

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

For Visual Page by Page Gainwell/Medicaid Enrollment Instructions go to Step 3!

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 Respite and/or Community-Based Supports provider is a multi-step process:

1. Complete an Idaho Department of Health and Welfare (DHW) criminal history check, or Idaho State Police (ISP) name based criminal background check when applicable. This must be completed before you complete your New Medicaid Provider Enrollment Application.
2. Complete/have current CPR and First-Aid Certifications.
3. Submit the online New 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 Documentation and CPR-First Aid Certifications to DHW FACS.

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 – Have Completed an Idaho DHW Criminal History Check

- If you have never had a DHW Criminal History Background Check or you have completed a DHW Criminal History Background Check but it is over 3 years old, go to <https://healthandwelfare.idaho.gov/chu> or call (208) 332-7990 or toll free at 1 (800) 340-1246 to complete the process. If requested, you will use agency number **6255** and the type of service is Home and Community Based Services (HCBS) – Children.

- If you have completed a DHW Criminal History Background Check and it is less than 3 years old, email FACSDDCO@dhw.idaho.gov and request the ISP Name Based Criminal Background Check form.

Step 2 –Current CPR and First-Aid Certifications

You 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 –New Medicaid Provider Enrollment Application

- **Visual Page by Page Enrollment Instructions - [Click Here!](#)**
- 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.” Do not select the guide for individual.
- Click New Medicaid Provider Enrollment Application.
- Fill in all required fields. 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 (the provider specialty is the same for both 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 New 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 New 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 New Medicaid Provider Enrollment Application to proceed. It's necessary to input information into the system – input the following exactly as 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**

- Click *Submit*. The system will respond with a case number. Use this case number whenever you contact GWT or DHW FACS about your application. If the New Medicaid Provider 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 a New Medicaid Provider Enrollment Application is started, but not submitted, the online Application will expire in 14 calendar days and you will have to redo the entire application again.

Step 4 – Submit Education/Experience/Competency Documentation/CPR & First Aid Certifications to DHW FACS for Review

You will use the provider document portal posted on the external website <https://healthandwelfare.idaho.gov/childrens-developmental-disability-forms> to submit the required documents.

Instructions on how to use the portal are posted on the external website <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=19057&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>

- Independent respite providers must submit:
 - ❖ 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.

➤ Independent CBS providers must submit:

- ❖ Your 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. Enrollment can be accessed through Idaho Training Clearinghouse CDHD website at <https://idahocdh.org/Training/webinars>,
- ❖ 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 date of submission. 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 |
|-----------------------------------|--|
| Provider Handbook | The provider Supports Handbook is available to view on the HCBS Children's DD Provider website . |
| Fee Schedules Reimbursement Rates | Procedure codes and rates for Children’s Independent Providers are located in the Provider Reimbursement Rates folder which can be found under Fee Schedules . |
| Rules | Rule requirements for Respite and CBS are located in IDAPA 16.03.10 . Independent providers must: <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 or for each service provided to the individual. This documentation must also be maintained by the provider in accordance with IDAPA 16.05.07.101.01. |
| Website | Provider service information is located on the HCBS Children's DD Provider website . |

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| <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> |
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If you have any questions regarding this application process, please contact FACS Children’s DD Program at 208-334-0678 or FACSDDCO@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.**

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