

Adult Day Services Conditions of Participation

Adult day services may be provided for recipients who are able to benefit from an organized program of services and activities during the day in a facility-based setting that provides supervision and a secure environment. The services and activities offered may include both individual and group activities; must be supportive; and must facilitate achievement of the goals and outcomes identified in a recipient's service plan.

The provider who chooses to offer adult day care services must be certified as a provider of adult day services under 7 AAC 130.220 (a)(1)(C), meet the requirements of 7 AAC 130.250, and operate in compliance with the Provider Conditions of Participation and the following standards.

I. Program administration

A. Personnel.

1. Adult day services program administrator.

- a. The provider must designate an adult day 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 service plans in collaboration with recipients, 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 the service plan;
 - (B) assessing whether the services assist the recipients to attain the outcomes and goals outlined in service plans and recommending changes as appropriate; 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 in the service provided; 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 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; 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. The provider must require the program administrator to work on-site or designate another individual, who qualifies by meeting the program administrator requirements, to manage on-site services.
2. **Adult day services activity coordinator.**
- a. The provider must appoint an activity coordinator who is responsible for planning and supervising activities for recipients; the provider may use a title other than activity coordinator for this position (e.g., activity director, activity manager, or activity supervisor).
 - b. The activity coordinator must meet the requirements for direct service workers except that he/she must be at least 21 years of age or older, and must have
 - i. a degree in recreational therapy or a closely related human services field; or
 - ii. two years of full-time or equivalent part-time experience in planning and leading activities for populations similar to the recipient population.
3. **Adult day services program assistants.**
Program assistants, including volunteers, must meet the requirements for direct service workers, and must be 21 years of age or older, if supervising other staff or volunteers;
4. **Adult day services direct service workers.**
- a. Direct service workers must be 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 program administrator, of the ability to read written instructions and to make appropriate entries regarding services in recipient records or files.
 - c. Required skill set:
 - i. the ability to communicate with his/her supervisor and with recipients;
 - ii. the ability to understand the needs of, and to work with, the recipient population; and
 - iii. the ability to be guided by the service plan.
- B. Staff-to-recipient ratio.**
- 1. The provider must include only the staff and volunteers providing direct services to recipients in determining whether the following staffing requirements are met during hours of operation:
 - a. one staff, if only one recipient is present;
 - b. one staff and one additional staff or volunteer, when two to eight recipients are present; and
 - c. additional staff or volunteers as needed to maintain a ratio of one staff or volunteer to eight recipients, unless some recipients have a diagnosis of Alzheimer's disease or related disorders (ARD).
 - 2. For recipients with ARD, the ratio of staff to recipients must be one staff or volunteer for each four recipients.
 - 3. If the provider bases the adequacy of the staff-to-recipient ratio on volunteers, the provider must ensure that the volunteers meet qualification and training requirements for direct service workers.

C. 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, including proper use of tools and equipment;
 - b. maintaining a clean, safe, and healthy workplace environment;
 - c. universal precautions and basic infection control procedures;
 - d. fall prevention, assistance with mobility, and body mechanics relating to safe transferring; and
 - e. understanding the needs of the population to be served, including
 - i. the needs of individuals with dementia;
 - ii. nutrition, hydration, and special diet needs; and
 - iii. monitoring overall health and well-being.
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.

D. Monitoring services.

1. The provider must monitor the delivery of adult day 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 adult day service plan 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 appropriate to meet the recipient's identified needs and goals.
2. The provider must act to ensure substandard care is improved or arrange for service delivery from other direct service workers.

II. Adult day services plan.**A. Evaluation.**

1. The provider must ensure that its direct service workers have the capacity to provide adult day services appropriate for the recipient's choices, diagnosis, and needs.
2. The provider must evaluate, within 14 days of admission to the program, the recipient's preferences and interests, functional abilities and disabilities, strengths and weaknesses, personal habits, dietary needs, and medical condition to facilitate development of an individualized, adult day service plan.

B. Development.

1. The provider must complete, within 30 days of admission to the program, an adult day service plan that
 - a. provides for continuity of care and progress toward the outcomes and goals outlined in the recipient's plan of care;
 - b. incorporates the findings of the evaluation, identifies care concerns, specifies outcomes and goals, and identifies the activities that the recipient will be encouraged to join as a means toward the desired outcomes and goals; and
 - c. is signed by the recipient or the recipient's representative to indicate agreement with the plan.
2. The adult day services plan must be retained in the recipient's file and be made available to Senior and Disabilities Services upon request.

C. Reevaluation.

The provider must reevaluate the factors indicated in II.A. a minimum of every six months or as requested by the recipient, and amend the adult day service plan as necessary if warranted by changes in the recipient's condition or by the preferences of the recipient.

III. Program operations.**A. 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 a regularly scheduled basis with the following exceptions:

1. the facility may open or close at hours other than those regularly scheduled in the event of hazardous weather conditions or other emergencies; and
2. services need not be offered on provider-designated holidays.

B. Recipient handbook.

The provider must develop, and make available to recipients, a brochure or handbook that includes the following:

1. days and hours of operation;
2. populations served and services provided;
3. eligibility and admission processes, and discharge policy;
4. information regarding the values, philosophy, and vision of the agency
5. service principles and recipient rights;
6. confidentiality policy;
7. Adult Protective Services mandatory reporting requirements;
8. critical incident reporting requirements;
9. policies regarding medication administration, transportation, and meals, hydration, and snacks;
10. emergency procedures; and
11. grievance policy and procedures.

