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

Day Habilitation Services
Conditions of Participation

Day habilitation services may be provided to assist recipients to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to live successfully in home and community-based settings. These services must provide supervision and a secure environment for recipients, may be planned to reinforce skills or lessons taught in other settings, and may include both individual and group activities. In addition, day habilitation services may be provided to assist recipients to participate in meaningful retirement activities, including hobbies, clubs, and other senior-related activities available in the community. While day habilitation services may be offered in a variety of settings , the environment in which they are provided must be appropriate for delivery of the services in a manner that will contribute to the recipient's accomplishing the outcomes and goals specified in the recipient's plan of care and increasing participation in and access to community settings and resources. When day habilitation is provided in a residential setting, the rendering of activities must not duplicate or replace community engagement activities afforded to all recipients of residential habilitation services. The services must also be provided with the intent of facilitating community integration.

The provider who chooses to offer day habilitation services must be certified as a provider of day habilitation services under 7 AAC 130.220 (a)(1)(D), meet with the requirements of 7 AAC 130.260, and operate in compliance with the Provider Conditions of Participation and the following standards.

I. Program administration

A. Personnel.

1. Day habilitation services program administrator.

a. The provider must designate a day habilitation services program administrator who is responsible for day-to-day management of the program, including the following:
   i. orientation, training, and supervision of direct service workers;
   ii. implementation of policies and procedures;
   iii. intake processing and evaluation of new admissions;
   iv. participation in the development of plans of care in collaboration with care coordinators and other service providers;
   v. ongoing review of the delivery of services, including
   (A)monitoring the amount, duration, and scope of services to assure delivery as outlined in theplan of care;
   (B)assessing whether the services assist the recipients to attain the outcomes and goals outlined inthe plan of care; and
   (C)evaluating the quality of care rendered by direct service workers;
   vi. development and implementation of corrective action plans for identified problems or deficiencies;and
   vii. submission of required reports to Senior and Disabilities Services, including critical incident reports.

b. The provider may use a title other than program administrator for this position (e.g., program director, program manager, or program supervisor).

c. The program administrator must
   i. be at least 21 years of age;
   ii. meet the following experiential requirements: one year of full-time or equivalent part-time experience providing services to individuals in a human services setting in a position with responsibility for planning, development, and management or operation of programs involving service delivery, fiscal management, needs assessment, program evaluation, or similar tasks; and
   iii. meet the following educational requirements

(A)Bachelor of Arts or Bachelor of Science degree from an accredited college or university in socialwork, psychology, rehabilitation, nursing or a closely related human services field; or

(B)Associate of Arts degree from an accredited college or university in psychology, rehabilitation,nursing or a closely related human services field, and two years of full-time, or equivalent part-time experience working with human services recipients; or

(C)four years of full-time or equivalent part-time experience working with human services recipients in social work, psychology, rehabilitation, nursing or a closely related human services field or setting; or

(D)certification as a rural community health aide or practitioner and one year of full-time, or equivalent part-time experience working with human services recipients.

d. In addition to meeting education and experience requirements, the administrator must possess the knowledge base and skills necessary to carry out the day habilitation services program.

i. The administrator knowledge base must include:

(A)the medical, behavioral, habilitative, and rehabilitative conditions and requirements of the population to be served; and

(B) the applicable laws and policies related to Senior and Disabilities Services programs.

ii. The administrator skill set must include:

(A)the ability to evaluate, and to develop a plan of care to meet the needs of the population to be served; and

(B) the ability to supervise professional and support day habilitation services staff.

2. Day habilitation services direct service workers.

a. Direct service workers must be at least at least 18 years of age; qualified through education or experience; and possess, or develop before providing services, the skills necessary to meet the needs ofthe recipient population.

b. Required education and alternatives to formal education:

i. high school or general education development (GED) diploma; or

ii. demonstration to the program administrator of the ability to communicate in English, including reading and following written instructions and making appropriate entries regarding services in the recipient's record or file.

c. Required skill set:

i. the ability to communicate with his/her supervisor, the recipient, and the primary caregiver;

ii. the ability to understand the needs of, and to work with, the recipient population;

iii. the ability to be guided by the plan of care; and

iv. the ability to respond in case of medical or community emergencies.

B. Training.

1. The provider must provide orientation and ongoing training to direct service workers to ensure they are qualified to perform day habilitation services for the recipient.

2. The provider must provide training to direct service workers in regard to the following at a minimum:

a. maintaining a safe environment while providing services;

b. universal precautions and basic infection control procedures;

c. cardiopulmonary resuscitation (CPR) and first aid; and

d. understanding the needs of the population to be served.

3. The provider must instruct direct service workers to notify the program manager, the supervisor, or the appropriate authority, when there is cause for concern about a recipient's health, safety, or welfare.

C. Monitoring services.

1. The provider must monitor the delivery of day habilitation services by direct service workers as frequentlyas necessary to evaluate whether the following conditions are met:

a. the services are furnished in accordance with the plan of care and in a timely manner;

b. the services are delivered in a manner that protects the recipient's health, safety, and welfare;

c. the services are adequate to meet the recipient's identified needs.

2. The provider must act to ensure substandard care is improved or arrange for service delivery from otherdirect service workers.

II. Program services and activities

A. The providers must offer services and activities that

1. are habilitative and supportive of meaningful engagement by the recipient toward achievement of the outcomes and goals identified in the recipient's plan of care;

2. are varied to meet the interests of the recipients, and to promote participation in both individual andgroup activities;

3. are individually determined to foster independence and promote dignity; and

4. are planned jointly by staff and recipients taking into consideration recipient health, abilities anddisabilities, strengths and weaknesses, sensory challenges, interests and hobbies, culture, and lifeexperiences and skills.

B. The provider must render any day habilitation activity planned as a group activity with a staffing ratio of at least one direct service worker to not more than 2 – 5 recipients in a group.

C. The provider must assist recipients with walking, eating, toileting, and personal hygiene as needed.

III. Service settings requirements

A. Facility-based services.

1. Days and hours of operation.

The provider must offer services four hours or more per day for one or more days per week and on aregularly scheduled basis with the following exceptions:

a. the facility may open or close at hours other than those regularly scheduled in the event of hazardousweather conditions or other emergencies, and

b. services need not be offered on provider-designated holidays.

2. Facility requirements.

The provider must operate its day habilitation program in a facility that

a. is at ground level unless the local fire department has approved an evacuation plan that provides forrapid removal of recipients from a higher level in the facility;

b. is clean and hazard free, and includes the following safety features:
   i. two exit routes, one of which is a door with direct access to the outside;
   ii. fire extinguishers, inspected annually by a qualified agent, in accessible locations on each level ofthe facility; and
   iii. heating, cooling, and ventilation adequate to maintain a temperature appropriate for the comfort and health of recipients; and

c. provides the following for recipients:
   i. comfortable and safe furniture, and adaptive equipment adequate for activities;
   ii. adequate and accessible toilet facilities; and
   iii. adequate storage space, and closets or lockers for outer garments and possessions.

B. Community-based services.

The provider must ensure that the setting where services will be provided

1. is an environment in which recipient health, safety, and welfare is not at risk; and

2. is suitable for activities appropriate for each recipient.

C. Residential-based services.

The provider must ensure that community integration is integral to the services that will be provided, by

a. resulting in increased access to community resources and community integration, and

b. avoiding the adverse effect of isolation

D. **Distance-delivery-based services**

The provider must ensure that staff is available for active teaching and training for the duration of the service provided, in one of two capacities, based on the needs and choice of the recipient:

a. To work in person alongside the recipient to facilitate access to the distance delivery platform to assist the recipient to achieve their goals and objectives; or

b. To work with the recipient remotely using a distance delivery platform to achieve their goals and objectives

Employment Services
Conditions of Participation

Employment services assist recipients to become gainfully employed (including self- employment) in a job that meets their career goals. Employment services include pre- employment and supported employment services that are provided over a specified period of time, are based on a defined outcome documented on the recipients person-centered support plan and are planned to decrease over time as recipient work-related goals and objectives are achieved. Consistent with the person-centered approach to these services, individuals accessing employment services should be encouraged, on an ongoing basis, to explore their interests, strengths, and abilities relating to employment or career advancement.

