

<p style="text-align: center;"><b>STATE OF ALASKA</b>  <b>DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES</b>  <b>SENIOR AND DISABILITIES SERVICES</b></p> <p style="text-align: center;"><b>POLICY &amp; PROCEDURE MANUAL</b></p>	<p><b>SECTION:</b> 11 Adult Protective Services</p>	<p>Number: 11-1</p>	<p>Page: <b>1 of 10</b></p>
	<p><b>SUBJECT:</b> Adult Protective Services General Relief Assisted Living Home Care Program</p>		
	<p><b>APPROVED:</b> /s/ <i>Duane G. Mayes</i> Duane G. Mayes, Director</p>		<p><b>DATE:</b> 4/3/17</p>

**Title** Adult Protective Services General Relief Assisted Living Home Care Program

**Purpose**

- To describe the eligibility for the program and eligibility determination process
- To describe benefit application, waitlist, renewal, and termination
- To describe the roles and responsibilities of program stakeholders

**Policy**

Purpose of Program

The SDS General Relief Assisted Living Home Care (herein after referred to as General Relief) program provides temporary financial assistance to eligible adults for assisted living home services. The goal of the program is to assist the adults receiving General Relief benefits to obtain the level of care they could receive in their own home and to live in the least restrictive possible setting. General Relief is a payer of last resort and is utilized only after all other resources are exhausted.

Eligibility

An applicant must meet the eligibility criteria, as outlined in regulations 7 AAC 47.330-400 and 510, and submit a complete application with documentation supporting the eligibility criteria and need for assisted living home care.

Application

Applications will be reviewed for eligibility when a complete application is received. A complete application includes at a minimum: the Demographic Information Sheet, Application Narrative, Income and Resource Form with supporting documentation (for most people this will be the three most recent months of bank statements), the General Relief Contract, Physician’s Report, and any necessary releases of information. Applicants with a legal decision maker must also attach the paperwork appointing the legal decision maker that identifies the decisions they may make on behalf of the applicant. People claiming zero income or who are likely to qualify for Adult Public Assistance and do not already have it must submit confirmation of applying for this program.

All applicants must also submit an application to Social Security, SSI, Medicaid, and Adult Public Assistance within 30 days of applying for the General Relief Program and also for any other state, federal, personal, or community-based benefit programs for which they may qualify.

If information is missing or unclear, the application will be given a status of pending and a letter will be sent by the General Relief Unit requesting the information needed to determine eligibility. If the missing information is not received within 20 days, the application will be denied.

If a waitlist is in effect, the application approval date is one item used to rank applicants. It is very important to submit a complete application and respond quickly to requests for information.

Eligibility Determination

Applications will be processed by the earliest date placed in the eligibility queue. There is no expedited or emergency eligibility determination process.

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Once a complete application is received, the General Relief Unit has 30 days to make an eligibility determination. This timeline is suspended when placed in pending status for more information from the applicant. If information is missing or unclear, the application will be given a status of pending and a letter sent requesting the information needed to determine eligibility. If the missing information is not received within 20 days, the application will be denied.

Applicants will be notified of their application being approved or denied by letter sent from the General Relief Unit. If a waitlist is in effect, an applicant may be approved for placement on a waitlist for benefits.

Applicants who are denied may request a fair hearing if they feel that they should not have been denied benefits. The denial letter contains the information about the procedure to follow to request a fair hearing.

Waitlist

If the Division of Senior and Disabilities Services determines that the program does not have adequate funding to serve both existing individuals receiving General Relief benefits and new applicants, it will establish a waitlist for new applicants approved for benefits until funding is available. Funding availability will be reviewed monthly when a waitlist is in effect.

Waitlisted applicants will be separated into preference categories and within those categories, ordered by the date a complete application was approved for the waitlist. The first preference category is vulnerable adults in need of protective placement by Adult Protective Services, the second preference category is individuals who will be discharged directly from an institution for mental disease, a Department of Corrections facility, a hospital or long term care facility and the third and final tier is all other applicants.

If funding becomes available, waitlisted applicants will be selected based on preference category and then by the earliest date of the waitlist approval letter. Once all waitlisted applicants from the first category have been processed, then applicants in the second category will be processed and once the second category has been processed, then applicants in the third category will be processed. Preference category will always have priority over waitlist approved date.

