

Children's Developmental Disabilities (DD) Independent Respite and/or Community Based Support (CBS) PROVIDER ENROLLMENT INSTRUCTIONS

Independent Respite and/or CBS provider enrollment is completed and monitored by the Children's Developmental Disabilities Program under Family and Community Services (FACS). To process your application, you must follow the steps below.

Enrollment to become an Independent provider is a multi-step process:

1. Complete an Idaho Department of Health and Welfare (DHW) criminal history check, or Idaho State Police name check when applicable. Don't delay. This must be completed before you enroll. **If you need an Idaho State Police name check, you can complete your Idaho Gainwell Technologies (GWT) enrollment at the same time.**
2. Complete CPR and First-Aid Certification.
3. Complete the online Medicaid Provider Enrollment Application. **To enroll as an Independent Respite or CBS provider, select "Respite" as the provider specialty.** GWT will review for completeness and then forward to DHW FACS.
4. Submit Education/Experience/Competency Training to DHW FACS. DHW FACS will review the application for provider qualifications and send email requesting additional information or verifying approval of enrollment.

Carefully follow all steps of the process to assure your enrollment is expedited.

Enrollment under the Respite provider specialty has two specific services that may be delivered, Independent Respite or Independent CBS. Each service has its own set of required documentation that must be submitted as listed in Step 4. You can request to provide just one or both services, but you must meet requirements of the service you are requesting to provide.

Descriptions of the two services available through this enrollment:

- **Respite** – This service provides supervision to a child on an intermittent or short-term basis because of the need for relief of the primary unpaid caregiver. Respite cannot be used while the parent is working. Respite can be provided in a group or to an individual; however, it can only be provided to a group if the Independent Respite Provider is related, and the group is a sibling group of up to three eligible children. Independent Respite Providers require a high school diploma (**See Step 4**).
- **CBS** – This service assists individuals to access community activities, facilitates independence in community activities and helps the individual to explore interests and practice learned skills in natural settings. Community Based Supports can be provided in an individual or group settings. Independent CBS Providers require completed Competency Coursework (**See Step 4**).

Step 1 – Complete an Idaho DHW Criminal History Check

Each applicant must show clearance of a criminal history check through the DHW Criminal History Unit.

The employer identification number to use to apply is **6255**. For more information on how to complete a criminal history check, go to the website: <https://chu.dhw.idaho.gov> or call (208) 332-7990 or toll free at 1 (800) 340-1246.

- **If you have an Idaho DHW criminal history check and it is less than three years old**, you may be able to transfer it in lieu of completing a new one. In these cases, the state name check form is available on the Criminal History Unit's website. Once you access your criminal history and determine it is within the three-year period, you can attach your criminal history to our program by completing a state name check. The applicant must complete the top section of the Idaho State Police name check application and complete the payment information on the form or include a money order (**no personal checks**) for \$20.00 made out to **Idaho State Police**.

If you need an Idaho State Police check you can complete your GWT enrollment at same time.

- ❖ **Send the application and money order to:**
 - Idaho Department of Health and Welfare
 - FACS DD Program
 - PO Box 83720 (PTC 5th Floor)
 - Boise, Idaho 83720
- ❖ **DHW will complete the bottom portion of the application and submit to the Idaho State Police with the money order. All other forms of payment will not be processed.**
- **If you have not completed a criminal history check or your criminal history check is over three years old, go to the website at <https://chu.dhw.idaho.gov> to start your criminal check process.**
- ❖ **Do not proceed until you review the FAQ's tab for important information about the process. After reviewing the FAQ's, go to the New Applicant or Log into your background check account tab.**
- ❖ **For the purposes of the Children's Developmental Disabilities Program, the application should be completed with the following information:**
 - Register as an applicant - **Select Applicant.**
 - Use the employer number assigned by the Department (**it is not your tax ID#**) - Enter **6255** and click **"Add to List."**
 - Check the type of service - **Home and Community Based Services (HCBS) – Children and click "Next."**
- ❖ **Submit the criminal history check application.**
- ❖ **Schedule a fingerprinting appointment immediately after submitting the application. After submitting your application, the buttons at the bottom of your last page will give you the option of choosing to schedule your fingerprinting appointment at a DHW location or mailing in your fingerprints and application.**
 - If you have difficulties scheduling an appointment, contact the Central Criminal History Unit toll free number at **1-800-340-1246** for assistance. If you schedule a fingerprinting appointment immediately, the criminal history check process does not typically take longer than 45 days.
- ❖ **To avoid a delay in your provider application, do not submit your Medicaid Provider Enrollment Application until your DHW criminal history check is completed and/or you have a copy. Your Idaho State Police check will not hold up your enrollment.**
 - Your criminal history check is completed when you receive notification from the Criminal History Unit that you have cleared.
 - Print your **Notice of Clearance** from the Criminal History Unit website and include it with your Medicaid provider application. Your Notice of Clearance **will not be mailed to you.**

Step 2 – Must Have Record of Current CPR and First-Aid Certification

Applicant must have a current CPR and First-Aid Certification at the time of enrollment. Documentation must be submitted to DHW FACS as outlined in **Step 4 below**.