Employment services may be offered in a variety of settings, including distance delivery if authorized the recipient's support plan, but, because independence and community integration are goals for these services, they may not be provided in sheltered workshops or other similar specialized vocational facilities, or any other setting that has the effect of isolating individuals who receive home and community-based waiver services, from the broader community of individuals not receiving waiver services. Employment services may be provided in a residential setting if self-employed (including subsistence) or if a recipient has an agreement with their employer to work from home.

Pre-employment services provide time limited learning and work experiences that allow recipients to develop general work readiness and non-job specific strengths and skills that are applicable to all work settings. Pre-employment services may also assist a recipient to determine individual strengths, interests, abilities, and support needs, or become gainfully employed. If an individual identifies self-employment as their desired outcome, pre-employment services may include supporting the recipient as they determine the concept of their business and develop a business plan, as well as referring the recipient to the appropriate community resources for additional guidance in identifying potential sources of financing and additional assistance in developing and launching a business. While the service can assist recipients working toward self-employment, the majority of the work that needs to be done, from research to writing a business plan, will be the responsibility of the recipient.

Supported employment services include the progressive phases of job-specific training, job coaching, ongoing intermittent support to assist with keeping a job or career advancement, and support to maintain self-employment.

The provider who chooses to offer supported employment services must be certified as a provider of supported employment under 7 AAC 130.220 (a)(1)(F), meet the requirements of 7 AAC 130.270, and operate in compliance with the following standards.

I. Program Administration

A. Personnel.

1. Employment Services program administrator.
   a. The provider agency must designate an employment services program administrator who is responsible for day-to-day management of the program.
   b. The provider may use a term other than program administrator for this position (e.g., program director, program manager, or program supervisor).
   c. The program administrator must be at least 25 years of age and qualified through experience and education in a human services field or setting.
      i. Required experience: one year of full-time or equivalent part-time experience providing services to individuals in a human services setting in a position with responsibility for planning, development, and management or operation of programs involving service delivery, fiscal management, needs assessment, program evaluation, or similar tasks.
      ii. Required education and additional experience or alternatives to formal education:
         (A) Bachelor of Arts or Bachelor of Science degree from an accredited college or university in social work, psychology, rehabilitation, nursing or a closely related human services field; or
         (B) Associate of Arts degree from an accredited college or university in psychology, rehabilitation, nursing or a closely related human services field, and two years of full-time, or equivalent part- time experience working with human services recipients; or
         (C) four years of full-time or equivalent part-time experience working with human services recipients in social work, psychology, rehabilitation, nursing, or a closely related human services field or setting; or
         (D) certification as a rural community health aide or practitioner and one year of full-time, or equivalent part-time experience working with human services recipients.
   d. In addition to possessing the skill set of an employment services specialist, and meeting education and experience requirements, the administrator must possess the knowledge base and skills necessary to carry out the employment services program.
      i. The administrator knowledge base must include:
         (A) the medical, behavioral, and habilitative conditions and requirements of the population to be served;
         (B) supported employment philosophy, state regulations and emerging service delivery techniques; and
         (C) the applicable laws, regulations and policies related to governing services for individuals with disabilities.
      ii. The administrator skill set must include:
         (A) the ability to develop and evaluate a support plan to meet the needs of each recipient to be served; and
         (B) the ability to effectively supervise and support employment services specialists.
   e. Prior to appointment as the employment services program administrator, the administrator must receive and maintain National Certification in Employment Services, or an equivalent certification in employment services.

2. Employment services specialist.

a. Employment services specialists must be at least 18 years of age, qualified through education or experience, and possess, or develop before providing services, the skills necessary to perform the tasks included in the employment services plan.

b. Required education:

i. high school or general education development (GED) diploma; and

ii. demonstration to the provider of the ability to communicate in English, including reading written instructions and making appropriate entries regarding services in the recipient record or file.

c. Required skill set:

i. Job exploration and discovery for individuals with disabilities;

ii. benefits counseling, including the impact of wages on state and federal disability benefits;

iii. researching employment opportunities;

iv. job development and job matching;

v. identifying and teaching required employment-related skills; and

vi. job coaching and support.

B. Training.

1. The provider must provide orientation and ongoing training for employment services specialists to ensure they are qualified to perform, and to maintain a safe environment while providing, employment services.

2. In addition to training requirements outlined in the Provider Conditions of Participation, the employment services program administrator must provide and document in employee records, training on the following topics, at a minimum, for employment services specialists:

a. state policy and regulations governing the provision of employment services;

b. understanding the needs of the population to be served;

c. current best practices on the delivery of employment services;

d. universal precautions and basic infection control procedures;

e. personal care skills for those recipients who require assistance while receiving supported employment services; and

f. workplace safety including proper use of tools and equipment and fall prevention.

3. Within one year of employment, the employment services specialist must receive and maintain documentation in their employee record of the National Certification in Employment Services, or an equivalent certification in employment services.

I. Billing for services

The provider agency may not claim reimbursement for

1. incentive payments made to an employer to encourage or subsidize the employer's participation in employment services;
2. payments that are passed through to users of employment services; or
3. payments for any training that is required of employment support specialists noted above.

II. Provision of Employment Services

A. Employment services in a support plan.

The program administrator must collaborate with the recipient and the recipient's planning team to

1. determine the recipient's need for employment services;

2. identify the outcome the recipient is expected to achieve through the services; and
3. ensure that the support plan includes all relevant information related to the request for services, to include:
    a. how the service will assist the recipient to secure and retain employment or self-employment;
    b. how the service meets the recipient's individualized goals as identified during a person-centered planning process;
    c. if the recipient is employed in a competitive and integrated job;
    d. how the recipient's job aligns with their individualized goals for employment;
    e. the amount, frequency, and duration of the service;
    f. the total hours per week the recipient is scheduled to work;
    g. the team's plan to decrease services over time in order to increase workplace independence;
    h. how the service does not duplicate or supplant services otherwise available to the recipient, and
    i. the number of hours provided by distance delivery and how the distance delivery mode aligns with (a-h) above

B. Allowable activities for employment services may include

1. Pre-employment
    a. development of general work readiness skills;
    b. development of non-job specific strengths;
    c. assist a recipient in determining their individual strengths, interests, abilities, skills, experiences, and support needs;
    d. assistance to aid the recipient in becoming gainfully employed;
    e. assist a recipient in determining conditions and employment settings optimal for their success; or
    f. assistance to become self-employed, including supporting the recipient as they determine their own business concept and develop a business plan and providing appropriate referral to community resources for additional guidance in developing and launching a business.
2. Supported employment
    a. job coaching utilizing systematic instruction to assist the recipient to learn and carry out their job duties;
    b. ongoing periodic support on the job to assist the recipient to remain gainfully employed;
    c. support for maximizing hours worked, pay, benefits, and opportunities for career advancement based on the recipient's abilities, interests, and priorities; or
    d. job coaching support to assist the recipient to maintain self-employment, including ongoing periodic assistance, counseling, and guidance after the business has been launched.

C. Implementation.

1. The employment services specialist must ensure the safety of the recipient at all times in the provision of services.
2. The employment services specialist must provide services in a manner that results in the intended outcomes and goals of service delivery including:
    a. development of work skills needed to perform on the job and obtain or maintain job stability;
    b. maximum integration of the recipient in the work setting and the broader community;
    c. development of a system of natural supports in the workplace and community; and
    d. employment that leads to increased, competitive earnings and work-related benefits.

D. Monitoring services.

1. The provider agency must monitor the delivery of employment services and annually, at minimum, evaluate the effectiveness of the services at the agency level, and provide supporting documentation to SDS as requested.

2. The employment services provided to each recipient shall be evaluated using a defined evidence-informed methodology, in which data is recorded and reviewed to ensure that the services:

a. are furnished in a timely manner in accordance with each recipient's support plan;

b. are delivered in a manner that supports the recipient in achieving their desired employment outcome;

c. do not include payment for the supervisory activities provided to all employees at a recipient's workplace;

d. are delivered in a manner that protects the recipient's health, safety, and welfare.

3. The provider must instruct direct service workers to notify the program manager, the supervisor, or the appropriate authority, when there is cause for concern about a recipient's health, safety, or welfare.

Provider Conditions of Participation
Home and Community-Based Waiver Services
and
Community First Choice Chore Services

Home and community-based waiver services and Community First Choice services are provided to assist a recipient to live a life that the recipient, and those who care about him or her, 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.