C. Adult day services records.

1. The provider must develop and keep on file, for each recipient, the following written documents:
 - a. a signed service contract that includes a consent for services form;
 - b. an agreement addressing choices regarding emergency care, including the names of, and contact information for, individuals to notify in the event of an emergency; and
 - c. a signed agreement regarding recipient rights and responsibilities with respect to the adult day services program offered by the provider.
2. The provider must maintain the following documents in the recipient's record if relevant:
 - a. a copy of the recipient's advanced directives;
 - b. a release of information form, updated at least annually, for each individual that the recipient authorizes the provider to contact for information or to release information to; and
 - c. if the provider or recipient discontinues services, a discharge plan, developed collaboratively with the recipient and the recipient's care coordinator, that includes the recipient's current status, recommendations for continuing care, and referrals to community services as appropriate.

D. Program services and activities.

1. The provider must offer services and activities that are
 - a. supportive of meaningful engagement by the recipient toward achievement of the outcomes and goals identified in the service plan;
 - b. varied, with alternatives available simultaneously, to meet the interests of the recipients and to promote participation in both individual and group activities;
 - c. social, intellectual, cultural, emotional, physical, or spiritual in nature;
 - d. age appropriate to foster independence and promote dignity;
 - e. planned jointly by staff and recipients taking into consideration recipient health, abilities and disabilities, strengths and weaknesses, sensory challenges, interests and hobbies, ethnicity, and life experiences and skills; and
 - f. supervised by staff or volunteers.

2. The provider must assist recipients with walking, eating, toileting, and personal hygiene as needed.
3. The provider must develop and post a monthly activity calendar at a location within the facility that is readily accessible to recipients.
4. The provider may arrange, or encourage recipients to arrange, contacts with health and therapeutic professionals as appropriate.

E. Transportation.

1. The provider must inform recipients about available transportation options to enable them attend the adult day services program.
2. Transportation provided by the adult day services program must comply with the *Transportation Services Conditions of Participation* regarding driver qualifications, policies, training, assessment of recipient needs, and vehicle requirements.

F. Meals.

1. The provider must
 - a. provide morning and afternoon snacks;
 - b. offer fluids throughout the day to meet the hydration needs of recipients; and
 - c. ensure that recipients, who remain with the provider over the noon hour, have a plan for a mid-day meal that the provider may offer or arrange for, or that recipients may bring to the site.
2. The provider must assure that the mid-day meals it offers or arranges for meet the nutrition requirements specified in the *Meal Services Conditions of Participation*.
3. A provider may arrange for mid-day meals from a foodservice business that has a foodservice permit from
 - a. the State of Alaska, Department of Environmental Conservation, if the foodservice business is located anywhere in Alaska other than in the Municipality of Anchorage; or
 - b. the Municipality of Anchorage, Department of Health and Social Services, if the foodservice business is located in the Municipality of Anchorage.
4. A provider that bills Medicaid for meals must be certified by SDS as a provider of meal services under 7 AAC 130.220(a)(1)(J).

IV. Site requirements.**A. Facility.**

The provider must operate its adult day services program in a facility that

1. is at ground level unless the local fire department has approved an evacuation plan that provides for rapid removal of recipients from a higher level in the facility;
2. if not at ground level, has ramps or elevators adequate for the mobility needs of the population served;
3. if other services are co-located in that facility, has separate, identifiable space sufficient to
 - a. accommodate the full range of activities and services;
 - b. allow flexibility for individual activities, and large and small group activities to occur simultaneously; and
 - c. facilitate movement to allow participation in any of the activities offered;
4. is clean and hazard free, and includes the following safety features:
 - a. two exit routes, one of which is a door with direct access to the outside;
 - b. fire extinguishers, inspected annually by a qualified agent, in accessible locations on each level of the facility;
 - c. non-slip surfaces or carpets on stairs, ramps, and interior floors;
 - d. lighting sufficient for illumination, but avoiding glare;
 - e. noise controls and partitions to separate activities as necessary for recipient needs; and
 - f. heating, cooling, and ventilation adequate to maintain a temperature appropriate for the comfort and health of recipients;

5. provides the following for recipients:
 - a. for each recipient present during daily hours of operation:
 - i. at least 60 square feet of space either dedicated for activities, or if for multipurpose use, commonly used for activities; and
 - ii. comfortable and safe furniture, and adaptive equipment adequate for activities and rest periods;
 - b. for every 10 recipients, at least one toilet and one sink for hand washing in a location accessible to recipients with limited mobility;
 - c. a designated rest area that may be separate or part of a common usage area;
 - d. adequate storage space, and closets or lockers for outer garments and possessions; and
 - e. a telephone available for recipient use; and
6. has an office area that permits staff to work effectively in a space where confidential matters can be discussed.

B. Surroundings.

The provider must ensure that

1. the area surrounding the facility is hazard free;
2. outdoor lighting is adequate for entrances and grounds;
3. a parking area safe for arrival and departure of recipients is available; and
4. through arrangements with local authorities, safety zones and traffic signals for pedestrian crossings are established as needed.

Care Coordination Services Conditions of Participation

Care coordination services are provided for every recipient of home and community-based waiver services. By means of a person-centered process led by the recipient and the planning team of his or her choosing, care coordinators assist eligible individuals to gain access to waiver and other state plan services, as well as medical, social, educational, and other services with funding sources other than Medicaid. For recipients, care coordinators facilitate the process of planning for services, developing a plan of care, on-going monitoring of services, and renewing the plan of care annually. Throughout the year, care coordinators remain in contact with recipients in a manner, and with a frequency, appropriate to the needs of the recipients and as required.