Step 3 – Complete the Online Medicaid Provider Enrollment Application

- Complete Trading Partner Account (TPA) registration. See the [TPA Provider Not Yet Enrolled Registration Guide for State of Idaho MMIS](#) for detailed TPA registration instructions.
- **Register and sign into the Idaho GWT Medicaid website at www.idmedicaid.com. Once you are signed in, hover over the Account Maintenance tab and select Provider Enrollment.**
- Refer to the **User Guide** at <https://www.idmedicaid.com/User%20Guides/Forms/AllItems.aspx> for step-by-step instructions. For respite instructions click **"New Provider Enrollment Guide Facility/Agency/Org."**
- **Click New Provider Enrollment Application.**

- Fill in all required fields. Independent enrollees delivering respite or CBS are “atypical providers.” The Respite Care provider specialty is used for independent enrollees planning to deliver either respite or CBS. When the application asks for information regarding a business, this information is your personal information such as address and phone, etc. Independent enrollees may not enroll as an agency business.

HERE ARE SOME TIPS:

Application Questions:	Select in Drop Down Menu:
Business Enumeration Type	Atypical Provider without NPI
Business Enrollment Type	Facility/Agency/Organization
Tax ID Type	SSN/FEIN
Provider Type	Agency Professional
Provider Specialty	Respite Care (we are using the same provider specialty for Respite and CBS)
Population Served	Children 0 – 17 years old

****By enrolling as an Independent provider, you understand and agree that by direct receipt of the funds, you are assuming potential tax and employer responsibilities that may include, but are not limited to, worker’s compensation, employee withholding, unemployment insurance, and liability insurance.**

- Complete all required documentation displayed at the end of the Medicaid Provider Enrollment Application. Some of the required documents may be signed electronically, and others require downloading, signing and uploading the signed copy to the section at the end of the Medicaid Provider Enrollment Application. The required documentation includes the following:

- ❖ Medicaid Provider Agreement
- ❖ W9
- ❖ EFT Agreement
- ❖ Criminal History Check Notice of Clearance
- ❖ Proof of Worker’s Compensation Insurance
 - When the enrollee is the only service provider, Worker's Compensation Insurance is not required for enrollment, however, the system requires entry in this field of the Online Medicaid Enrollment Application to proceed. It’s necessary to input information into the system – input the following exactly as it’s shown:
 - Insurance Type: Choose **WORKERS COMPENSATION**
 - Insurance Name: Enter **EXEMPT**
 - Insurance Number: Enter **1234**
 - Per Claim Amount: Enter **1**
 - Coverage limit: Enter **1**
 - Begin Date: Enter **12/9/2020**
 - Term Date: Enter **12/31/2030**

The screenshot shows a web form titled "Insurance" with a table and several input fields. The table has columns for Insurance Type, Insurance Number, Begin Date, Term Date, Insurance Name, Per Claim Amount, and Coverage Limit. Below the table are buttons for EDIT, DELETE, and ADD. The input fields are: Insurance Type (dropdown menu with "WORKERS COMPENS." selected), Insurance Name (text box with "EXEMPT"), Insurance Number (text box with "1234"), Per Claim Amount (text box with "1"), Begin Date (calendar icon with "12/9/2020"), and Term Date (calendar icon with "12/31/2030"). A red box highlights the Insurance Name, Insurance Number, Per Claim Amount, and Term Date fields. A red arrow points to the Insurance Type dropdown menu.

- **Click *Submit*.** The system will respond with a case number. Use this case number whenever you contact GWT or DHW about your application. **If the online Enrollment Application is incomplete or updates are necessary, you will receive an email indicating the items that are incomplete within 3-5 business days from the submission. You will then submit missing information or updates through the Provider Enrollment Application.**
 - ❖ Note – If an Online Enrollment Application is started, but not submitted, the online Enrollment Application will expire in 14 calendar days and the enrollee will have to redo the entire online Enrollment Application at that point.