The services that meet the recipient's needs and the providers selected by the recipient to render those services are specified in a support plan 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 assist the recipient to meet his or her objectives and promote access to the full benefits of community living.

Service providers must be certified under 7 AAC 130.220 or 7 AAC 127.050 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 applicable Medicaid regulations and pertinent service Conditions of Participations through documents describing provider operations.
2. The provider must submit on forms 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. The provider must prepare in written form and implement the following policies and procedures that must be submitted for review when requested by Senior and Disabilities Services:
   a. background checks;
   b. complaint management;
   c. confidentiality of protected health information, including a Notice of Privacy Practices;
   d. conflicts of interest;
   e. critical incident reporting;
   f. emergency response training, including instruction in first aid and cardio-pulmonary resuscitation (CPR);
   g. evaluation of employees;
   h. financial accountability;
   i. independence and inclusion;
   j. medication management (not required of providers licensed under 7 AAC 75.010 – 75.140 or certified under 7 AAC 127.050, or care coordinators certified under 7 AAC 130.200);
   k. person-centered practice;
   l. quality improvement;
   m. restrictive interventions;
   n. termination of provider services; and
   o. training;

In addition to the required application forms, the provider must submit

   p. the following documents:
      i. State of Alaska business license;

ii. Certificate of Insurance or similar documentation of coverage, as required under section C.1.
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;

q. the following personnel information:
i. organization chart, including the names of individuals filling each position;
ii. list of names of board members;
iii. names of individuals with an ownership interest in the provider agency;
iv. list of names of personnel and position for individuals not listed on the organization chart; and
v. list of volunteers and contractors who work on-site and have unsupervised access to recipients or to protected health information;

r. other information regarding requirements specified in the service *Conditions of Participation*;
s. a quality improvement report for renewal of certification.

4. The provider must implement and abide by all policies and procedures that were submitted for the purposes of gaining certification.
5. 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;
c. maintain all records, required under 7 AAC 105.320, 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 or has been suspended or terminated from the Medicaid program because of program abuse or abuse of a recipient;
b. is named on any state or federal exclusion list related to health care services; 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, 1835 Bragaw Street, Suite 350, Anchorage, AK 99508-3487, 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 services at rates no higher than those charged to private pay clients for comparable services.

3. The provider must
   a. maintain financial records to show the provider's capacity, at all times, to meet at least three months of operating expenses, including funds to
      i. pay employee salaries and employee-related tax obligations timely;
      ii. maintain current general liability and worker's compensation insurance;
      iii. maintain operations in a physical office space;
      iv. ensure service delivery to all recipients served by the provider;
   b. implement a financial system, based on generally accepted accounting principles, that ensures claims for payment are accurate;
   c. maintain, in accordance with 7 AAC 105.230, 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 may not submit a claim for reimbursement
   a. until services have been rendered;
   b. for services rendered by an individual who does not have documentation of a current, valid criminal history check or variance; or
   c. for services that are not specified in the recipient's support plan or documented in accordance with 7 AAC 105.230.
5. 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, by submitting a Medicaid Fraud/Elder Abuse Complaint Form.

D. 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 that the recipient prefers;
   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. Complaint management process.
   a. The provider must develop and implement a protocol for handling and resolving written and oral complaints about services or personnel.
   b. In addition to addressing complaints as they arise, the provider must analyze the 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.
2. 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. 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.
c. 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.

3. 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 complaint management 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 recipient services to determine services are provided in accordance with individual support plans and meet the recipient's needs.
4. 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 Senior and Disabilities Services unit responsible for provider certification 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 specific skill set needed by direct service workers to render the services the provider offers. To identify the basic knowledge needed by a direct service worker, the provider may use as a resource the online program, *Alaska Core Competencies for Direct Care Workers in Health and Human Services,* periodically offered by the Center for Human Development University of Alaska Anchorage
   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 individuals providing chore services, individuals providing agency- based congregate meals or transportation services, documentation showing successful completion of
      i. cardiopulmonary resuscitation (CPR) training, that meets the standards of the American Heart Association or the American Red Cross, at least every two years. and
      ii. first aid training, that meets the standards of the American Heart Association or the American Red Cross, at least every two 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. skills and knowledge training necessary to render services to recipients.

3. Critical incident reporting training.
   The provider must have on file, for all staff, including the program manager and supervisory staff, documentation of attendance and completion of, at least every two years, the SDS on-line/U-tube training on how to report critical incidents to SDS.
4. Medication management training.
   a. Assistance with self-administration of medication.
      i. Except for the staff of providers subject to the requirements of 7AAC 75.240 and 7 AAC 127.087, 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.
      ii. The provider must develop and submit to Senior and Disabilities Services a training policy that includes
         A) coverage of the topics in 7 AAC 130.227 (j)(2);
         B) training goals;
         C) plans and activities to enable trainees to achieve those goals;
         D) methods of assessing trainee achievement of the training goals; and
         E) processes for evaluating the effectiveness of the training methods.
   b. Administration of medication.
      The provider must ensure that all staff responsible for administration of medication to a recipient have on file documentation of attendance and completion of training approved by the Alaska Board of Nursing.
5. Restrictive intervention training.
   The provider must provide, and have on file, for each direct service worker, documentation of attendance and completion of training on the use of restrictive intervention that includes
   a. describing actions that are considered to be restrictive interventions;
   b. specifying restrictive interventions that are prohibited by regulation;
   c. identifying restrictive interventions appropriate for use with the population served by the provider;
   d. outlining the requirements for
      i. documenting every use of restrictive intervention; and
      ii. reporting as a critical incident any misuse of restrictive intervention and any use that results in medical intervention.

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
   a. providing false or misleading information about an applicant or recipient; or
   b. coaching an applicant or recipient misrepresent his/her needs: or
5. represent a recipient during any hearing or appeal process.

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

1. The provider must implement procedures for reporting to the recipient's care coordinator information regarding how the provider's activities are contributing to the recipient's progress toward meeting service goals and whether alternative activities would be more effective if progress is limited.
2. 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.
3. In the event a recipient experiences an accident, incident, or injury that requires evaluation by or consultation with a medical professional or the individual providing services 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 individual providing services 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 database or contact known to the provider.
4. 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.

Personal Care Services and Community First Choice Personal Care Services Provider Conditions of Participation

Personal Care Services may be authorized for a Medicaid recipient who experiences functional limitations, resulting from a physical condition, that cause the recipient to be unable to perform activities of daily living (ADLs), instrumental activities of daily living (IADLs), and other activities covered under 7 AAC 125 PersonalCare Services and 7 AAC 127 Community First Choice. Personal care services authorized under 7 AAC 125 or7 AAC 127 may be provided in the recipient's residence; at the recipient's workplace, if necessary to prevent job loss; and at other locations specified in regulations.

Following an assessment to determine the level of assistance needed to enable a recipient to perform covered activities, SDS prepares a service level authorization specifying the activities for which physical assistance may be provided by personal care assistants. Some activities may be performed entirely by a personal care assistant for a recipient dependent on another for performance.

Provider agencies certified by SDS to offer personal care services and Community First Choice personal care services may provide both agency-based and consumer-directed programs. Agencies are responsible for hiring, training, scheduling, and supervising personal care assistants in agency-based programs. In consumer-directed programs, agencies have administrative responsibilities regarding the personal care assistants that are chosenby the recipients. The recipient is responsible for training, scheduling, and supervising the personal care assistant in a consumer-directed program.

The provider that chooses to offer personal care services must be certified as a provider of Personal Care Services under 7 AAC 125.060 or as a provider of Community First Choice personal care services under 7 AAC 127.050,and operate in compliance with the following standards.

I. Program operations

A. **Certification requirements**.

1. The provider must demonstrate, through documents describing provider operations, readiness to provide services and comprehension of Medicaid regulations, Personal Care Services regulations, Community First Choice regulations as applicable, and these Conditions of Participation.
2. The provider must submit to the department
   a. policies and procedures addressing the following:
      i. financial accountability;
      ii. confidentiality of protected health information, including a Notice of Privacy Practices;
      iii. conflicts of interest;
      iv. complaint management;
      v. emergency response planning, including training in CPR and First Aid
      vi. acceptance of new recipients for program services termination and transfer of provider services;
      vii. training of employees;
      viii. evaluation of employees;
      ix. background checks for potential and current employees;
      x. quality improvement;
      xi. critical incident reporting;
      xii. restrictive interventions;
      xiii. assistance with self-administration of medication;
      xiv. backup plans for personal care assistants;
      xv. cooperation with CFC care coordinators regarding support plans and amendments;
   b. documentation showing compliance with state or local regulations, including
      i. State of Alaska business license;
      ii. Certificate of Insurance or similar documentation of insurance coverage;
   c. personnel information, including
      i. organization chart;
      ii. personnel lists;

d. a quality improvement report for renewal of the provider's certification.