The provider who chooses to offer care coordination services must be certified as a provider of care coordination services under 7 AAC 130.220 (a)(2), meet with the requirements of 7 AAC 130.240, and operate in compliance with the Provider Conditions of Participation and the following standards.

I. Program Administration

A. Personnel.

1. Care coordination services program administrator.

- a. The provider must designate a care coordination services program administrator who is responsible for 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;
 - iv. participation in the development of plans of care in collaboration with 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 the plan of care;
 - (B) assessing whether the services assist the recipients to attain the goals outlined in plans of care and recommending changes as appropriate; and
 - (C) evaluating the quality of care rendered;
 - vi. development and implementation of corrective action plans for identified problems or deficiencies in the 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 care coordinator, 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; and

- 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; 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.
 - 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 of the population to be served; and
 - (B) the laws and policies related to Senior and Disabilities Services programs.
 - ii. The administrator skill set must include:
 - (A) the ability to develop and evaluate a plan of care to meet the needs of the population to be served; 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 education in 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 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
 - 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 in social 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 equivalent part-time experience working with human services recipients.
 - c. In addition to meeting education and experience requirements, care coordinators must possess, or develop before providing program services, the knowledge base and skills necessary to carry out the care coordination process.
 - i. The care coordination knowledge base must include:
 - (A) the medical, behavioral, habilitative, and rehabilitative conditions and requirements of the population to be served by the care coordinator;
 - (B) the laws and policies related to Senior and Disabilities Services programs;
 - (C) the terminology commonly used in human services fields or settings;
 - (D) the elements of the care coordination process; and
 - (E) the resources available to meet the needs of recipients.

- ii. The care coordination skill set must include:
 - (A) the ability to develop and evaluate a plan of care 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 work with professional and support staff.

B. Training.

1. An individual who seeks certification to provide care coordination services must
 - a. 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 of submission of an initial 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's first year of certification, and thereafter, every 24 months to qualify for certification renewal; and
 - 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, must provide proof of successful completion of the Senior and Disabilities Services training course and 16 hours annually of continuing education.
3. The provider agency must document, for each care coordinator, attendance and successful completion 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
 - a. the training increases the knowledge, abilities, or skills of the care coordinator; and
 - b. 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 plan of care development and implementation to ensure that plans of care for recipients
 - a. are complete and submitted within required timeframes;
 - b. address all needs identified in the recipient's assessment;
 - c. include the personal goals of the recipient; and
 - d. 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 be made 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 are afforded the right to 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 a plan of care for a recipient until the plan has been approved by Senior and Disabilities Services; or
 - b. care coordination services until the services have been rendered.

2. The provider agency may not submit claims for monthly care coordination services for recipients 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. ensure the recipient is educated about his or her right to choose to receive services from any certified provider;
 - b. inform the recipient, documenting the occasion in writing, of any business or familial relationship with other provider 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 services from another care coordinator.
2. The care coordinator may not
 - a. solicit any recipients known to be receiving services from another care coordinator or provider agency as clients;
 - b. after deciding to leave a provider agency for employment at another agency, attempt to influence any recipient to retain him or her as care coordinator or to initiate the process of transferring any recipient to the hiring agency for care coordination services; or
 - c. offer, promote, or sell products or non-program services to, or engage in any commercial transaction with, recipients, their families, or their representatives.
3. The provider agency must develop a process for resolution of conflicts that might arise between the care coordinator and the recipient, family, or informal supports, regarding needs, goals, or appropriate services.

D. Backup care coordination.

1. The provider agency must
 - a. develop a plan for back-up care coordination services in collaboration with the recipient, and give a copy of the plan to the recipient; and
 - b. ensure that any care coordinator identified as a backup care coordinator is currently certified by SDS and associated with a care coordination 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 if the primary care coordinator will be unavailable for a period that exceeds 72 hours;
 - b. a contingency plan that defines the primary care coordinator's responsibilities to educate the recipient regarding 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, including that 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 care coordinator 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. A care coordinator must notify Senior and Disabilities Services, in a format provided by Senior and 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 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 employment and
 - a. the recipient's right to choose to receive care coordination services from any care coordination provider certified to offer those services in the census area in which the recipient lives; and

- b. notice that the provider agency will facilitate the transfer process if the recipient chooses to receive care coordination services from another provider agency.
- 3. The former care coordinator must send to the new care coordinator, within five working days of notice of appointment of that care coordinator, the following materials:
 - a. current plan of care 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 coordinators must cooperate to ensure that all services outlined in the recipient's plan of care continue during a transfer of care coordination services.
- 5. The newly appointed care coordinator must send a copy of the appointment form to all providers listed in the plan of care to notify them of the change in care coordination services.

F. Care coordinator communications.

All certified care coordinators must individually subscribe to and review SDS electronic email, <http://list.state.ak.us/mailman/listinfo/sds-e-news>.

III. The care coordination process.

A. Care coordination goals.

The provider must operate its care coordination services program for the following purposes:

- 1. to foster the greatest amount of independence for the recipient;
- 2. to enable the recipient to remain in the most appropriate environment in the home or community;
- 3. to build and strengthen family and community supports;
- 4. to treat recipients with dignity and respect in the provision of services;
- 5. to secure for recipients appropriate, comprehensive, and coordinated services that will promote rehabilitation and maintenance of current abilities;
- 6. to serve as a link to increase access to community-based services; and
- 7. to improve the availability and quality of services.

