State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Home and Community-Based Waiver Services
Provider Conditions of Participation

Home and community-based waiver services are the means for a recipient to live a life that he or she, and those who care about them, value. These services provide opportunities for the recipient to engage in community life to the same degree of access as individuals who do not receive waiver services, and may be rendered in a recipient's home or settings that are integrated in, and support access to, the greater community.

Waiver services and the providers selected by the recipient to render those services are specified in a plan of care that is developed through a person-centered planning process directed by the recipient to the maximum extent possible. The recipient, the recipient's care coordinator, and a planning team chosen by the recipient, collaborate to align services and supports resulting in a person-centered practice that will provide access to the full benefits of community living, and will contribute to achievement of the recipient's goals.

Providers of home and community-based waiver services must be certified under 7 AAC 130.220, and operate in compliance with the Provider Conditions of Participation and with the Conditions of Participation for each service offered to recipients.

I. Program operations

A. **Certification requirements**.

1. The provider must demonstrate readiness to provide services and comprehension of Medicaid regulations, home and community-based waiver services regulations, and pertinent service Conditions of Participations through documents describing provider operations.
2. The provider must submit, in a format provided by Senior and Disabilities Services,
    a. an application for certification or recertification; and
    b. if requesting an exception under 7 AAC 130.220 (j), an application to provide both care coordination and other home and community-based waiver services.
3. In addition to the required application forms, the provider must submit, depending on the services the provider elects to offer and as directed by Senior and Disabilities Services,
    a. policies and procedures that address the following:
        i. admissions to provider services;
        ii. background;
        iii. complaint management;
        iv. confidentiality of protected health information, including a Notice of Privacy Practices;
        v. conflicts of interest
        vi. critical incident reporting;
        vii. emergency response planning;
        viii. evaluation of employees;
        ix. financial accountability;
        x. medication management;
        xi. quality improvement;
        xii. restrictive interventions;
        xiii. termination of provider services;
        xiv. training;

b. the following documents
   i. State of Alaska business license;
   ii. Certificate of Insurance or similar documentation of insurance coverage;
   iii. licenses for assisted living homes and foster homes;
   iv. building or use permits for site-based services, if required by state or local laws;
   v. vehicle permit for hire, if required by state or local laws;
   vi. vehicle registration;
   vii. food service permit; and
   viii. verification that agency staff have attended and completed SDS training on critical incident reporting and settings requirements;
c. personnel information, including
   i. organization chart, including names of individuals filling each position;
   ii. list of names of board members
   iii. list of names of individuals with an ownership interest in the provider;
   iii. list of names of personnel; and
   iv. list of volunteers and contractors who work on-site and have unsupervised access to recipients or to protected health information;
d. other information regarding requirements specified in the service *Conditions of Participation*;
e. a quality improvement report for renewal of certification; and
f. a provider self-assessment of settings where home and community-based waiver services are provided, when required and in a format provided by SDS.

3. The provider must implement and abide by all policies and procedures that were submitted for the purposes of gaining certification.
4. The provider must grant to Senior and Disabilities Services, for certification and oversight purposes, access to all service locations and to locations where the provider proposes to render services.

B. **Operations requirements**.

1. The provider must
   a. utilize the Senior and Disabilities Services secure electronic interface for submission of confidential and protected health information;
   b. subscribe to and review SDS electronic email, http://list.state.ak.us/mailman/listinfo/sds-e-news.
   c. maintain all records, required under 7 AAC 105.230, in English and in a form that is legible and understandable to a reviewer;
   d. comply with all training requirements; and
   e. practice open communications and cooperate with other providers of services.
2. No owner, executive director, board member, authorized agent, employee, or contractor of a provider agency may provide services to recipients if that individual
   a. has been convicted of Medicaid fraud;
   b. has been sanctioned under Medicaid regulations, or has been suspended or terminated from the Medicaid program, because of program abuse or abuse of a recipient; or
   c. has had either a valid criminal history check or variance revoked under 7 AAC 10.945.
3. The provider must comply with the criminal history checks requirements of 7 AAC 10.910 – 10.990.
4. In the event a dispute arises with another provider and is not resolved by discussion between them, the providers must agree to mediation; the providers must retain an alternate dispute resolution organization to mediate the dispute, and must share equally in the cost.