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 provider records are stored.

B. **Operations requirements**.

1. The provider must
   a. utilize the Senior and Disabilities Services secure electronic interface to submit confidential and protected health information;
   b. maintain records required under 7 AAC 105.230, 7 AAC 125.120, and 7 AAC 127.060 in English;
   c. comply with the criminal history checks requirements of 7 AAC 10.900 – 7 AAC 10.990;
   d. comply with all regulatory training requirements;
   e. when required by the department, implement a corrective action plan approved by the department under 7 AAC 125.080 (c) or 7 AAC 127.055 (b); and
   f. practice open communications and cooperate with other providers of services.
2. The provider must employ a program administrator who is responsible and accountable for the day-to-day management of the personal care services program, including
   a. orientation, training, and supervision of personal care assistants;
   b. implementation of policies and procedures;
   c. intake processing and evaluation of new admissions to services;
   d. review of services to
      i. assure services in the amount, duration and scope specified in the recipient's service level authorization are provided;
      ii. evaluate whether personal care services provide the physical assistance needed by the recipient to perform ADLs, IADLs, and other covered activities specified in the service level authorization; and
      iii. evaluate the quality of care provided by individual personal care assistants;
   e. if the recipient is also a home and community-based waiver services recipient, coordinate services with the recipient's care coordinator and other service providers;
   f. submission of required reports to SDS.
3. An individual newly hired as program administrator for an existing personal care services program must attend the personal care services agency training course provided by the department not later than three months after the date of hire by the personal care services agency.
4. An individual may serve as program administrator for more than one location if
   a. necessitated by the location of the agency offices; and
   b. given the size of the recipient population served and the number of personnel supervised by that individual, the program administrator is capable of being actively engaged in the management of services at each location.
5. If the provider agency has been granted an exception under 7 AAC 130.220 (j), an individual may not supervise both personal care attendants and care coordinators.
6. The provider that operates an agency-based personal care services program must retain a supervising registered nurse to carry out the duties specified in 7 AAC 125.170 for an agency-based Personal Care Services program and 7 AAC 127.135 for an agency-based Community First Choice Personal Care Services program.
7. No individual may be associated with a personal care services agency or Community First Choice service provider as owner, executive director, board member, authorized agent, or employee, or be involved in the provision of 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 a valid criminal history check or variance revoked under 7 AAC 10.945.
8. The provider may not allow an employee, volunteer, or contractor to provide any services to recipients or to have access to protected health information until the provider has

a. notification of the employee's, volunteer's, or contractor's valid criminal history check, or of a variance or reconsideration, in accordance with 7 AAC 10.900 – 7 AAC 10.990; and
b. confirmation that the individual's name does not appear on either of the following lists:
   i *Alaska Medical Assistance Excluded Provider List*, and
   ii. *List of Excluded Individuals and Entities* (LEIE) maintained by the U.S. Department of Health and Human Services, Office of Inspector General.

C. **Financial accountability**.

1. The provider must maintain insurance that
   a. includes coverage for comprehensive general liability and workers' compensation, as is appropriate to the services the provider seeks to offer recipients; and
   b. names Senior and Disabilities Services, Provider Certification Section, 1835 Bragaw Street, Suite 350, Anchorage, AK 99508-3487, 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 not charge fees for recipient services at a rate higher than those charged to private pay clients for comparable services.
3. The provider must
   a. maintain financial records to show the provider's capacity to meet at least three months of operating expenses, including sufficient funds to
      i. pay employee salaries and employee-related tax obligations timely;
      ii. maintain current general liability and workers' compensation insurance;
      iii. maintain operations in a physical office space; and
      iv. ensure service delivery to all recipients served by the provider;
   b. implement a financial system, based on generally accepted accounting principles, that ensures claims for payment are accurate;
   c. maintain, in accordance with 7 AAC 105.230, 7 AAC 125.120, and 7 AAC 127.060, records that support claims for services;
   d. cooperate with all required audits;
   e. report to the Medicaid fiscal agent, and voiding or adjusting, amounts identified as overpayments; and
   f. cooperate with investigation and remediation activities.
4. The provider may not submit a claim for reimbursement
   a. until services have been rendered;
   b. for services rendered by a personal care assistant who does not have documentation of a current, valid criminal history check or variance; or
   c. for services that are not specified on the recipient's service level authorization or documented in accordance with 7 AAC 105.230 and 7 AAC 125.120 and 7 AAC 127.160.
   d. The provider must report suspected Medicaid fraud, abuse, or waste to the Medicaid Fraud Control Unit by calling 1-907-269-6279 or sending a message to FAX number 1-907-279-6202. .

5. **Quality management**.

1. <u>Complaint process</u>.
   a. The provider must implement a protocol for handling and resolving written and oral complaints about services or personnel
   b. The provider must analyze the 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.

2. <u>Quality improvement process</u>.
   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. The provider must implement a process to remedy problems, whether the issues relate to a single individual or to systemic program operations.

c. 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.

3. 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. written and oral complaints;
      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 services rendered to determine that they were provided in accordance with recipient service level authorizations and met recipient needs.
4. Quality improvement report.
   a. The provider must summarize, in a quality improvement report data collection activities, findings, and resulting corrective actions and program improvements, and submit that report, 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.

E. **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 unplanned change of program administrator;
   b. learning that an agency owner or administrator has been charged with or convicted of a criminal offense;
2. ten days prior to a change of the provider's mailing address, email address, telephone number or fax number;
3 thirty days prior to a planned change of program administrator;
4. sixty days prior to
   a. a change of agency name;
   b. a change in physical location of an agency;
   c. a change in the form of organization of agency business;
   d. a change of agency ownership or percentage of agency ownership;
   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 base and skills required for the position.
2. Program administrator.
   a. The provider must verify that the individual hired for a program administrator position meets the qualifications specified.
   b. The program administrator must be at least 21 years of age, and qualified through experience and education in a human services field or setting.
      i. Required experience: one year of full-time or equivalent part-time experience providing services to individuals in a human services setting in a position with responsibility for planning, development, and management or operation of programs involving service delivery, fiscal management, needs assessment, program evaluation, or similar tasks.
      ii. Required education and additional experience or alternatives to formal education:
         A) Bachelor of Arts or Bachelor of Science degree from an accredited college or university in social work, psychology, rehabilitation, nursing, developmental disabilities, or a closely related human services field; or

B) Associate of Arts degree from an accredited college or university in psychology, rehabilitation, nursing, developmental disabilities, or a closely related human services field, and two years of full-time or equivalent part-time experience working with human services recipients; or
C) four years of full-time or equivalent part-time experience working with human services recipients in social work, psychology, rehabilitation, nursing, developmental disabilities, or a closely related human services field or setting; or
D) certification as a rural community health aide or practitioner, and one year of full-time or equivalent part-time experience working with human services recipients.

b. An individual that does not have documentation of successful completion of training equivalent to that specified in 7 AAC 125.160 and 7 AAC 127.135 must complete such training within three months of hire for the position of program administrator.
c. 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.
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.

3. Supervising Registered Nurse.
The provider that operates an agency-based personal care services program or a Community First Choice personal care service agency-based program must verify that the individual retained as the agency's supervising registered nurse
a. is licensed as a registered nurse under AS 08 or qualifies to practice under 7 AAC 105.200 (c);
b. is at least 21 years of age;
c. is qualified through the following experience
   i. at least one year of full-time or equivalent part-time experience providing services to individuals in a human services delivery setting; and
   ii. one year (which may be concurrent) of full-time or equivalent part-time experience as a supervisor of staff who worked full-time or equivalent part-time in a human services setting, in a position with responsibility for planning, development, and management or operation of programs involving service delivery, needs assessment, program evaluation, or similar tasks.