Step 4 – Submit Education/Experience/Competency Training to DHW FACS for Review

Email the following education, experience, and competency training documentation to DHW FACS at facsddco@dhw.idaho.gov for Department review:

- **Documentation DHW FACS must receive for all individuals who want to provide independent respite:**
 - ❖ CPR/First Aid Certification,
 - ❖ High school diploma or GED, and Signed **HCBS acknowledgement**. After submitting the above documentation, you will receive a response from DHW FACS with this document **attached that will need to be read, signed, and returned**.
- **Documentation DHW FACS must receive for all individuals who want to provide CBS:**
 - ❖ **Resume** showing you have 6 months experience working with children with developmental disabilities,
 - To provide to children age birth – 3 years old, **resume** must document 6 months of experience working with children age birth – 3 years old with developmental delays or disabilities.
 - ❖ Copy of your certificate of completion for the Habilitative Support training provided by Idaho Training Clearinghouse to DHW FACS. The course takes approximately 3 hours to complete. Enrollment can be accessed through Idaho Training Clearinghouse CDHD website at <https://idahocdhd.org/Training/webinars>,
 - To enroll, choose to register under Non-Credit Offerings Habilitative Supports.
 - The course has an enrollment fee of \$10.00. Under credit card payments, choose the link UI Marketplace.
 - The center will process the payments on Monday, Wednesday, and Friday and then send course instructions once you have been added to the course.
 - A certificate of completion will be generated at the end of the training and must be printed, submitted, and maintained in your records to be eligible to deliver CBS.
 - ❖ CPR/First Aid Certification, and
 - ❖ Signed **HCBS acknowledgement**. After submitting the above documentation, you will receive a response from DHW FACS with this document **attached that will need to be read, signed, and returned**.

Reminder: You can only deliver the service that you submit the required documentation for. **If you wish to deliver both independent respite and CBS services, you must submit all required documentation listed above.**

If the application is incomplete, you will receive an email indicating the items that are incomplete within 3-5 business days from the submission to DHW FACS. The application will not be processed if all the required documentation is not included.

When review is completed and approved, an approval email will be sent outlining things you should know. Prior to rendering services, ensure you review the following Medicaid Guidelines.

Medicaid Guidelines

Guidelines	Description
<p>Provider Handbook The provider Supports Handbook is available to view on the HCBS Children's DD Provider website.</p>	
<p>Rules</p>	<p>Rule requirements for Respite and CBS are located in IDAPA 16.03.10. Procedure codes and rates for Children’s Independent Providers are located in the Provider Reimbursement Rates folder under “View all fee schedules” on the Information for Medicaid Providers website.</p> <p>Independent providers must:</p> <ul style="list-style-type: none"> ➤ Follow all requirements as defined in IDAPA 16.03.10.520-528 “Children’s DD HCBS State Plan Option” as applicable. ➤ Have program documentation for each visit made for service made or service provided to the individual. This documentation must be maintained by the provider in accordance with IDAPA 16.05.07.101.01.
<p>Website</p>	<p>Provider service information is located on the HCBS Children's DD Provider website.</p>
<p>Billing Instructions</p>	<p>ICD-10 or Diagnostic code is Z74.2 Patient account # is the child’s MID number on the plan of service. If you have questions call 1-866-686-4272.</p>

If you have any questions regarding this application process, please contact FACS Children’s DD Program at 208-334-5512 or facsddco@dhw.idaho.gov. You may also contact Rebecca Ward directly at 208-334-5701 or rebecca.ward@dhw.idaho.gov.

STOP: You cannot deliver services until ALL the following are completed:

- **Receive DHW FACS approval email,**
- **Receive GWT approval letter via email,**
- **Receive a signed copy of the child’s plan of service from the parent or Case Manager, and**
- **Sign and return the provider signature page to the child’s Case Manager.**

The Medicaid Enrollment process is not complete until you receive an approval email from DWH FACS outlining your requirement references and billing information **and** an approval letter via email from GWT with further instructions to associate your Trading Partner Account to your provider record.

If a parent has requested that you provide the service before you have completed all of the requirements listed above, please contact the supervisor in your area from the following list (note each include surrounding areas):

North Hub: CDA/Lewiston
West Hub: Boise/Nampa/Caldwell Mountain Home
East Hub: Twin Falls/Pocatello/Idaho Falls/Salmon

Katie Rigoli: 208-665-8975
Sarah Allen: 208-334-0970
Heidi Napier: 208-234-7945