C. **Financial accountability**.

1. The provider must maintain insurance that
   a. includes coverage for comprehensive general liability, vehicle automotive liability, and workers' compensation, as is appropriate to the services the provider is certified to offer recipients; and
   b. names Senior and Disabilities Services, Provider Certification Section, 550 W. 8th Ave., Anchorage, AK 99501, as a certificate holder for that insurance; a copy of the Certificate of Insurance or similar document showing insurance coverage must be submitted with its application for certification or recertification.
2. The provider may charge fees for home and community-based services at rates no higher than those charged to private pay clients for comparable services.
3. The provider must
   a. implement a financial system, based on generally accepted accounting principles;
   b. submit claims for payment that are accurate;
   c. maintain records that support claims for services;
   d. cooperate with all required audits;
   e. report to the Medicaid fiscal agent, and void or adjust, amounts identified as overpayments; and
   f. cooperate with investigation and remediation activities.
4. The provider must report suspected Medicaid fraud, abuse, or waste, or suspected financial exploitation of a recipient, to the Medicaid Fraud Control Unit by calling 1-907-269-6279, by sending a message to FAX number 1-907-279-6202, or by submitting a **Medicaid Fraud / Elder Abuse Complaint Form.**

Person-centered practice.

1. Planning services. The provider must
   a. participate on planning team to extent requested by the recipient;
   b. provide information about the provider's services and activities
      i. in plain language and in a manner accessible to the recipient, taking into consideration disabilities or limited English proficiency;
      ii. sufficient for the recipient to make informed choices regarding services and activities;
   c. inform the recipient of the provider's processes for
      i. discussing or requesting changes to the provider's services and activities; and
      ii. solving conflicts or disagreements with the provider.
2. Interactions with recipients. The provider must
   a. optimize recipient initiative, autonomy, and independence in making choices;
   b. facilitate recipient choices regarding daily activities, and the direct care workers with whom the recipient would prefer to interact;
   c. support recipient choices regarding cultural interests and access to community activities; and
   d. meet with the recipient at times and locations convenient for the recipient in regard to discussing or requesting changes to services or activities, and to solving conflicts or disagreements.

E. **Quality management**.

1. Quality improvement process.
   a. The provider must engage in monitoring and data collection activities related to the delivery of services and recipient satisfaction with the services, analyze findings, and identify problems and opportunities for improvement.
   b. In addition of addressing complaints as they arise, the provider must analyze complaints each calendar quarter to determine whether issues raised represent single incidents or a pattern, and take appropriate action to resolve issues brought to light by the quarterly analysis.
   c. The provider must develop and implement a process for taking action to remedy problems whether the issues relate to a single individual or to systemic program operations.
   d. The provider must utilize its findings from data collection and analysis activities to engage in actions, e.g., policy development, management changes, staff training, or other system level interventions that lead to continuous improvements in its delivery of services.

2. Self-assessment.
   a. The provider must conduct a self-assessment of its quality improvement process annually, at a minimum, for each year of its certification period.
   b. The process must include evaluation of the findings from, and corrective actions taken in regard to,
      i. the grievance process;
      ii. critical incident reports, including reports of harm;
      iii. analyses of medication errors;
      iv. analyses of the use of restrictive interventions;
      v. consumer satisfaction surveys; and
      vi. internal reviews of the provision of services to determine they are provided in accordance with recipient plan of care and meet recipient needs.
3. Quality improvement report.
   a. The provider must summarize data collection activities, findings, and resulting corrective actions and program improvements in a quality improvement report for submission with its application for recertification.
   b. The provider must be able to support the report submitted with data that must be made available to Senior and Disabilities Services upon request.