4. Personal care assistants.
   a. The provider must assure that only individuals who meet the requirements of 7 AAC 125.090 and 7 AAC 127.105 are associated with the agency as personal care assistants.
   b. The provider must implement a process to evaluate whether a personal care assistant provides quality care that meets the continuing needs of the recipient and to identify skills that need further development.
      i. For personal care assistants working in a consumer-directed program, the provider must review the recipient's satisfaction with the performance of the personal care assistants as provided in the process implemented under (b), but not less than every six months in connection with the review of recipient's services under 7 AAC 125.130 (a)(1) or 7 AAC 127.130.

ii. For personal care assistants working in an agency-based program, the provider must evaluate performance as provided in the process implemented under (b), but not less than every six months in connection with the review of recipient's services under 7 AAC 125.170 (a)(2) and 7 AAC 127.135(a)(2).

B. **Training**.

1. CPR and first aid training.
   a. The provider must have on file, for each personal care assistant, documentation showing successful completion of
      A) cardiopulmonary resuscitation (CPR) training, that meets the standards of the American Heart Association or the American Red Cross within the previous two years.
      B) first aid training, that meets the standards of the American Heart Association of the American Red Cross, within the previous two years.
2. Orientation and training.
   a. The provider that operates an agency-based personal care services or Community First Choice personal care services program, for all personal care assistants must provide, and have on file documentation of,
      i. orientation to the agency and its relationship to the department;
      ii. training necessary to render services to recipients;
      iii. coaching and feedback regarding performance of services, as needed; and
      iv. all information necessary to perform the services for which the individual is responsible, including pertinent health information and contact information for assistance and emergencies.
   b. The provider that operates a consumer-directed personal care services program or Community First Choice personal care services program must provide the following for all personal care assistants:
      i. orientation to the agency and its relationship to Senior and Disabilities Services; and
      ii. information regarding
         A) responsibilities of the recipient for training the personal care assistant and management of his/her personal care services program; and
         B) responsibilities of the personal care assistant in a consumer-directed program
3. Critical incident reporting training.
   a. The provider must have on file, for each personal care assistant, 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 critical incident reporting training, or
      ii. appoint staff who have attended the SDS training to train other staff.
   c. At a minimum, the following agency employees must attend and complete, 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 personal care assistants.
4. Assistance with self-administration of medication training.
   a. The provider must develop and submit to Senior and Disabilities Services a training policy that includes
      i. the methods the provider will use to teach personal care assistants that assistance with self-administration of medication includes only the activities described in 7 AAC 125.030 (d);
      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.
   b. The provider must have on file, for each personal care assistant, documentation of successful completion of training on assistance with self-administration of medication.
5. Community First Choice personal care assistant training.
   Before submitting a claim for payment for the following activities provided by a personal care assistant,

the provider must have on file documentation of successful completion of training of that personal care assistant:

a. techniques for providing supervision and cueing of ADLs and IADLs; and
b. methods for teaching recipients about the acquisition, maintenance, and enhancement of skills necessary to perform independently the activities specified in 7 AAC 125.030 (b) – (d), subject to the limitation described in 7 AAC 127.040(b).

C. **Supervision**.

1. The provider must monitor personal care assistants
   a. to ensure the health, safety, and welfare of recipients;
   b. to identify and report fraud, abuse, or waste; and
   c. to ensure training needed to render services to recipients is sufficient and completed as required.
2. When care is substandard, the provider must act to ensure that the care is improved or arrange for service delivery from other personal care assistants.
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 a personal care assistant, 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. allow or engage in 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. offer, promote, or sell products or non-program services to, or engage in any commercial transactions with recipients or their representatives without the written consent of the department;
4. accept payment in any form from recipients, their families, or their representatives for personal care services or other services paid with Medicaid funds;
5. solicit as clients any recipients known to be receiving services from another provider;
6. seek to influence the eligibility determination process by providing false or misleading information about an applicant or recipient; or
7. represent a recipient during any hearing or appeal process.

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

1. The provider must determine whether, given the recipient's diagnosis and needs, its personal care assistants have the capacity to provide services for that recipient.
2. The personal care assistant must report any material changes or concerns regarding a recipient
   a. to the individual who supervises the personal care assistant or the personal care services program administrator;
   b. to the recipient's representative or representative's designee; and
   c. to the appropriate authority, in accordance with the training provided under 7 AAC 125.100 (a)(2) and 7 AAC 127.115(a)(2).
3. If a recipient requires evaluation by or consultation with a medical professional because of a medical emergency, or an accident, incident, or injury, or the personal care assistant believes emergency assistance is needed because of circumstances that create a risk to the health, safety, and welfare of a recipient or others, the personal care assistant must
   a. contact the appropriate emergency responder, and provide emergency care and support, appropriate to the personal care assistant'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 personal care assistant.
4. 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. **Interactions with recipients**.
The provider must

1. treat all recipients respectfully;
2. encourage recipient involvement in planning 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 appropriate and effective for the recipient; and
8. render quality care by employing competent, trained staff.

D. **Termination of recipient services**.
The provider must implement, in accordance with 7 AAC 125.110 and 7 AAC 127.070 a termination or discharge procedure for ending involvement with a recipient that

1. considers the health, safety, and welfare of the recipient;
2. requires documentation that shows risks of physical injury to the personal care assistant, failure of the recipient to cooperate with the delivery of services, and financial risk for the agency;
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 and to Senior and Disabilities Services;
5. informs the recipient regarding the provider's process for appealing a decision to terminate services, and other possible sources to replace the services being terminated.

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

Respite Care Services
Conditions of Participation

Respite care services may be provided for primary unpaid caregivers and providers of family home habilitation services that are in need of relief or will be unable to provide care for recipients for limited periods of time, if those caregivers provide the oversight, care, and support needed to prevent the risk of institutionalization of a recipient by assisting with basic personal activities or with activities related to independent living. These services may be provided in the recipient's private residence, in the private residence of the respite care services provider, in specified licensed facilities, or at community locations that contribute to furthering the goals of the recipient. Respite care services may be family directed for recipients in specified waiver categories and grant programs. With the assistance of a certified respite care services provider, the recipient's primary unpaid caregiver may train and supervise the individuals chosen to care for a recipient while that caregiver is away, at work or unable to provide care. Because the intent of respite care services is to offer relief to unpaid or family home habilitation caregivers, units of respite care services authorized in the recipient's plan of care may not be used to substitute for, or to supplement the number of personnel providing other home and community-based services or personal care services. The provider who chooses to offer respite care services must be certified as a provider of respite care services under 7 AAC 130.220 (a)(1)(H), meet with the requirements of 7 AAC 130.280, and operate in compliance with the Provider Conditions of Participation and the following standards.

I. Program administration

A. Personnel.

1. Respite care services program administrator.
   a. The provider must designate a respite care services program administrator who is responsible for day-to-day management of the program.
   b. The provider may use a title other than program administrator for this position (e.g., program director, program manager, or program supervisor).
   c. The program administrator must be at least 21 years of age, and qualified through experience and education in a human services field or setting.
      i. Required experience: one year of full-time or equivalent part-time experience providing services to individuals in a human services setting in a position with responsibility for planning, development, and management or operation of programs involving service delivery, fiscal management, needs assessment, program evaluation, or similar tasks.
      ii. Required education: high school or general education development (GED) diploma.
   d. In addition to meeting education and experience requirements, the program administrator must possess the knowledge base and skills necessary to carry out the respite care services program.
      i. The program administrator knowledge base must include:
         (A) the medical, behavioral, habilitative, and rehabilitative conditions and requirements of the population to be served; and
         (B) the laws and policies related to Senior and Developmental Disabilities programs.
      ii. The program administrator skill set must include:
         (A) the ability to evaluate, and to develop a service plan to meet the needs of the population to be served;
         (B) the ability to organize, evaluate, and present information orally and in writing; and
         (C) the ability to supervise professional and support respite care services staff.

2. Respite care services direct service workers.
   a. Direct service workers must be at least at least 18 years of age; qualified through education or experience; and possess, or develop before providing services, the skills necessary to meet the needs of the recipient population.
   b. Required education and alternatives to formal education:
      i. high school or general education development (GED) diploma; or
      ii. demonstration to the provider of the ability to communicate in English, including reading written instructions and making appropriate entries regarding services in the recipient's record or file.
   c. Required skill set:
      i. the ability to communicate with his/her supervisor and with the recipient and the primary caregiver;
      ii. the ability to understand the needs of, and to work with the recipient population;
      iii. the ability to be guided by the service plan; and
      iv. the ability to handle household and medical emergencies.