At the time an applicant is the first person on the waitlist, the General Relief program will attempt to contact the applicant, the referral agency, listed legal decision maker, and additional contacts listed on the application to attempt to notify the applicant that benefits are available. The applicant will have 20 days to respond to the General Relief program to confirm he or she is still in need of the benefit. If the applicant is still eligible and wishes to receive the benefit, an approval letter will be issued. After 20 days with no response from any contact person or if the applicant declines the benefit, General Relief will remove the application from the waitlist, note the declining of benefits or lack of response and deny benefits.

If the applicant has been on the waiting list for more than 60 days, additional documentation may be requested to verify the applicant still qualifies for the program before the applicant receives approval for benefits.

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Benefits Provided

The General Relief program will pay for a portion of up to 6 months of assisted living home care fees for applicants who are approved to receive the benefit, up to the maximum daily rate approved for that person. The person’s income is taken into account and all countable income and resources will be applied to pay for the cost of care, minus any exemptions and personal needs allowance.

Upon approval for benefits, the General Relief Unit will create a calculation sheet that identifies the authorized dates of use, approved daily rate, the portion of the daily rate paid for by the State of Alaska and the portion of the daily rate the approved applicant is responsible to pay directly to the home. The two payments combined may not exceed the approved daily rate.

Changes in income or resources while a person is applying for or receiving General Relief must be reported to the General Relief program and may change the benefit amount paid by both the State of Alaska and the approved applicant/resident. If an approved applicant/resident receives a windfall amount such as a Social Security payback or sale of property, they are responsible to payback the General Relief program the amount that would be due based on the new resource or income calculations during the dates the General Relief benefits were used and the dates income was earned or resource was available.

The minimum daily rate will not be paid for days the resident is absent from the home, except for short absences pre- approved by the General Relief Unit.

Augmented rates may be requested for the reasons listed in regulation 7AAC 47.471. Documentation of need is required to be supplied by the requesting agency or applicant/resident. Residents who are receiving services through another agency, organization, or program provided in an assisted living home are not eligible for an augmented rate. Residents may not also receive augmented rates restricted to those residents working with a Division of Behavioral Health grantee as described in 7 AAC 47.472.

Augmented rates will not be paid for any day the resident is not in the home, whether or not the absence is approved.

Use of Benefits

Applicants who are approved for General Relief benefits have 60 days to begin using the benefits. It is the applicant’s responsibility to find an assisted living home that can meet their care needs and share the information contained in the application with the prospective assisted living home. An assisted living home has the choice to enter into a contract or not based on their ability to care for the described needs of the applicant and their existing responsibility to care for other residents in the assisted living home.

Prior to accepting a resident, it is recommended that ALHs ask for a copy of the approval letter from General Relief and the calculation sheet with the date payment is authorized. The ALH may have the potential resident sign a Release of Information and the General Relief Unit can send a current approval letter and calculation sheet or will tell the home that the person does not have General Relief benefits. Once an assisted living home has been selected and the prospective resident moves in, the resident and the ALH must notify the General Relief program no later than ten days after the move in date.

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General Relief benefits may only be used to pay for assisted living home services with assisted living homes who have an active State of Alaska Assisted Living Home License and a current General Relief Provider Agreement with the Division of Senior and Disabilities Services. The General Relief program cannot pay a home that is not licensed and a current SDS General Relief provider. General Relief cannot back-date the provider agreement approval date.

If the General Relief Unit is not noticed of a move-in date within 60 days of approval for the benefit, the benefit case will be closed for non-use unless the General Relief Unit is contacted for a 30-day extension prior to the 60 days ending. Additional documentation may be requested after 60 days to verify the applicant still qualifies for the program. If an additional 30 days pass with no use, the benefit case will be closed and a new application will be required.

All approved benefits count toward the total outstanding authorizations and contribute to deciding whether or not a waitlist will begin. General Relief benefits that are approved, but go unused should be kept to a minimum.

Benefit Renewal

General Relief is a temporary benefit program. Benefits will be authorized for up to 6 months and will terminate on the authorized end date unless the resident requests a renewal of benefits. The resident and/or legal decision maker is responsible to turn in a complete renewal application to the General Relief program 15 days prior to the benefit ending or benefits will be terminated. Sometimes benefits are only approved for one or two months, stating that an application to another program must be completed in order for benefits to be renewed. If this or any other condition applies, the conditions described in the approval letter must also be met before the benefit renewal will be processed. This information is contained in the approval letter.