F. **Reporting changes in provider status**.

The provider must report the following changes in provider status in writing to the department within the timeframe specified:

1. one business day of
   a. an unforeseen termination of association with a care coordinator;
   b. an unplanned change of program administrator; and
   c. learning that an agency owner or administrator has been charged with or convicted of a criminal offense;
2. ten days prior to
   a. a change in mailing address, email address, or telephone or fax number;
   b. termination of an association with a care coordinator;
   c. any change related to a family home habilitation, group-home habilitation, or residential supported living site, including the addition or removal of a site as a location where residential habilitation services are provided, and any primary contact changes.
3 thirty days prior to a planned change of program administrator; and
4. sixty days prior to
   a. a change of agency name,
   b. a change in physical location,
   c. a change in the form of organization of its business,
   d. a change of ownership, and
   e. an agency sale or closure.

II. Program administration

A. **Personnel**.

1. The provider must ensure that the employment and education history offered by a potential employee is verified, and resulted in the acquisition of the knowledge based and skills required for the position.
2. Program administrator.
   a. The provider must verify that any individual hired for a program administrator position meets the qualifications specified in the service Conditions of Participation.
   b. The provider may accept an applicant whose education was completed in a country other than the United States if the applicant can show that his/her foreign education is comparable to that received in an accredited educational institution in the United States.
      i. The provider may accept a copy of a State of Alaska license issued under AS 08 as showing an applicant's foreign education is comparable to education in the United States.

ii. For applicants not licensed under AS 08, the provider must inform the applicant that the applicant is responsible for providing
A) a foreign educational credentials evaluation report, from an evaluation service approved by the National Association of Credential Evaluation Services, that includes, at a minimum, a description of each course and semester or quarter hour credits earned for that course, and a statement of degree equivalency to education in the United States; and
B) certified English translations of any document submitted as part of the application, if the original documents are not in English.
iii. The provider must keep documents showing a program administrator's foreign education comparability to that of the United States on file, and make them available to Senior and Disabilities Services upon request.

c. The provider may employ an individual to serve as program administrator for more than one service
i. if necessitated by the location of an agency office; and
ii. if, given the size of the recipient population served and the number of direct care workers employed by the provider, that administrator is capable of being actively engaged in the management of each service.

d. The provider may use a term other than program administrator for this position (e.g., program director, program manager or program supervisor), but the individual filling the position must meet the requirements for program administrator that are specified in the Conditions of Participation for the services the provider offers.

3. Direct service workers.
a. The provider must identify the skill set needed by direct service workers to render the services the provider offers; the provider may use as a resource the *Alaska Core Competencies for Direct Care Workers in Health and Human Services*, http://www.trusttrainingcoop.org/training/akcc.html.
b. The provider must develop and implement a performance evaluation based on the skill set determined to be needed by its direct service workers.
c. The provider must assess the performance of direct service workers to ensure they have the ability to work effectively and to identify skills that need further development.

B. **Training**.

1. CPR and first aid training.
a. The provider must have on file, for each direct service worker, and for each individual providing chore services, agency-based congregate meals, or transportation services, documentation showing successful completion of
i. cardiopulmonary resuscitation (CPR) training, within the previous two years, that was taught by an individual who holds a valid CPR instructor credential in accordance with 7 AAC 26.985; and
ii. first aid training, within the previous two years, that was taught by an individual certified by the American Red Cross, the American Heart Association, or an equivalent organization approved by Senior and Disabilities Services.

b. The provider must ensure that its direct service workers and individuals providing chore services, agency-based congregate meals, or transportation services provide documentation of attendance and successful completion of CPR and first aid training every two years; however, if that training is not periodically available within 100 miles of the workplace, the training requirement may be met by attendance and completion of the required course every three years.

2. Orientation and training.
The provider must provide, and have on file, for all employees and volunteers, documentation of
a. orientation to the agency and its relationship to the department; and
b. training necessary to render services to recipients.

