Provider Conditions of Participation

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

I. Program operations

A. **Certification requirements**.

1. The provider must demonstrate readiness to provide services and comprehension of Medicaid regulations, home and community-based waiver services regulations, and pertinent service Conditions of Participations through documents describing provider operations.
2. The provider must submit, depending on the services the provider elects to offer and as directed by SDS,
   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;
      vi. admissions to provider services;
      vii. termination of provider services;
      viii. training;
      ix. evaluation of employees;
      x. background checks;
      xi. quality improvement;
      xii. critical incident reporting;
      xiii. medication management; and
      xiv. restrictive interventions;
   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;
      iii. licenses for assisted living homes and foster homes;
      iv. building or use permits for site-based services;
      v. vehicle permit for hire;
      vi. vehicle registration; and
      v. food service permit;
   c. personnel information, including
      i. organization chart;
      ii. personnel lists; and
      iii. names of professional and paraprofessional service providers;
   d. other information regarding requirements specified in the service *Conditions of Participation*; and
   e. a quality improvement report for renewal of 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 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. maintain all records, required under 7 AAC 105.320, in English;
   c. comply with all regulatory training requirements; and
   d. practice open communications and cooperate with other providers of services.
2. No owner, executive director, board member, authorized agent, employee, or contractor of a provider agency may provide services to recipients if that individual
   a. has been convicted of Medicaid fraud;
   b. has been sanctioned under Medicaid regulations, or has been suspended or terminated from the Medicaid program, because of program abuse or abuse of a recipient; or
   c. has had a valid criminal history check or variance revoked under 7 AAC 10.9453. The provider must comply with the criminal history checks requirements of 7 AAC 10.910 – 7 AAC 10.10.950.
3. 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 an individual's valid criminal history check, or of a variance or reconsideration, in accordance with 7 AAC 10.910 – 7 AAC 10.10.950; 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 carry insurance that
   a. includes coverage for comprehensive general liability, vehicle automotive 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, 550 W. 8th Ave., Anchorage, AK 99501, as a certificate holder for that insurance; a copy of the Certificate of Insurance or similar document showing insurance coverage must be submitted with its application for certification or recertification.
2. The provider may 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. implement a financial system, based on generally accepted accounting principles, that ensures claims for payment are accurate;
   b. maintain records that support claims for services;
   c. cooperate with all required audits;
   d. report to the Medicaid fiscal agent, and voiding or adjusting, amounts identified as overpayments; and
   e. cooperate with investigation and remediation activities.
4. 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.

D. **Quality management**.
1. Grievance process.
   a. The provider must develop and 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. 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 grievance process;
      ii. critical incident reports, including reports of harm;
      iii. analyses of medication errors;
      iv. analyses of the use of restrictive interventions;
      v. consumer satisfaction surveys; and
      vi. internal reviews of the provision of services to determine they are provided in accordance with recipient plan of care and meet recipient needs.
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.

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 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; and
   c. any change related to a family home habilitation site or group-home habilitation 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. 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 day-to-day 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.

2. <u>Direct care workers.</u>
The provider must identify the skill set needed by direct care workers to render the services the provider offers; the provider may use as a resource the *Alaska Core Competencies for Direct Care Workers in Health and Human Services*.
b. The provider must develop and implement a performance evaluation based on the skill set determined to be needed by its direct care workers.
c. The provider must assess the performance of direct care workers to ensure they have the ability to work effectively and to identify skills that need further development.

B. **Training**.

1. <u>CPR and first aid training</u>.
a. The provider must have on file, for each direct care worker, and for each individual providing chore services or agency-based congregate meals or transportation services, documentation showing successful completion of
i. cardiopulmonary resuscitation (CPR) training, within the previous two years, that was taught by an individual who holds a valid CPR instructor credential in accordance with 7 AAC 26.985; and
ii. first aid training, within the previous two years, that was taught by an individual certified by the American Red Cross, the American Heart Association, or an equivalent organization approved by Senior and Disabilities Services.
b. The provider must ensure that its direct care workers attend CPR and first aid training every two years; however, if that training is not periodically available within 100 miles of the workplace, the training requirement may be met by attendance and completion of the required course every three years.

2. <u>Orientation and training</u>.
The provider must provide, for all direct care workers and volunteers,
a. orientation to the agency and its relationship to the department;
b. training necessary to render services to recipients;
c. coaching and feedback regarding performance of services, as needed; and
d. all information necessary to perform the services for which the individual is responsible, including pertinent health information, and contact information for assistance and emergencies.

3. <u>Critical incident reporting training.</u>
a. The provider must ensure that all staff are trained in regard to reporting critical incidents to SDS.
b. The provider may

        i. arrange for staff to attend SDS training, or
        ii. appoint staff who have attended SDS training to train additional staff.

4. <u>Assistance with self-administration of medication training</u>.
    a. The provider must train all staff responsible for assisting recipients to self-administer medications, except for the staff of providers subject to the requirements of 7AAC 75.240.
    b. The provider must develop and submit to SDS a training policy that includes
        i. coverage of the topics in 7 AAC 130.227 (j)(2);
        ii. training goals;
        iii. plans and activities to enable trainees to achieve those goals;
        iv. methods of assessing trainee achievement of the training goals; and
        v. processes for evaluating the effectiveness of the training methods.

C. **Supervision**.

1. The provider must monitor direct care workers and volunteers
    a. to ensure the health, safety, and welfare of recipients;
    b. to identify and report fraud, abuse or waste; and
    c. to provide training to upgrade the skills needed to work with recipients.
2. The provider must ensure that any employee or 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 a direct care worker or a volunteer, the provider must bar that individual from contact with recipients until the investigation is complete or the allegation is found to be unsubstantiated.

III. Recipient relationships

A. **Conflicts of interest**.

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

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

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

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

3. The provider must communicate and cooperate with other providers to prevent placing recipients at risk; if disagreements or disputes regarding a recipient arise, the recipient's health, safety, and welfare must be the primary factor in reaching a resolution.

C. **Recipient rights**.
The provider must
1. treat all recipients respectfully;
2. 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 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 failure to cooperate with the delivery of services or risks of physical injury to the provider's employees or to other recipients;
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.