursed only for actual services rendered. Idaho Medicaid does not reimburse for bed-hold days when a participant is hospitalized or staying with natural supports.

See the [General Billing Instructions](#), Idaho Medicaid Provider Handbook for billing guidance requirements for prior authorization, copays, and billing third-party resources. Providers may not charge participants for services, supplies, room, utilities, or meals that are not disclosed in the written admission agreement. See the [General Information and Requirements for Providers](#), Idaho Medicaid Provider Handbook for additional information on allowable billing practices.

The following HCPCS codes are used to bill for services provided by a CFH:

Certified Family Home– State Plan Service Codes		
Service	HCPCS/Modifier	Description
Personal Care Services (PCS)	<b>T1019</b>	Per 15 minutes.
Community Crisis Supports	H2011	1 Unit = 15 minutes
DD Crisis Assistance (Service Coordinator)	H2011	1 Unit = 15 minutes
DD Crisis Assistance (Paraprofessional)	H2011/HM	1 Unit = 15 minutes

Certified Family Home – Aged and Disabled (A&D) Waiver Service Codes		
Service	HCPCS/Modifier	Description
Adult Day Health	<b>S5100</b>	Per 15 minutes.
Adult Residential Care - CFH	<b>S5140</b>	Per diem.

<b>Certified Family Home – Aged and Disabled (A&amp;D) Waiver Service Codes</b>		
<b>Service</b>	<b>HCPCS/Modifier</b>	<b>Description</b>
Respite Care	<b>T1005</b>	Per 15 minutes.

<b>Certified Family Home – Developmentally Disabled (DD) Waiver Service Codes</b>		
<b>Service</b>	<b>HCPCS/Modifier</b>	<b>Description</b>
Adult Day Health	<b>S5100</b>	Per 15 minutes.
Residential Habilitation - CFH	<b>S5140</b>	Per diem.
Community Crisis Assistance	<b>H2011</b>	Per 15 minutes.
Developmental Therapy		
Respite Care	<b>S9125</b>	Per diem.

Claims for services provided by CFHs must include the primary diagnosis code Z74.2, indicating the need for assistance at home with no other household member available to provide care.

CFH providers under the DD waiver who provide respite care must bill using either S9125 code for a daily rate or the T1005 code for fifteen (15) minute increments. However, the total billed with T1005 cannot exceed the daily rate charged by S9125. Additionally, T1005 billing is limited to a maximum of six (6) hours per day twenty-four (24) units. When providing CFH services, the provider will bill using the appropriate codes for each type of service.

### **Community Crisis Supports**

Community crisis supports are reimbursed on a fee-for-service basis and must be authorized. Enter the appropriate ICD-10-CM: Z74.2 – Need for assistance at home and no other household member able to render care code for the primary diagnosis in field 21 on the CMS-1500 claim form or in the appropriate field of the electronic claim form.

Community crisis supports can only be provided in the following POS:

- 12** Home
- 99** Other (Community)

Enter this information in field 24B on the CMS-1500 claim form or in the appropriate field of the electronic claim form.

### **Non-covered Services**

At the time of admission to the CFH, the provider and the resident or resident's representative, must enter into an admission agreement. The agreement must be in writing and be signed and dated by both parties. The admissions agreement must include the amount the provider will charge the resident for room and board monthly, and a separately listed amount for any monthly care charges for which the resident is responsible. The provider is required to give written notice at least thirty (30) calendar days before implementing any changes to these charges.

Room and board costs, including expenses related to building maintenance, property upkeep, or improvements, are not covered by Medicaid. Providers agree to accept as payment in full the amounts paid by the Department for covered services. Participants cannot be billed for covered services. Providers may only bill participants for non-covered services when the

participant is notified in writing before the service is if it is non-covered and its cost. Participants must pay the CFH provider directly for these non-covered expenses.

### **11.3. References: Reimbursement**

#### **11.3.1. Federal Regulations**

State Plans for Medical Assistance, 42 U.S.C. Sec. 1396a(a)(30)(A), (1984). Government Printing Office, <https://www.govinfo.gov/content/pkg/USCODE-2017-title42/pdf/USCODE-2017-title42-chap7-subchapXIX-sec1396a.pdf>.

#### **11.3.2. Idaho Medicaid Publications**

"Duplicate and Overlapping Claims." *MedicAide Newsletter*, August 2020, <https://www.idmedicaid.com/MedicAide%20Newsletters/August%202020%20MedicAide.pdf>

"Modifiers and Prior Authorization (PA)." *MedicAide Newsletter*, October 2015, <https://www.idmedicaid.com/MedicAide%20Newsletters/October%202015%20MedicAide.pdf>.

#### **11.3.3. Idaho State Plan**

*ID Adult Developmental Disabilities Waiver (0076.R07.00)*. Appendix I. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>.

*ID Aged and Disabled Waiver (1076.R07.00)*. Appendix I. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>.

"Methods and Standards for Establishing Payment Rates," *ID-22-0022 Adult Developmental Disabilities 1915(i) Home and Community-Based Services (HCBS) State Plan Benefit Renewal*. Centers for Medicare and Medicaid Services, Department of Health and Human Services, <https://www.medicaid.gov/medicaid/spa/downloads/ID-22-0022.pdf>.

#### **11.3.4. State Regulations**

"A&D Waiver Services: Provider Reimbursement." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 545. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult DD Services: Provider Reimbursement." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 574. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Adult DD Waiver Services: Provider Reimbursement." IDAPA 16.03.26, "*Medicaid Plan Benefits*," Sec. 615. Department of Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"Conditions for Payment." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 025.04.  
Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>

"General Payment Procedures." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec.030.  
Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

"PCS: Reimbursement." IDAPA 16.03.26, "Medicaid Plan Benefits", Sec 555. Department of  
Administration, State of Idaho, <https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

Provider Payment, Idaho Code 56-265 (2020). Idaho State Legislature,  
<https://legislature.idaho.gov/statutesrules/idstat/Title56/T56CH2/SECT56-265>.

"Provider Reimbursement." IDAPA 16.03.26, "Medicaid Plan Benefits," Sec. 030.02.  
Department of Administration, State of Idaho,  
<https://adminrules.idaho.gov/rules/current/16/160326.pdf>.

## Appendix A. Certified Family Homes, Provider Handbook Modifications

This table lists the last three (3) years of changes to this handbook as of the publication date. Changes to references or of a non-substantive technical nature are not captured.

Audiology Services, Provider Handbook Modifications				
Version	Section	Update	Publish Date	SME
1.0	All	Published version	01/06/2026	TQD
1.0	All	Created due to CR.	12/19/2025	W Deseron