Personal Assistance Agency (PAA) Frequently Asked Questions

Q.	If a Direct Care Professional was trained by another agency, can that training transfer to my agency?
A.	All PAAs are required to train their Direct Care Professionals as outlined in the Provider Training Matrix. Training is not transferable from agency to agency unless the training was completed through the approved online training courses hosted by Home Care Pulse or CareAcademy, and the Direct Care Professional has a certificate of completion for each required course.

Q.	Can a caregiver start working prior to completing the Provider Training Matrix?
A.	No! All Direct Care Professionals must fully complete all required training as outlined in the Provider Training Matrix prior to beginning direct care services. There is no grace period that would allow a Direct Care Professional to begin providing direct care services prior to full completion of training.

Q.	What is Non-Medical Transportation?
A.	Non-Medical Transportation is a service available to eligible participants on the Aged & Disabled (A&D) Waiver. The service must be authorized and the agency providing the service must have a transportation contract with Idaho Medicaid. This service is for participant transportation to community resources such as the post office, senior citizens centers, running essential errands, etc. *This service is authorized with a number of reimbursable travel miles; it is not authorized as additional time for care delivery. Non-medical Transportation may not be used in place of Non-Emergency Medical Transportation.*

Q.	What is the agency responsibility for dispensing participant medication?
A.	The BLTC defers to the guidelines established by the Idaho State Board of Nursing regarding Medication Management.

Q.	What does the BLTC expect on the Service Plan for Risks & Interventions?
A.	It is the agency's responsibility to ensure that participant-centric risks and interventions are clearly identified in the service plan. The BLTC service plan template includes a risk/intervention field both within each Activity of Daily Living (ADL) care plan section and an overall summary at the end of th service plan. The BLTC recommends as best business practice that agencies identify any applicable risks/interventions within each ADL section as well as within the overall risk/intervention summary section.

Q.	How do I document and bill for Supervision?
A.	Supervision is not a discrete care task. The Unmet Needs score for Supervision drives the amount of time allocated for all Attendant Care and Homemaker ADLs. Supervision is intended to be incorporated into each identified ADL as appropriate and should not be marked rendered on service delivery documentation. If Supervision is identified in the service plan with an Unmet Needs score of Minimal, Moderate, Extensive, or Total, the written care plan section must be developed in such a manner that the Direct Care Professional clearly understands the required supervision to deliver all other care tasks.

Q.	Can a participant receive services while in the community?
A.	Yes! A participant can receive appropriate services while outside of their home. Services could include support with ADLs such as transferring, mobility, toileting, etc. The agency MUST ensure that the Direct Care Professional clearly documents when services are delivered in a community setting.

Q.	What type of narrative is required on service delivery documentation?
A.	It is preferred that the Direct Care Professional include a daily narrative outlining the services provided during the shift and participant's condition. However, at a minimum, a weekly narrative is required. The narrative validates the services provided and gives the Direct Care Professional an opportunity to capture relevant information, such as a refusal of services.

Q.	What is the Quality Assurance Survey Report that the BLTC sometimes sends me?
A.	The BLTC sends the Quality Assurance Survey Report on a quarterly basis to only agencies that have negative participant satisfaction survey responses which is collected during the participant's annual assessment with the Medicaid Nurse Reviewer (NR). Agencies who receive this report do not need to respond to the BLTC; the report is sent to the agency as an opportunity to remediate any negative survey responses. Any remediation or action taken by the agency should be documented within the agency's internal quality assurance records.

Q.	How do I get authorizations for a participant that is Dual eligible?
A.	If a participant is a Dual Eligible beneficiary and lives in one of the following counties, then all authorizations are issued by the participant's Health Plan; Molina Healthcare of Idaho (MOI) or UnitedHealthcare Community Plan of Idaho (UHC). *The BLTC does NOT issue any authorizations for Dual Eligible participants enrolled in the Idaho Medicaid Plus (IMPlus) or Medicare Medicaid Coordinated Plan (MMCP).* **The following counties may have Dual Eligible participants enrolled with either MOI or UHC:** Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls. **The following counties may have Dual Eligible participants enrolled with only UHC:** Adams, Benewah, Blaine, Clark, Clearwater, Gooding, Jerome, Latah, Lincoln, Shoshone, Valley, and Washington.

Q.	Who do I contact if I'm having issues with claims or Share of Cost (SOC) for Duals' program participants?
A.	You must work directly with either UHC or MOI to get your claims issues resolved. **UnitedHealthcare Community Plan of Idaho (UHC)** idaho_care_coordination@uhc.com 1(866)785-1628 **Molina Healthcare of Idaho (MOI)** MMCP: 1(844) 239-4914 IMPlus: 1(844) 808-1383

Q.	How do I report a complaint or concern?
A.	If you have a question or concern regarding rules and regulations for the Aged & Disabled (A&D) Waiver or State Plan Personal Care Services (PCS), you can contact the Quality Assurance team by emailing BLTCQA@dhw.idaho.gov. If you have a complaint, including abuse, neglect, or exploitation please submit the complaint using our online Medicaid Complaint Submission System located HERE. ***Please note:*** *All abuse, neglect, and exploitation complaints should first be reported to Adult Protective Services and local law enforcement.*

Q.	How do I report a change of ownership? Or changes to my physical address, email, or phone number?

A.	Agencies must report a Change of Ownership (CHOW), as well as any change to their demographics (i.e., address, phone number, email, etc.) to the Medicaid provider enrollment vendor. The BLTC cannot act on a CHOW until the change is routed to us via the provider enrollment vendor. However, providers can notify a member of the Quality Assurance team of a new mailing address or a change to their email address or phone number, but the agency must also concurrently notify the Medicaid provider enrollment vendor.

Q.	Where can I find more specific guidance to help me as a provider?
A.	The Quality Assurance team has developed Provider Help Aids to address specific requirements. These documents as well as additional provider resources are available on the BLTC provider website located HERE.

Version History

Date	Version	Comments
7/2025	v1.6	Provider information updated to UnitedHealthcare Community Plan of Idaho
2/2026	v1.7	Added phone number for UnitedHealthcare

The information outlined herein is not new law but is an agency interpretation of existing law, except as authorized by law or as incorporated into a contract. To seek additional information or provide input on the agency guidance document please reach out to BLTCQA@dhw.idaho.gov.