B. Person-centered planning process.

- 1. **Recipient orientation.** The care coordinator must
 - a. orient the recipient, the recipient's family, and informal supports to the care coordination process;
 - b. 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 he or she chooses for participation in the process;
 - c. provide information about service options for medical, social, educational, employment, and other services;
 - d. affirm the recipient's right to choose to receive services from any certified provider; and
 - e. offer assistance in identifying potential providers for the recipient.
- 2. **Comprehensive needs assessment.** The care coordinator must complete a comprehensive needs assessment that includes
 - a. the recipient's history;
 - b. the recipient's strengths, preferences, goals, and interests; and
 - c. identification and documentation of each need of the recipient.
- 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 planning team for the purposes of developing an individualized, person-centered plan of care; and
 - 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 prefer 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 plan of care; and
 - v. strategies for solving disagreements during the planning process.
- 4. **Integration of program of services.** The planning team must
 - a. incorporate the findings of the most recent evaluation or assessment into the plan of care;
 - b. recommend services that support and enhance, but do not replace unless necessary, care and support provided by family and other informal supports;
 - c. develop an integrated program, including
 - i. individually-designed activities, experiences, services, or therapies needed to achieve goals and objectives or expected outcomes;
 - ii. supports that will assist the recipient to become or remain gainfully employed in the general workforce in an integrated workplace; and
 - d. write a plan of care that meets program requirements, and that specifies the responsibilities of the care coordinator, the recipient, and the recipient's informal and formal supports.
- 5. **Approved plan of care.**
The care coordinator must deliver a copy of the approved plan of care to the recipient and to each provider of services for the recipient, within 10 business days of receiving the plan of care from Senior and Disabilities Services.

C. Plan of care implementation.

The care coordinator must

- 1. arrange for the services and supports outlined in the plan of care, and coordinate the delivery of the services on behalf of the recipient;
- 2. support the recipient's independence by encouraging the recipient, family, and informal supports to be responsible for care to the greatest extent possible; and
- 3. teach the recipient and family how to evaluate the quality and appropriateness of services.

D. Service monitoring.

1. Recipient contacts.

The care coordinator must

- a. contact the recipient at least twice a month, and as frequently as necessary, to evaluate whether
 - i. services are furnished in accordance with the plan of care 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 plan of care or to arrangements with providers;
- b. meet in-person with the recipient at least once in each service environment 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, and welfare of the recipient;
 - ii. a summary of the meeting, and the names of those in attendance;
 - iii. whether services are adequate, delivered safely and respectfully, and acceptable to the recipient; and
 - iv. whether the plan of care should be amended;

2. Provider contacts.

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 the need to alter plans of care;

- iv. intervene to make providers more responsive to the recipient's needs;
 - v. ensure substandard care is improved, or arrange for service delivery from other providers; and
 - vi. verify service utilization in the amount, duration, and frequency specified in the plan of care.
- 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

A. Environmental modification evaluation.

1. The care coordinator must review the need for physical adaptations to the recipient's residence with the recipient and the homeowner, and obtain preliminary permission from the homeowner to proceed with any environmental modification project.
2. The care coordinator must verify that the project can be completed within the 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 providers of 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 that the provider may arrange with the care coordinator 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 in the 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 a different timeframe was approved 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 in the 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 to determine
 - 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 Plan of Care that includes
 - (A) a description of proposed physical adaptations with a photograph of the area to be modified, and any 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, 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 conditions or 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 for equivalent facilitation to ensure that the needs of the recipient will be met; the care coordinator may contact Senior and Disabilities Services regarding questions.
3. The care coordinator must work with the recipient, the homeowner, and the environmental modification provider to resolve any disagreements regarding dissatisfaction with the project or with work performance; the care coordinator may contact Senior and Disabilities Services if unable to resolve any issues that remain after discussion with the parties.

Chore Services Conditions of Participation

Chore services may be provided for a recipient only when the recipient, or anyone else in the household, is not capable of performing or financially responsible for the tasks required to maintain a clean, sanitary, and safe home environment. These tasks include routine household chores as well as work necessary to maintain safe access and egress for the recipient's residence. Chore services may not be authorized, or may be time limited, when a relative who is a caregiver and lives in the home of the recipient, a caregiver, a landlord, a community/volunteer agency, or a third-party payer is capable of, or responsible for, the tasks.

The provider who chooses to offer chore services must be certified as a provider of chore services under 7 AAC 130.220 (a)(1)(B), meet the requirements of 7 AAC 130.245, and operate in compliance with the Provider Conditions of Participation and the following standards.

I. Program administration

A. Personnel.

1. Chore services program administrator.

- a. The provider must designate a chore 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 18 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.

2. Chore service workers.

- a. Chore service workers 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, as requested by the recipient, the tasks included in the chore services plan.
- b. Required education and alternatives to formal education:
 - i. high school or general educational development (GED) diploma; or
 - ii. demonstration to the provider 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.

B. Training.

1. The provider must
 - a. provide orientation and training to chore service workers to ensure they are qualified to perform, and to maintain a safe environment while performing assigned tasks; and
 - b. instruct chore 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.
2. The provider must provide training to chore service workers in regard to the following:
 - a. safety in the workplace, and proper use of tools and equipment;
 - 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. for those who provide food preparation and shopping services, safe food handling and storage, nutrition requirements, and nutritious meal preparation.

C. Monitoring services.

1. The provider must monitor the delivery of chore services as frequently as 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; and
 - c. the services are adequate to meet the recipient's identified needs.
2. The provider must act to ensure substandard service is improved or arrange for service delivery from other chore service workers.

II. Chore services process**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 chore service workers have the capacity to provide chore services for that recipient.

B. Development:

1. The program administrator or chore services supervisor must consult with the recipient and the recipient's care coordinator to identify the tasks that can be performed by chore service workers to make it possible for the recipient to live safely at home.
2. The recipient's plan of care must specify the tasks to be performed, and the frequency of performance of each task.