A complete benefit renewal packet includes a minimum of: the Renewal Narrative, Income and Resource Form with supporting documentation, the General Relief Contract, Physician’s Report, and a copy of the current ALH contract that outlines the services provided to the individual to support their daily living. Some ALHs may use two separate documents, an ALH contract and a plan of care. If this is the case, both must be submitted.

Once a complete renewal application is received, the General Relief Unit has 15 days to make an eligibility determination, including verifying that all benefits have been applied for. If the General Relief Unit is delayed in the determination process, the resident’s benefits will continue without interruption through the date benefit determination is made. If a renewal application is denied, benefits will be extended up to 30 days to allow proper noticing to the ALH if the resident chooses to move out.

If information is missing or unclear, the renewal application will be given a status of pending and a letter sent requesting the information needed to determine eligibility. If the missing information is not received within 20 days, the application will be denied.

Applicants, legal decision maker and the current ALH will be notified of the renewal application being approved or denied by letter.

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Applicants who are denied may request a fair hearing if they feel that they should not have been denied benefits. The denial letter contains the information about the procedure to follow to request a fair hearing.

Application Withdrawal/Termination of Benefits

If an applicant no longer wants to pursue an application, they can withdraw the application at any time by notifying the General Relief Unit. The GR Unit will follow up with a letter confirming the withdrawal of the application.

If an applicant has been approved for benefits, but no longer wishes to use them and has not been placed, they can terminate the benefits at any time by notifying the General Relief Unit. The General Relief Unit will follow up with a letter confirming the request to terminate benefits.

If a resident is currently using General Relief benefits and wishes to be removed from the program, the General Relief Unit will contact the resident/legal decision maker by phone to confirm the reason for termination and final move out date. The resident is responsible to provide the ALH with adequate notice as outlined in the ALH contract. The General Relief Unit will follow up with a letter confirming the request to terminate benefits.

The General Relief Unit will terminate General Relief benefits if: information is received and verified that the resident is no longer eligible for the program; the resident is out of ALH placement for more than 30 days; renewal applications and additional information requested are not completed and returned within the timeframes outlined in the written notice; or the resident has died. The General Relief Unit will follow up with a letter confirming the termination benefits.

The General Relief Unit may work with residents and institutional discharge staff to suspend benefits if an absence will be greater than 30 days, but less than 60. Benefits will be reinstated only if the General Relief Unit has been kept apprised of the anticipated discharge date and receives discharge plans outlining the resident's care needs identifying a need for ALH care. If a renewal application is due during the institutional stay, the renewal packet must be completed prior to discharge and benefits being reinstated.

If an approved applicant or resident's benefits are terminated and they wish to receive General Relief benefits after the termination, they must submit a new complete application packet. The new application will be subject to a waitlist, if in effect.

Emergency Placement by Adult Protective Services

If Adult Protective Services determines that a vulnerable adult who is subject or at risk of abuse, neglect self-neglect or exploitation, has no resources for residential care, and is in need of an emergency protective placement; General Relief funding and approved assisted living home providers may be used to support this placement in advance of a complete application being submitted. An APS Supervisor approves an emergency protective placement for 30 days at a time. General Relief funding for emergency placements may last no longer than 60 days without a complete application packet submitted to the General Relief program unless the Program Manager of both the General Relief program and Adult Protective Services program agree to extend the duration of the emergency placement. This is allowed only when necessary to protect a vulnerable adult from harm and circumstances exist that prevent APS from submitting a General Relief program application.

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Changes in Information

The applicant/resident, legal decision maker or anyone acting upon their behalf, and the ALH must report any changes concerning the applicant/resident that may affect their General Relief application or benefits, absence from the home or continued need for the program. This includes but is not limited to: changes in income or resources, changes in eligibility for other programs (such as a waiver), absence from the home, request to terminate benefits, move out or death.