B. Training.

1. The provider must provide orientation and training to direct service workers to ensure they are qualified to perform the services planned for recipients.
2. The provider must provide training to direct service workers in regard to the following, at a minimum:
   a. safety in the workplace, and proper use of tools and equipment required to meet the recipient's needs;
   b. maintenance of a clean, safe, and healthy home environment;
   c. universal precautions and basic infection control procedures;
   d. understanding the needs of the population to be served; and
   e. safe food handling and storage, nutritious meal preparation, and the special dietary or nutrition requirements of the recipient.
3. The provider must instruct direct service workers to notify the program manager, the supervisor, or the appropriate authority, when there is cause for concern about a recipient's health, safety, or welfare.

C. Monitoring services.

1. The provider must monitor the delivery of respite care services by direct service workers as frequently as necessary to evaluate whether the following conditions are met:
   a. the services are furnished in accordance with the respite care services plan of care and in a timely manner;
   b. the services are delivered in a manner that protects the recipient's health, safety, and welfare; and
   c. the services are adequate to meet the recipient's identified needs.
2. The provider must act to ensure substandard care is improved or arrange for service delivery from other direct service workers.

II. Respite care services plan of care

A. Evaluation.

The provider must collaborate with the recipient and the recipient's care coordinator to determine whether, given the recipient's choices, diagnosis, and needs, its direct service workers have the capacity to provide respite care services for that recipient.

B. Development.

1. The provider must plan for continuity of the care outlined in the recipient's plan of care.
2. The provider must
   a. identify the recipient's daily routines regarding activities of daily living, social and activity preferences, preferred foods, and special needs; and
   b. specify in the recipient's plan of care, the tasks to be performed by direct service workers while providing respite care services.

C. Implementation.

1. Before services are delivered in the home, the recipient and family must be given an opportunity to explain how they would prefer that tasks be performed, and if reasonable and possible, the direct serviceworkers must deliver the services as directed by the recipient or family.
2. The provider must obtain information about, and inform the direct service workers regarding:
   a. the daily routine of the recipient;
   b. any special assistance requirements;
   c. the emergency plan for the home, and the location of first aid kit or supplies;
   d. the operation or restrictions on use of household appliances;
   e. conditions that require caution in the use of chemicals in the home, or that might affect service delivery; and
   f. circumstances that could result in an emergency, appropriate responses to such an emergency, and contact instructions.
3. The direct service workers must ensure the safety of the recipient at all times in the provision of respite care services.

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

Care Coordination Services and Long Term Services and Supports Targeted Case Management Conditions of Participation

Care coordinators assist individuals to gain access to home and community-based waiver services under 7 AAC130; Community First Choice services under 7 AAC 127; and other state plan services, as well as medical, social,educational, and other services with funding sources other than Medicaid. Care coordinators do this through a person-centered process led by the recipient and the planning team of the recipient's choosing.

Care coordinators also perform targeted case management services, which include helping recipients to completean application and then submitting the application for home and community-based waiver services, Community First Choice services, or both. Once an applicant is determined eligible, care coordinators assist applicants with identifying goals, planning for services and selecting service providers. Care coordinators then assist the recipient-directed team to develop an initial support plan. Finally, care coordinators assist recipients to direct the team in reviewing goals and renewing the support plan annually.

On-going care coordination is a home and community-based waiver service that includes monthly monitoring ofthe effectiveness of the support plan. Care coordinators remain in contact with the recipient throughout the support planyear, in manner and with a frequency appropriate to the needs of the recipient.

For a recipient receiving only Community First Choice services, a care coordinator provides case management services during the recipient's support plan year.

To offer care coordination services, a provider must be certified as a provider of care coordination services under7 AAC 130.220 (a)(2); meet the requirements of 7 AAC 130. 238 and 7 AAC 130.240; and operate in compliance with the Home and Community-based Waiver Services Provider Conditions of Participation. *To offer long term services and supports targeted case management, the provider must be certified under 7 AAC 128.010(b), and comply with the following standards:*

I. Program Administration

A. **Personnel**.

1. Care coordination services/targeted case management program administrator.
   a. The provider must designate a care coordination services program administrator who is responsiblefor the management of the program including the following:
      i. orientation, training, and supervision of care coordinators;
      ii. implementation of policies and procedures;
      iii. intake processing and evaluation of new admissions to the services;
      iv. participation in the development of support plans in collaboration with other providers of services;
      v. ongoing review of the delivery of services, including
         (A) monitoring the amount, duration, and scope of services to assure delivery as outlined inthe support plan;
         (B) assessing whether the services assist the recipients to attain the goals outlined in

the supportplan and recommending changes as appropriate,
(C) evaluating the quality of care rendered;

vi. development and implementation of corrective action plans for identified problems or deficiencies in delivery of care coordination services; and

vii. submission of required reports to Senior and Disabilities Services, including critical incident reports.

b. The provider may use a title other than program administrator for this position, (e.g., program director,program manager, or program supervisor).

c. The provider must ensure that the individual in the program administrator position is certified as a carecoordinator, and renews that certification as required under 7 AAC 130.238.

d. The program administrator must

i. be at least 21 years of age;

ii. meet the following experiential requirements: one year of full-time or equivalent part-time experience providing services to individuals in a human services setting in a position with responsibility for planning, development, and management or operation of programs involving service delivery, fiscal management, needs assessment, program evaluation, or similar tasks.

iii. meet the following education requirements:

(A) Bachelor of Arts or Bachelor of Science degree from an accredited college or university in social work, psychology, rehabilitation, nursing or a closely related human services field; or

(B) Associate of Arts degree from an accredited college or university in psychology, rehabilitation,nursing or a closely related human services field, and two years of full-time or equivalent part-time experience working with human services recipients, in addition to the required one year of experience as a supervisor; or

(C) four years of full-time or equivalent part-time experience working with human services recipients in social work, psychology, rehabilitation, nursing, or a closely related human services field or setting, in addition to the required one year of experience as a supervisor; or

(D) certification as a rural community health aide or practitioner, and one year of full-time or equivalent part-time experience working with human services recipients, in addition to the required one year of experience as a supervisor.

e. In addition to meeting education and experience requirements, the administrator must possess the knowledge base and skills necessary to carry out the care coordination services program.

i. The administrator knowledge base must include:

(A) the medical, behavioral, habilitative, and rehabilitative conditions and requirements ofthe population to be served; and

(B) the applicable laws and policies related to Senior and Disabilities Services programs.

ii. The administrator skill set must include:

(A) the ability to evaluate and develop a support plan to meet the needs of the population to beserved; and

(B) the ability to supervise professional and support services staff.

2. Care coordinators.
   a. Care coordinators shall be at least 18 years of age, and qualified through experience and educationin a human services field or setting.
   b. Required education and additional experience or alternatives to formal education:
      i. Bachelor of Arts, Bachelor of Science, or Associate of Arts degree from an accredited college oruniversity in social work, psychology, rehabilitation, nursing or a closely related human services field, and one year of full-time, or equivalent part-time experience working with human servicesrecipients; or
      ii. two years of course credits from an accredited college or university in social work, psychology,rehabilitation, nursing or a closely related human services field, and one year of full-time, or equivalent part-time experience working with human services recipients; or
      iii. three years of full-time or equivalent part-time experience working with human services recipients insocial work, psychology, rehabilitation, nursing, or a closely related human services field or setting; or
      iv. certification as a rural community health aide or practitioner and one year of full-time or equivalentpart-time experience working with human services recipients.
   c. In addition to meeting education and experience requirements, care coordinators mustpossess, or develop before providing program services, the knowledge base and skillsnecessary to carry out the care coordination process.
      i. The care coordination knowledge base must include:
         (A) an understanding of person-centered planning, including how this applies not only to thedevelopment of the support plan but also to the on-going monitoring of services;
         (B) the medical, behavioral, habilitative, and rehabilitative conditions and requirements of thepopulation to be served by the care coordinator;
         (C) the laws and policies related to Senior and Disabilities Services programs;
         (D) the terminology commonly used in human services fields or settings;
         (E) the elements of the care coordination process; and
         (F) the resources available to meet the needs of recipients.
      v. The care coordination skill set must include:
         (A) the ability to support a recipient in directing the development of a support plan, based onhis/her strengths and abilities, that leads to a meaningful life at home, at work, and in thecommunity;
         (B) the ability to effectively assist the recipient in communicating the recipient's choices and decisions and collaborating with supporters such as family members, guardians, or otherdecision-making assistants;
         (C) the ability to organize, evaluate, and present information orally and in writing; and
         (D) the ability to work with professional and support staff.
   c. Senior and Disabilities Services may certify as care coordinator under 7 AAC 130.238 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 inthe United States.
      i. Applicants licensed under AS 08 may submit a copy of a State of Alaska license to show theapplicant's foreign education is comparable to education in the United States.

ii. Applicants not licensed under AS 08 are responsible for providing to Senior andDisabilities Services the following with an initial application for certification:
(A) a foreign educational credentials evaluation report from an evaluation service approved by theNational 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 originaldocuments are not in English.