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 chore service workers 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. special requirements for performance of chore services;
 - 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 chore service worker must ensure the safety of the recipient at all times in the provision of chore 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 in the community and are not limited to fixed-site facilities, 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. These services must be provided in non-residential settings separate from the recipient's private residence or another residential living arrangement, unless the provider is granted a waiver under 7 AAC 130.260 (d) regarding the setting.

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 the plan of care;
 - (B) assessing whether the services assist the recipients to attain the outcomes and goals outlined in the 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 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 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, habitative, 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 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 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 frequently as 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 other direct 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 and group 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 and disabilities, strengths and weaknesses, sensory challenges, interests and hobbies, culture, and life experiences 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. Site 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 a regularly scheduled basis with the following exceptions:

- a. the facility may open or close at hours other than those regularly scheduled in the event of hazardous weather 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 for rapid 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 of the 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.

Meal Services Conditions of Participation

Meal Services may be provided to a recipient in a congregate setting where meals are prepared or where meals have been prepared at another site and delivered to that setting, or may be delivered to the recipient's home. The purpose of this service is to promote health and well-being through good nutrition and to promote independence by providing meals for those who need such assistance to remain in their own homes.

Providers of meals that are delivered to satellite sites where congregate meals are served must ensure that the process complies with the applicable food code and with delivery requirements, in addition to site requirements. Congregate settings must provide opportunities for socialization among recipients and others in the community.

The provider who chooses to offer meal services must be certified as a provider of meal services under 7 AAC 130.220 (a)(1)(J), meet with the requirements of 7 AAC 130.295, and operate in compliance with the Provider Conditions of Participation and the following standards.

I. Program administration

A. Compliance with applicable food code.

1. A provider of meal services in the state of Alaska in any location other than the Municipality of Anchorage must secure a food service permit from the State of Alaska, Department of Environmental Conservation, Division of Environmental Health; and implement the food safety requirements of 18 AAC 31, Alaska Food Code.
2. A provider of meal services in the Municipality of Anchorage must secure a food service permit from the Municipality of Anchorage, Department of Health and Human Services; and implement the food safety requirements of the Anchorage Municipal Code, Chapter 16.60, Anchorage Food Code.

B. Personnel.

1. Meal services program director.
 - a. The provider must designate a meal services program director that is responsible for day-to-day management of the program.
 - b. The director must be at least 18 years of age, and qualified through education or experience in nutrition, foodservice, or foodservice management.
2. Dietary consultant.
 - a. The provider must secure the services of a dietary consultant to assist in the development of menus, to conduct nutrient analyses, and to advise regarding food quality and service.
 - b. The dietary consultant may be on staff, full or part-time; may be a volunteer; or may be an independent dietary consultant or another individual with equivalent training in food science; or if such an individual is unavailable, an individual with comparable expertise in planning nutrition services.
3. Volunteers.
The provider must ensure that all volunteers who handle unpackaged food or food contact surfaces are trained in regard to food safety requirements by the provider's Certified Food Protection Manager or by another individual qualified to provide such training.

C. Records.

1. The provider must develop and maintain recipient profiles, including food preferences and food allergies.
2. The provider must maintain meal attendance and meal delivery records.
3. The provider must document all changes to planned menus, including substitutions.

II. Nutrition requirements**A. Menu approvals.**

1. The provider must offer meals that meet nutrient requirements specified in the Dietary Guidelines for Americans 2015 – 2020, published by the U.S. Secretary of Health and Human Services and Secretary of Agriculture.
2. The provider must obtain the approval of a dietician or nutritionist that is licensed under AS 08.38, or is a federal employee or under contract as described in 7 AAC 105.200 (c) – (d).

B. Menus.

1. The provider must develop, and use on a rotating basis, a minimum of five weeks of cycle menus that meet nutrient requirements and that have been approved by a licensed dietician or nutritionist.
2. The provider must ensure that each meal provides a minimum of 1/3 of the Dietary Reference Intakes established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences.
3. The provider must serve the foods specified in the approved menus with the following exception: if foods are unavailable at the time of meal preparation, the provider may substitute with foods having comparable nutrient value.
4. The provider must seek recipient food preferences information, and incorporate preferences in the menus when reasonable.

C. Special dietary meals.

1. The provider may offer special dietary meals if the necessary foods can be obtained, the staff have the skills necessary to prepare the meals, and the menus have been approved by a licensed dietitian or nutritionist.
2. For any recipient served special dietary meals, the provider must have on file a dietary prescription from a licensed dietitian or nutritionist, or from the recipient's attending physician, physician assistant, or advanced nurse practitioner that is licensed under AS 08, or is a federal employee or under contract as described in 7 AAC 105.200 (c) – (d).

III. Congregate meal services**A. Meal timeframes.**

1. The provider must serve meals at scheduled times five or more days a week except when such frequency is not feasible, at least one meal per day, and a second meal if the provider chooses to offer and the recipient requests a second meal.
2. The provider must open the facility where meals are served at least one hour before and remain open at least one hour after meals are concluded to permit recipients to eat a leisurely meal and to socialize.

B. Site requirements.

1. The facility where meals are served must be in compliance with state and local health, fire, safety, building, zoning, and sanitation laws or codes.
2. The dining area must have adequate lighting, and be maintained at a temperature appropriate for the comfort and health of recipients throughout the year.
3. Where feasible, the provider must use furniture suitable for adults in an arrangement that allows for ease of access and that encourages socialization.
4. The provider must use dinnerware, silverware, and glassware appropriate for adults, and adequate for the number of recipients.