Invoices

Businesses that currently have an Assisted Living Home license in good standing with the State of Alaska and an executed General Relief Provider Agreement may submit an invoice to the General Relief program for payment of clients who have been approved to receive General Relief Benefits and have received ALH services from that business. The invoice must adhere to State of Alaska administrative policies, General Relief Regulations 7 AAC 460-471 and the General Relief Provider Agreement. A tutorial on how to complete an invoice is available on the General Relief website.

General Relief is responsible to pay only the portion identified to be paid by the program on the calculation sheet for approved applicants during the authorized dates. The ALH is responsible for billing and collecting the client portion of the cost of care. The State of Alaska is not responsible to pay for clients who do not pay their cost of care, for the ALH accepting a client who is not approved for General Relief benefits or for a client who has lapsed benefits.

Invoices will be checked by the General Relief Unit in the SDS database to verify the rate, client, dates of service, and required elements of the invoice are complete and correct. Any invoices with discrepancies will be pulled out of the batch for additional provider inquiry and will take longer to process.

Payment Inquiry from the ALH

It is the responsibility of the ALH to track invoice submission, processing emails and other correspondence from the General Relief Unit involving residents and payment to be able to submit and track invoices. If the information on the submitted invoice and the General Relief database do not match, the ALH will be emailed with a notice that an error needs to be resolved.

Prior to contacting SDS about payment, the ALH must first locate the invoice and identify the date it was submitted to the General Relief Unit, and review its emails to make sure there are not outstanding questions about the invoice that need to be answered. When calling or emailing about late payments the ALH must have the copy of the invoice submitted and any related correspondence ready to review and discuss with SDS.

**Authority**

AS 47.24: Protection of Vulnerable Adults; AS 47.33: Assisted Living Homes; AS 47.25: Public Assistance; 7 AAC 47.300-900: General Relief Assisted Living Home Care; 7AAC 49: Hearings; AS 44.64.060: Procedures for Hearings; 2AAC 64.100: Purpose, applicability, and effect of hearing procedures; 7 AAC 75: Licensing of Assisted Living Homes.

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## Definitions

“Adult Protective Services” (APS) helps to prevent or stop harm from occurring to vulnerable adults in the State of Alaska. This unit is managed by the Division of Senior and Disabilities Services, which is in the Department of Health and Social Services, which is in the Executive Branch of the State of Alaska.

“Adult Protective Services Program Manager” (APS Manager) is a role within the General Relief Unit that has oversight over the APS Staff. The APS Manager addresses concerns unable to be answered by the APS Supervisors and matters that concern policy and general administration of the program.

“Adult Protective Services Supervisor” (APS Supervisor) is a role within the APS section that has oversight over the APS investigators. The APS Supervisor is the primary contact for direct adult protective services and investigative work in their geographic areas of the state.

“Applicant” is a person applying for General Relief benefits.

“Approved Applicant” is a person who has been approved for General Relief benefits, but has not been placed in an assisted living home.

“Assisted Living Home or ALH” for the General Relief program is a home licensed by the Assisted Living Home Licensing Unit that has entered into a General Relief Provider Agreement for services with the Division of Senior and Disabilities Services.

“Assisted Living Home Licensing” (ALHL) licenses, inspects and monitors assisted living homes in the State of Alaska. This unit is managed by the Division of Health Care Services, which is in the Department of Health and Social Services, which is in the Executive Branch of the State of Alaska.

“Emergency or Protective Placement” is a placement made by Adult Protective Services to protect a vulnerable adult that has an open case with APS by arranging for assisted living home services through the General Relief program to stop or prevent abuse, neglect, self-neglect or exploitation.

“General Relief Assisted Living Home Care Program” (General Relief) provides temporary financial assistance to eligible adults for assisted living home services.

“General Relief Program Manager” is a role within the General Relief section that has oversight over the General Relief Supervisor. The General Relief Manager addresses concerns unable to be answered by the General Relief Supervisor and matters that concern policy and general administration of the program.

“General Relief Program Supervisor” is a role within the General Relief section that has oversight over the Senior Services Technicians. The General Relief Supervisor determines benefit eligibility and approves payment for services.

“Investigator” is a role within Adult Protective Services that investigates allegations of abuse, neglect or

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exploitation of vulnerable adults and provides protective services for vulnerable adults.

“Senior Services Technician” (SST) is a role within the General Relief section that processes and prepares incoming applications and renewals for eligibility determination, invoices for payment and other work delegated by the supervisor.