B. **Training**.

1. An individual who seeks certification to provide care coordination services or targeted case managementservices
   a. must enroll in the Senior and Disabilities Services Beginning Care Coordination course;
   b. demonstrate comprehension of course content through examination; and
   c. provide proof of successful completion of that course not more than 365 days prior to the date ofsubmission of an application for certification.
2. A certified care coordinator who wishes to renew his or her certification
   a. must successfully complete
      i. at least one Senior and Disabilities Services care coordination training course during the individual'sone or two year period of certification;
      ii. 16 hours annually of continuing education that is relevant to a care coordinator's job responsibilities;and
   b. when submitting an application for recertification, provide proof of successful completion of the Seniorand Disabilities Services training course and 16 hours annually of continuing education.
3. The provider agency must document attendance and successful completion by a care coordinator of 16 hours of continuing education annually in the care coordinator's personnel file; the provider agency's in-service training may qualify as continuing education if the training increases the knowledge, abilities, orskills of the care coordinator and the content of the in-service training, date, and time in attendance is documented.

II. Program operations

A. **Quality management**.

1. The provider agency must develop a system to monitor support plan development and implementationto ensure that support plans for recipients
   a. are developed and implemented as directed by the recipient;
   b. are complete and submitted within required timeframes;
   c. address all needs identified in the recipient's assessment;
   d. include the personal goals of the recipient; and
   e. address recipient health, safety, and welfare.
2. The provider agency must implement
   a. a protocol for analysis, annually at a minimum, of the data collected through its tracking system;
   b. a procedure for correcting problems uncovered by the analysis; and
   c. a process for summarizing the annual analysis and corrective actions for inclusion in a

report to be submitted to Senior and Disabilities Services with the provider's application for recertification or to bemade available upon request.

3 At a minimum, the provider agency must determine whether
   a. services meet the needs of the recipients;
   b. services are effectively coordinated among the various providers;
   c. recipients and their informal supports are encouraged to participate in the care coordination process;
   d. recipients make choices regarding their care; and
   e. services are integrated with informal care and supports.

B. **Billing for services**.

1. The provider agency may not submit a claim for reimbursement for
   a. development of an initial or renewal support plan for a recipient until the plan has been approved bySenior and Disabilities Services; or
   b. care coordination services or targeted case management until the services have been rendered.
2. The provider agency may not submit claims for monthly care coordination services or targeted case management, other than for program application, support plan development or support plan renewal, forrecipients until the first day of the month following the month in which services were rendered.

C. **Conflicts of interest**.

1. The care coordinator must
   a. afford to the recipient the right to choose to receive services from any certified provider;
   b. inform the recipient in writing of any employment relationship or any other relationship with otherprovider personnel or owners who could be selected by the recipient to provide services; and
   c. facilitate the transfer process when the recipient chooses to receive care coordination servicesfrom another care coordinator.
2. The care coordinator may not
   a. solicit as clients any recipients known to be receiving services from another care coordinator orprovider agency;
   b. after deciding to leave a provider agency for employment at another agency, attempt to influence anyrecipient to retain him or her as care coordinator or to initiate the process of transferring any recipientto the hiring agency for care coordination services or targeted case management; or
   c. offer, promote, or sell products or non-program services to, or engage in any commercialtransaction with, recipients, their families, or their representatives.
3. The provider agency must develop a process for resolution of conflicts regarding needs, goals, or appropriate services that might arise between the care coordinator and the recipient, family, or informal supports.

D. **Backup care coordination/targeted case management**.

1. The provider agency must
   a. develop a plan for back-up care coordination services or targeted case management in collaboration withthe recipient, and give a copy of the plan to the recipient; and

b. ensure that a care coordinator identified as the backup care coordinator is currently and continues to be
   i. certified by Senior and Disabilities Services; and
   ii. associated with a certified provider agency in accordance with 7 AAC 10.900 (b).

2. The back-up plan must include
   a. the extent to which the primary care coordinator or the recipient is responsible for obtaining care coordination services or targeted case management if the primary care coordinator will be unavailablefor a period that exceeds 72 hours;
   b. a contingency plan that defines the primary care coordinator's responsibilities to educate the recipientregarding a plan of action to ensure the health, safety, and welfare of the recipient if the primary care coordinator will be unavailable for a period that exceeds 30 days; and
   c. information about the potentials risks involved if back-up care coordination services are not secured.
3. The backup care coordinator may provide services to no more than the number of recipients, includingthat of the primary care coordinator's usual case load, for which service coordination and response to any recipient needs can be managed effectively.
4. The provider must inform each recipient affected by the end of the provider's association with a carecoordinator employee, of the name and contact information for a care coordinator who will serve as backup until the recipient chooses another care coordinator to provide services.

E. **Care coordinator appointment and transfer**.

1. The care coordinator must notify Senior and Disabilities Services, on a form provided by Seniorand Disabilities Services, of
   a. the care coordinator's appointment when selected by a recipient to provide services; and
   b. the transfer of care coordination services or targeted case management to another care coordinator.
2. The provider agency must send to each recipient affected by the end of the provider's association with a care coordinator employee, written notice that includes the name of the care coordinator ending employmentand statements indicating
   a. the recipient's right to choose to receive care coordination services or targeted case managementfrom any certified care coordination provider; and
   b. the provider agency will facilitate the transfer process if the recipient chooses to receive carecoordination services or targeted case management from another provider agency.
3. The care coordinator must send to the new care coordinator, within five working days of notice ofappointment of that care coordinator, the following materials:
   a. current support plan and amendments to the plan;
   b. most recent assessment;
   c. case notes for the past 12 months; and
   d. additional documents or information necessary for a safe transition.
4. The former and the new care coordinator must cooperate to ensure that all services outlined in therecipient's support plan continue during a transfer of care coordination services or targeted case management.
5. The newly appointed care coordinator must send a copy of the appointment form to all providers listed in the support plan to notify them of the change in care coordination services.

III. The care coordination/targeted case management process.

A. Care coordination goals.

The provider must operate its care coordination services and targeted case management program for thefollowing purposes:

1. to assist the recipient in accessing and directing the support needed to live the life that therecipient chooses at home, at work, and in the community;
2. to foster the greatest amount of independence for the recipient;
3. to encourage the development of meaningful relationships and natural (unpaid) supports;
4. to assist the recipient with access to community-based services as directed by the recipient;
5. to enable the recipient to remain in the most appropriate environment in the home or community;
6. to build and strengthen family and community supports;
7. to treat recipients with dignity and respect in the provision of services;
8. to secure for recipients appropriate, comprehensive, and coordinated services that will promoterehabilitation and maintenance of current abilities;
9. to serve as a link to increase access to community-based services; and
10. to improve the availability and quality of services.

B. Person-centered planning process.

1. Recipient orientation. The care coordinator must
   a. ensure the planning process is timely and at a time and in a place determined by the recipient;
   b. orient the recipient, the recipient's family, and informal supports to the care coordination or targeted case management process;
   c. advise the recipient of and support the recipient's right to lead the planning process where possible and to define the role of other individuals that the recipient chooses for participation in the process;
   d. provide information about home and community-based service settings and options for medical, social,educational, employment, and other services;
   e. affirm the recipient's right to choose to receive services from any qualified provider and offer assistance in identifying potential providers for the recipient;
   f. discuss conflict-of-interest guidelines and develop strategies for resolving disagreements among planning participants; and
   g. if providing targeted case management for Community First Choice recipients, discuss the right ofthe recipient to contact the care coordinator when the recipient feels contact is necessary, and a method for such contact.
2. Comprehensive needs assessment. The care coordinator must complete a comprehensive needs assessmentthat includes
   a. the recipient's history;
   b. the recipient's strengths, preferences, goals, and interest; and
   c. identification and documentation of the recipient's needs.
3. Planning team.
   a. The care coordinator must
      i. facilitate the recipient's role as the leader of the planning process to the maximum extent possible;

ii. with direction from the recipient, identify, meet with, and consult each member of the planningteam for the purposes of developing an individualized, person-centered support plan;
iii. provide an opportunity for the recipient and family

(A) to express outcomes they wish to achieve,
(B) to request services that meet identified needs, and
(C) to explain how they would prefer the services to be delivered.

b. The planning team must identify
i. the recipient's strengths, and focus on understanding needs in the context of those strengths;
ii. risk factors and measures to minimize those risks;
iii. cultural considerations to be included in the planning process;
iv. the overarching purpose of the support plan; and
v. strategies for solving disagreements during the planning process.