C. Delivery requirements.

1. The provider may deliver meals that are ready-to-serve, and that may be hot or cold.
2. The provider must plan delivery to minimize the amount of time meals are in transit, and must check and record the time and temperature of foods when removed from the preparation area.

IV. Home-delivered meal services**A. Meals timeframes.**

The provider must deliver meals at scheduled times five or more days a week except when such frequency is not feasible, at least one meal per day, and a second meal if the provider chooses to offer and the recipient requests a second meal.

B. Delivery requirements.

1. The provider may deliver meals that are hot, cold, or frozen, and may include fresh, dried, canned, or supplemental foods.
2. The provider must plan delivery routes to minimize the amount of time meals are in transit, and must check and record the time and temperature of foods when removed from the preparation area and when the last meal is delivered.
3. The provider may deliver meals that are not ready-to-eat only after confirming with the recipient, the recipient's representative, or the recipient's care coordinator that
 - a. the recipient has capacity for storage at the appropriate temperature for food safety and the equipment necessary to reheat the meals; and
 - b. the recipient or the recipient's caregiver is able to follow written instructions from the provider for handling and reheating meals.
4. The provider must deliver meals into the hands of the recipient, a caregiver, or another person designated by the recipient unless other arrangements have been specified in a written agreement that includes
 - a. the designation of a holding place and a procedure that will protect the meals from contamination, dust, insects, rodents, and other animals;
 - b. a statement specifying that the provider accepts responsibility for providing notice of the time that meals were delivered, safe holding temperatures for those meals, and time limits regarding safe consumption of the foods included in the meals; and
 - c. a statement specifying that the recipient accepts responsibility for determining whether the meals are safe to eat.
5. The provider must report to Senior and Disabilities Services within one business day when the provider knows or suspects that the meals are being diverted and consumed or wasted by someone other than the recipient.

V. Recipient health monitoring**A. Wellness checks.**

The provider must observe the condition of the recipient at the congregate site or at the time of home delivery, and notify the recipient's care coordinator, program manager, or appropriate authority when there is cause for concern about the recipient's health, safety, or welfare.

B. Nutritional risk screening.

1. The provider must distribute to each recipient a copy of the *Determine Your Nutritional Health* checklist developed by The Nutrition Screening Initiative.
2. The recipient, alone or with the assistance of the provider, may determine a nutritional score on the checklist, and may follow up with one of the suggested contacts.

Home and Community-Based Waiver Services Provider Conditions of Participation

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

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

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

I. Program operations

A. Certification requirements.

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

- b. the following documents
 - i. State of Alaska business license;
 - ii. Certificate of Insurance or similar documentation of insurance coverage for all coverage 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;
 - c. personnel information, including
 - i. organization chart, including names of individuals filling each position;
 - ii. list of names of board members;
 - iii. list of names of individuals with an ownership interest in the provider;
 - iv. list of names of personnel; and
 - v. list of volunteers and contractors who work on-site and have unsupervised access to recipients or to protected health information;
 - d. other information regarding requirements specified in the service *Conditions of Participation*;
 - e. a quality improvement report for renewal of certification; and
 - f. a provider self-assessment of settings where home and community-based waiver services are provided, when required, and in a format provided by SDS.
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, <http://list.state.ak.us/mailman/listinfo/sds-e-news>;
 - c. maintain all records, required under 7 AAC 105.230, in English and in a form that is legible and understandable to a reviewer;
 - d. comply with all training requirements; and
 - e. practice open communications and cooperate with other service providers.
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 listed 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 appropriate to the **services** the provider is certified to offer recipients; and
 - b. names Senior and Disabilities Services, Provider Certification Section, 550 W. 8th Ave., Anchorage, AK 99501, as a certificate holder for that insurance; a copy of the Certificate of Insurance or similar document showing insurance coverage must be submitted with its application for certification or recertification.
2. The provider may charge fees for home and community-based services at rates no higher than those charged to private pay clients for comparable services.
3. The provider must
 - a. implement a financial system, based on generally accepted accounting principles;
 - b. submit claims for payment that are accurate;
 - c. maintain records that support claims for services;
 - d. cooperate with all required audits;
 - e. report to the Medicaid fiscal agent, and void or adjust, amounts identified as overpayments; and
 - f. cooperate with investigation and remediation activities.
4. The provider must report suspected Medicaid fraud, abuse, or waste, or suspected financial exploitation of a recipient, to the Medicaid Fraud Control Unit by calling 1-907-269-6279, by sending a message to FAX number 1-907-279-6202, or by submitting a **Medicaid Fraud / Elder Abuse Complaint Form**.

D. Person-centered practice.

1. **Planning services.** The provider must
 - a. participate on planning team to the 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; and
 - ii. sufficient for the recipient to make informed choices regarding services and activities; and
 - 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 service workers with whom the recipient would prefer to interact;
 - c. support recipient choices regarding cultural interests and access to community activities; and
 - d. meet with the recipient at times and locations convenient for the recipient in regard to discussing or requesting changes to services or activities, and to solving conflicts or disagreements.

E. Quality management.

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

2. Self-assessment.

- a. The provider must conduct a self-assessment of its quality improvement process annually, at a minimum, for each year of its certification period.
- b. The process must include evaluation of the findings from, and corrective actions taken in regard to,
 - i. the grievance process;
 - ii. critical incident reports, including reports of harm;
 - iii. analyses of medication errors;
 - iv. analyses of the use of restrictive interventions;
 - v. consumer satisfaction surveys; and
 - vi. internal reviews of the provision of services to determine they are provided in accordance with recipient plans of care and meet recipient needs.