“Resident” is a person who lives in an assisted living home.

“Vulnerable Adult” is a person 18 years of age or older who, because of incapacity, mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, fraud, confinement or disappearance is unable to meet the person’s own needs or to seek help without assistance.

**Responsibilities**

A. Applicant/Resident is responsible for:

1. Ensuring a complete and correct application is submitted to the General Relief Unit for processing.
2. Applying for all benefits listed in 7 AAC 47.370 within 30 days of the application for General Relief
3. Providing additional information to the General Relief Unit as requested to process eligibility.
4. Selecting and contracting with an assisted living home.
5. Paying the client cost of care directly to the assisted living home.
6. Notifying the General Relief Unit of any changes involving themselves that affect eligibility for the program, change in income or a change in address, including move-in, within ten days of the change.
7. Renewing benefits if they are needed past the current authorization date.

B. Legal Decision Maker is responsible for:

1. Completing any of the tasks the applicant/resident is responsible for that have been delegated or transferred to the legal decision maker.

C. At the request of the Applicant or Legal Decision Maker, the Referring Agency is responsible for:

1. Providing application completion and submission assistance.
2. Collecting and submitting additional information to the General Relief Unit.
3. Assisting with selecting an assisted living home.
4. Applying for all benefits listed in 7 AAC 47.370 within 30 days of the application for General Relief
5. Notifying the General Relief Unit of any significant changes involving a resident that affect eligibility for the program, change in income or a change in address, including move-in, within ten days of the change.

D. Adult Protective Services Investigator is responsible for:

1. Requesting General Relief funding to support a protective placement

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2. Selecting an assisted living home with the vulnerable adult
3. Notifying the General Relief Unit of any changes involving a resident that affect eligibility for the program, change in income or a change in address, including move in.
4. Ensuring a complete and correct application is submitted to the General Relief Unit for processing prior to the end of emergency placement if benefits are still needed.

E. Senior Services Technician is responsible for

1. Recording and processing applications for General Relief benefits to prepare them for eligibility determination.
2. Verifying that the applicant or someone on the applicant's behalf has applied for the benefits listed in 7 AAC 47.370(a) within 30 days of the initial application for General Relief.
3. Recording and processing renewal applications for General Relief benefits to prepare them for eligibility determination.
4. Reviewing and updating reported information changes.
5. Recording and batching invoices for payment and assisting providers with fixing incorrect invoices.
6. Collecting and recording signed provider agreements.
7. Providing notices to program stakeholders as directed by General Relief Supervisor.
8. Answering basic inquiries about the General Relief program, policies, and forms.
9. Other duties as assigned or delegated by the General Relief Supervisor.

F. General Relief Program Supervisor is responsible for:

1. Determining eligibility for General Relief Benefits.
2. Requesting additional documentation or information to supplement an application that does not clearly meet eligibility.
3. Approving correct invoices for payment and assisting providers with fixing incorrect invoices.
4. Providing guidance on complex and urgent case issues that cannot be resolved by an SST.
5. Supervising the Senior Services Technician positions and ensuring timely completion of their responsibilities.
6. Assisting Health Program Manager III with other duties as assigned or delegated.

G. Health Program Manager III is responsible for

1. Providing guidance on complex and urgent case issues that cannot be resolved by a supervisor.
2. Ensuring the program is following applicable statutes, regulations, policies and procedures.
3. Identifying and implementing program improvements and changes.
4. Supervising the General Relief Program Supervisor position.
5. Completing reports and other assigned duties related to the management of the program.

H. Assisted Living Homes are responsible for

1. Maintaining a current State of Alaska Assisted Living Home License and following ALH

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licensing regulations.

2. Maintaining a current General Relief provider agreement and following the terms of the provider agreement.
  3. Developing a care contract with the resident and billing the General Relief program and the client as outlined in the Calculation Sheet.
  4. Providing the services outlined in 7 AAC 47.475.
  5. Notifying the General Relief Unit of any changes involving a resident that affect eligibility for the program, change in income or a change in address within ten days of the change.
  6. Maintaining current service and payment paperwork for all General Relief residents served.
- I. Assisted Living Home Licensing is responsible for
1. Licensing assisted living homes in the State of Alaska.
  2. Investigating complaints and concerns brought forward about licensed assisted living homes.