3. Critical incident reporting training.
   a. The provider must have on file, for all staff, documentation of attendance and completion of, at least every two years, training on how to report critical incidents to SDS.
   b. The provider may
      i. arrange for staff to attend SDS training, or
      ii. appoint staff who have attended SDS training to train additional staff.
   c. At a minimum, the following agency employees must refresh, every two years, critical incident reporting training by attending and completing the course offered by SDS:
      i. the program administrator; and
      ii. the individuals who supervise each home and community-based service the agency is certified to offer.
4. Assistance with self-administration of medication training.
   a. Except for the staff of providers subject to the requirements of 7AAC 75.240, the provider must train all staff responsible for assisting recipients with self-administer medications, and have on file documentation of attendance and completion of the training.
   b. The provider must develop and submit to Senior and Disabilities Services a training policy that includes
      i. coverage of the topics in 7 AAC 130.227 (j)(2);
      ii. training goals;
      iii. plans and activities to enable trainees to achieve those goals;
      iv. methods of assessing trainee achievement of the training goals; and
      v. processes for evaluating the effectiveness of the training methods.

C. **Supervision**.

1. The provider must monitor direct service workers and volunteers
   a. to ensure the health, safety, and welfare of recipients;
   b. to provide training to upgrade the skills needed to work with recipients; and
   c. to identify and report fraud, abuse or waste.
2. The provider must ensure that an employee or a volunteer who transports a recipient in an employee- or volunteer-owned vehicle
   a. has personal vehicle automotive liability insurance that includes coverage for a recipient in the event of an accident; or
   b. is insured under provisions of the provider agency insurance policy.
3. When a Report of Harm is made to Adult Protective Services (APS) or the Office of Children's Services (OCS) alleging abuse, neglect, or exploitation against an employee or a volunteer, the provider must bar that individual from contact with recipients until the investigation is complete or the allegation is found to be unsubstantiated.

III. Recipient relationships

A. **Conflicts of interest**.

No owner, executive director, board member, authorized agent, employee, or contractor of a provider agency may

1. exploit a relationship with any recipient for personal or business benefit;
2. engage in or allow any financial transaction with, or on the behalf of, any recipient if that transaction could result in personal or financial benefit to anyone other than the recipient;
3. solicit as clients any recipients known to be receiving services from another provider;
4. seek to influence the eligibility determination process by providing false or misleading information about an applicant or recipient; or
5. represent a recipient during any hearing or appeal process.

B. **Recipient health, safety, and welfare**.

1. When the provider notices any material changes or registers concerns regarding a recipient's emotional, physical, or psychological condition, the provider must report immediately the changes or concerns to the recipient's care coordinator and recipient representative, and, as appropriate, to other providers of services.
2. In the event a recipient experiences an accident, incident, or injury that requires evaluation by or consultation with a medical professional or the provider believes emergency assistance is needed because of circumstances that create a risk to the health, safety, and welfare of a recipient or to others, the provider must
   a. contact the appropriate emergency responder, and provide emergency care and support, appropriate to the provider's skill and experience, until the responder arrives; and
   b. cooperate with the responder as requested, including providing current health, diagnostic, and medication information as needed and as available on-site or accessible through a data base or contact known to the provider.
3. The provider must communicate and cooperate with other providers to prevent placing recipients at risk; if disagreements or disputes regarding a recipient arise, the recipient's health, safety, and welfare must be the primary factor in reaching a resolution.

C. **Recipient rights**.

The provider must

1. treat all recipients respectfully;
2. involve recipients in the planning for their care;
3. cooperate with recipients who elect to change service providers;
4. collaborate with other providers to deliver an integrated program of services;
5. provide information regarding fees for services to recipients;
6. address recipient complaints about services;
7. evaluate whether services are effective for achieving recipient goals; and
8. render quality care by employing competent, trained staff.

D. **Recipient services termination**.

The provider must implement a termination or discharge procedure for ending involvement with a recipient that

1. factors in the health, safety, and welfare of the recipient;
2. requires documentation that shows
   a. failure to cooperate with the delivery of services;
   b. risks of physical injury to the provider's employees or to other recipients; and
   c. suspected recipient misrepresentation or fraud the creates a financial risk for the provider;
3. includes supervisory review to determine whether
   a. reasonable accommodation measures have been considered and tried, and
   b. termination is appropriate;
4. provides written notice of the reasons for termination to the recipient;
5. informs the recipient regarding the provider's process for appealing a decision to terminate services, and other possible sources for the services being terminated.