3. Quality improvement report.

- a. The provider must summarize data collection activities, findings, and resulting corrective actions and program improvements in a quality improvement report for submission with its application for recertification.
- b. The provider must be able to support the report submitted with data that must be made available to Senior and Disabilities Services upon request.

F. Reporting changes in provider status.

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

1. one business day of
 - a. an unforeseen termination of association with a care coordinator;
 - b. an unplanned change of program administrator; and
 - c. learning that an agency owner or administrator has been charged with or convicted of a criminal offense;
2. ten days prior to
 - a. a change in mailing address, email address, or telephone or fax number;
 - b. termination of an association with a care coordinator; and
 - 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 service 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 title other than program administrator for this position (e.g., program director, program manager, or program supervisor), but the individual filling the position must meet the requirements for program administrator that are specified in the Conditions of Participation for the services the provider offers.
3. Direct service workers.
- a. The provider must identify the skill set needed by direct service workers to render the services the provider offers; the provider may use as a resource the *Alaska Core Competencies for Direct Care Workers in Health and Human Services*, <http://www.trusttrainingcoop.org/training/akcc.html>.
 - b. The provider must develop and implement a performance evaluation based on the skill set determined to be needed by its direct service workers.
 - c. The provider must assess the performance of direct service workers to ensure they have the ability to work effectively and to identify skills that need further development.
- B. Training.**
1. CPR and first aid training.
- a. The provider must have on file, for each direct service worker, and for each individual providing chore services, agency-based congregate meals, or transportation services, documentation showing successful completion of
 - i. cardiopulmonary resuscitation (CPR) training, within the previous two years, that was taught by an individual who holds a valid CPR instructor credential in accordance with 7 AAC 26.985; and
 - ii. first aid training, within the previous two years, that was taught by an individual certified by the American Red Cross, the American Heart Association, or an equivalent organization approved by Senior and Disabilities Services.
 - b. The provider must ensure that its direct service workers, and individuals providing chore services, agency-based congregate meals, or transportation services provide documentation of attendance and successful completion of CPR and first aid training every two years; however, if that training is not periodically available within 100 miles of the workplace, the training requirement may be met by attendance and completion of the required course every three years.
2. Orientation and training.
- The provider must provide, and have on file, for all employees and volunteers, documentation of
- a. orientation to the agency and its relationship to the department; and
 - b. training necessary to render services to recipients.

3. Critical incident reporting training.

- a. The provider must have on file, for all staff, documentation of attendance and completion of, at least every two years, training on how to report critical incidents to SDS.
- b. The provider may
 - i. arrange for staff to attend SDS training; or
 - ii. appoint staff who have attended SDS training to train additional staff.
- c. At a minimum, the following agency employees must refresh, every two years, critical incident reporting training by attending and completing the course offered by SDS:
 - i. the program administrator; and
 - ii. the individuals who supervise each home and community-based service the agency is certified to offer.

4. Assistance with self-administration of medication training.

- a. Except for the staff of providers subject to the requirements of 7AAC 75.240, the provider must train all staff responsible for assisting recipients with self-administer medications, and have on file documentation of attendance and completion of the training.
- b. The provider must develop and submit to Senior and Disabilities Services a training policy that includes
 - i. coverage of the topics in 7 AAC 130.227(j)(2);
 - ii. training goals;
 - iii. plans and activities to enable trainees to achieve those goals;
 - iv. methods of assessing trainee achievement of the training goals; and
 - v. processes for evaluating the effectiveness of the training methods.

C. Supervision.

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

III. Recipient relationships**A. Conflicts of interest.**

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

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

B. Recipient health, safety, and welfare.

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

C. Recipient rights.

The provider must

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

D. Recipient services termination.

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

1. factors in the health, safety, and welfare of the recipient;
2. requires documentation that shows
 - a. failure to cooperate with the delivery of services;
 - b. risks of physical injury to the provider's employees or to other recipients; or
 - c. suspected recipient misrepresentation or fraud that 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; and
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.

Residential Habilitation Services Conditions of Participation

Residential habilitation services may be provided to assist recipients to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to maximize independence and to live in the most integrated setting appropriate to the recipient's wishes and needs. Based on the age and residence of the recipient, residential habilitation services are rendered as family home habilitation services, supported-living habilitation services, group-home habilitation services, or in-home support habilitation services.

The activities provided as residential habilitation services must be planned with the objective of maintaining or improving the recipient's physical, mental, and social abilities rather than rehabilitating or restoring such abilities. These services must be individually tailored, and may include personal care and protective oversight and supervision, in addition to skills development.

Residential habilitation services are provided, for the most part, in the recipient's residence, the home of a relative, a semi-independent or supported apartment or living arrangement, or a group home. Because some skills development may be enhanced by activities in community settings, services may be rendered in other environments provided the settings are appropriate for delivery of the services in a manner that will contribute the acquisition of skills necessary for daily living in the recipient's residence, and are approved in the recipient's plan of care.

The provider who chooses to offer residential habilitation services must be certified as a provider of residential habilitation services under 7 AAC 130.220(a)(1)(E), meet with the requirements of 7 AAC 130.265, and operate in compliance with the Provider Conditions of Participation and the following standards.

I. Program administration

A. Personnel.

1. Residential habilitation services program administrator.

- a. The provider must designate a residential 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 the plan of care;
 - (B) assessing whether the services assist recipients to attain the goals outlined in plans of care and recommending changes as appropriate; 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 in the service provided; 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.