4. Integrated program of services. The planning team must
a. incorporate the findings of the most recent evaluation or assessment in the support plan;
b. recommend services that support and enhance, but do not replace, unless necessary, care andsupport provided by family and other informal supports;
c develop an integrated program, including
i. individually designed activities, experiences, services, or therapies needed to achieve goalsand objectives or identified, expected outcomes;
ii. supports that will assist the recipient to become gainfully employed in the general workforce in anintegrated workplace; and
d. write a support plan that meets program requirements and specifies the responsibilities of the carecoordinator, the recipient, and the recipient's informal and formal supports.

C. Support plan implementation.The care coordinator must

1. deliver a copy of the approved support plan to the recipient and to each provider of services for the recipient within 10 business days of receiving the support plan from Senior and Disabilities Services;
2. arrange for the services and supports outlined in the support plan and coordinate the delivery of the services as directed by the recipient;
3. support the recipient's independence by encouraging the recipient, family, and informal supports to beresponsible for care to the greatest extent possible;
4. teach the recipient and family how to direct the services, including evaluating the quality and appropriatenessof services; and
5. if necessary, write and submit an amendment to the support plan.

D. Recipient and provider contacts.

1. Recipient contacts for the Adults Living Independently Waiver, Children with Complex Medical Conditions Waiver, Adults with Physical and Developmental Disabilities Waiver and the People with Intellectual and Developmental Disabilities Waiver:
The care coordinator must
a. contact each waiver recipient in person at least every six months and makes phone or distance delivery contact with the recipient or the recipient's representative at least twice a month, and as frequently as necessary, to evaluate

whether
   i. services are furnished in accordance with the support plan and in a timely manner;
   ii. services are delivered in a manner that protects the recipient's health, safety, and welfare;
   iii. services are adequate to meet the recipient's identified need; and
   iv. changes in the needs or status of the recipient require adjustments to the support plan or to arrangements with providers;
b. meet in-person with the recipient at least once in the recipient's home and at least once in one of the services settings during the plan year; and
c. document the content of each contact with the recipient, including
   i. the method used to make that contact meaningful in terms of monitoring the health, safety, andwelfare of the recipient;
   ii. a summary of the meeting and the names of those in attendance;
   iii. whether services are adequate, delivered safely, respectfully, and acceptably to the recipient; and
   iv. whether the support plan should be amended.

2. Recipient contacts: Individualized Support Waiver
The care coordinator must

a. contact the waiver recipient in person at least once every six months, and contact the recipient bytelephone or distance delivery at least once in each month in which in-person contact is not made, to evaluate whether
   i. services are furnished in accordance with the support plan and in a timely manner;
   ii. services are delivered in a manner that protects the recipient's health, safety, and welfare;
   iii. services are adequate to meet the recipient's identified need; and
   iv. changes in the needs or status of the recipient require adjustments to the support plan or toarrangements with providers;
b. ensure that at least one of the in-person contacts made according to 2(a) above is accomplished in one ofthe settings where Individualized Supports Waiver services are provided, and one in-person visit is made in the recipient's home; and
c. document the content of each contact with the recipient as required in this subsection, including:
   i. the method used to make that contact meaningful in terms of monitoring the health, safety, andwelfare of the recipient;
   ii. a summary of the meeting and the names of those in attendance;
   iii. whether services are adequate, delivered safely, respectfully, and acceptably to the recipient; and
   iv. whether the support plan should be amended

3. Recipient contacts:
Community First Choice.
The care coordinator providing targeted case management must provide the following:
   a. assistance with an individual's Community First Choice application;
   b. pre-enrollment counseling to discuss the range of services and supports available to the individual;
   c. with the recipient and planning team, development of an initial support plan and annual renewal support plan;
   d. monitoring the recipient and services received by the recipient on a schedule that is approved in the support plan; monitoring may occur more frequently when requested by the recipient

or when an issue isidentifie d by the care coordinator, a service provider, or the state.

4. Provider contacts: All Waivers and Community First Choice.
The care coordinator must
   a. contact each provider of services for a recipient as needed to
      i. ensure coordination in the delivery of multiple services by all providers;
      ii. address problems in service provision or goal achievement;
      iii. consult regarding need to alter support plans;
      iv. intervene to make providers more responsive to the recipient's needs; and
      v. verify service utilization in the amount, duration, and frequency specified in the support plan.
   b. Within one business day of learning of a recipient's death, termination of a service, or move to another residence, the care coordinator must notify every provider affected by such change in recipient status.

V. Environmental modification projects for Home and Community-based Waiver Services recipients

A. Environmental modification evaluation

1. The care coordinator must review the need for physical adaptations to the recipient's residence with therecipient and the homeowner and obtain preliminary permission from the homeowner to proceed withthe environmental modification project.
2. The care coordinator must verify that the environmental modification project can be accommodated withinthe funding limits set by 7 AAC 130.300(c).

B. Request for cost estimates

1. The care coordinator must notify all certified and enrolled environmental modification service providersof the proposed project by electronic mail in a format provided by Senior and Disabilities Services.
2. The care coordinator's notification to environmental modification providers must include
   a. the care coordinator's name and contact information;
   b. the location of the proposed project, and a statement indicating providers may arrange with the carecoordinator for on-site viewing of the area to be modified;
   c. the *Request for Cost Estimate* form or forms appropriate to the type of physical adaptation included inthe environmental modification project;
   d. photographs of the area to be modified with sufficient detail for provider review; and
   e. notice of a time limit of at least 14 days for submission of estimates, unless different timeframe wasapproved by Senior and Disabilities Services.
3. The care coordinator may not disclose, except to Senior and Disabilities Services, financial information regarding the project or competing estimates, or the identity or number of providers expressing interest inthe project.

C. Selection of the project provider

1. The care coordinator must
   a. review all *Request for Cost Estimate* forms received by the date specified for submission todetermine

i. which environmental modification provider submitted the lowest cost estimate for the project; and
ii. whether that provider can complete the project in time to meet the recipient's needs; and

b send to Senior and Disabilities Services
i. a support plan that includes
(A) a description of proposed physical adaptations with a photograph of the area to be modified, andany measurements, sketches, or other relevant representations developed by the environmental modifications provider to show the project plan;
(B) justification for the project based on the recipient's functional or clinical needs;
(C) the name of the environmental modification provider recommended for the project;
(D) if applicable, a *Waiver of Requirement for Provider Selection* form with an explanation regarding the need to select an environmental modification provider other than the one submitting the lowest cost estimate; and
(E) the *Property Owner's Consent to Environmental Modification* form; and
ii. all *Request for Cost Estimate* forms received in regard to the project.

2. Upon written notice of approval by Senior and Disabilities Services, of selection of the environmentalmodification provider, the care coordinator must notify
a. the provider selected of that provider's approval for the project; and
b. any other providers that submitted estimates of that provider's selection.

D. Collaboration with interested parties

1. The care coordinator must advise the environmental modification provider of any recipient conditionsor needs to ensure that the health, safety, and welfare of the recipient are protected throughout the project.
2. The care coordinator must review, with the environmental modification provider, any proposed changes forequivalent facilitation to ensure that the needs of the recipient will be met; the care coordinator may contactSenior and Disabilities Services regarding questions.
3. The care coordinator must work with the recipient, the homeowner, and the environmental modificationprovider to resolve any disagreements regarding dissatisfaction with the project or work performance.
4. The care coordinator may contact Senior and Disabilities Services if unable to resolve any issues thatremain after discussion with the parties.