- 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; 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 program administrator must possess the knowledge base and skills necessary to carry out the residential habilitation services program.
 - i. The administrator knowledge base must include:
 - (A) the medical, behavioral, and habilitative conditions and requirements of the population to be served; and
 - (B) the 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;
 - (B) the ability to organize, evaluate, and present information orally and in writing; and
 - (C) the ability to supervise professional and support residential habilitation services staff.
- 2. Residential 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 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 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 plan of care; and
 - iv. the ability to respond in case of household, medical, or community 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. maintaining a safe environment while providing services;
 - b. universal precautions and basic infection control procedures; and
 - c. 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 residential habilitation 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 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. Program operations

A. Evaluation of capacity to provide services.

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 residential habilitation services for that recipient.

B. Services and activities.

The provider must offer services and activities that are

1. habilitative and supportive of meaningful engagement by the recipient toward achievement of the outcomes and goals identified in the plan of care;
2. varied to meet the interests of the recipient and to promote participation in the greater community;
3. social, intellectual, cultural, emotional, physical, or spiritual in nature;
4. age appropriate to foster independence and promote dignity; and
5. planned jointly by staff and recipients taking into consideration recipient health, abilities and disabilities, strengths and weaknesses, sensory challenges, interests and hobbies, culture, and life experiences and skills.

III. Family home habilitation services

A. Setting.

The provider must

1. render family home habilitation services in a licensed assisted living home or licensed foster home where an individual who is not a member of the recipient's immediate family is the paid, primary caregiver; and
2. implement a written service agreement that complies with 7 AAC 130.220 (o) and that is signed by the provider, and the recipient or the recipient's representative and the primary caregiver in residence, prior to the delivery of services in a family home habilitation services site.

B. Family home site agreement.

The agreement must address, at a minimum:

1. compliance with 7 AAC 130.265 (c) regarding limitations on the number of residents in the family home habilitation services site;
2. compliance with 7 AAC 130.224 regarding critical incident reporting, and 7 AAC 130.229 regarding use of restrictive interventions;
3. provider monitoring of services including access to the site and to recipient records maintained at the site;
4. responsibilities for discussing with the provider possible new admissions or changes in household composition;
5. responsibilities for informing the provider within 24 hours of changes regarding the licensure of the site; and
6. termination of a placement, including stopping payment and the steps that will be taken to protect recipients if
 - a. the provider finds a risk to recipient health, safety, or welfare through monitoring activities;
 - b. the licensure of the services site is suspended, revoked, or found to be expired; or
 - c. the terms of the agreement are not met.

C. Onsite monitoring.

The provider must monitor the provision of services in each family home habilitation services site through an onsite evaluation at least once a month, including one unannounced evaluation during any six month period.

D. Evaluation of changes in household composition.

1. The provider must, upon notification of possible new admissions or changes in household composition, evaluate whether the changes would
 - a. violate the terms of the service agreement;

- b. cause noncompliance with Medicaid regulations, or Senior and Disabilities Services Conditions of Participation, or policies and procedures; or
 - c. create risks for recipient health, safety, and welfare.
2. The provider must inform the recipient or the recipient's representative, the recipient's care coordinator, and Senior and Disabilities Services of any findings regarding violations of the service agreement, noncompliance with program requirements, and risks to recipient health, safety, and welfare.

IV. Supported-living habilitation services

A. Setting.

The provider

1. may render supported-living habilitation services for recipients who are 18 years of age or older and who live full time in private residences; and
2. if the recipient's private residence is owned by the provider, must implement a written service agreement that complies with 7 AAC 130.220 (o) and that is signed by the provider, and the recipient or the recipient's representative, prior to the delivery of services in that setting.

B. Staffing.

The provider must render supported-living habilitation services with a staffing ratio of at least one direct service worker to one recipient to supplement, but not displace, care provided by natural supports.

V. Group home habilitation services

A. Setting.

The provider

1. may render group home habilitation services for recipients who are 18 years of age or older and who live full time in a residence that is licensed as an assisted living home for two or more recipients; and
2. must implement a written service agreement that complies with 7 AAC 130.220 (o) and that is signed by the provider, and the recipient or the recipient's representative prior to the delivery of services in that setting.

B. Staffing.

The provider

1. must employ a sufficient number of direct service workers to meet the scheduled and unscheduled needs of all recipients residing in a group home site and to provide 24 hour on-site supervision and oversight, unless otherwise approved in a recipient's plan of care; and
2. must render group activities with a staffing ratio of at least one direct service worker to not more than 2 – 5 recipients in a group.

VI. In-home support habilitation services

A. Setting.

The provider may render in-home support habilitation services for recipients who are younger than 18 years of age and who live full time in private residences where their unpaid primary caregivers also reside.

B. Staffing.

The provider must render in-home support habilitation services with a staffing ratio of at least one direct service worker to one recipient to supplement, but not displace, care provided by natural supports.

Residential Supported-Living Services Conditions of Participation

Residential supported-living services may be provided for recipients who need assistance with the activities of daily living, but whose need for institutional level of care can be met through the support provided in a 24-hour residential supported-living setting. These services are provided in residential settings staffed 24 hours a day by awake personnel who must be on-site and available to meet both scheduled and unpredictable recipient needs. The residential settings must provide a home-like environment where supervision, safety, and security are available for recipients, and social and recreational activities are provided in addition to the services necessary to prevent institutionalization.

The provider who chooses to offer residential supported-living services must be certified as a provider of residential supported-living services under 7 AAC 130.220(a)(3), meet the requirements of 7 AAC 130.255, and operate in compliance with the Provider Conditions of Participation and the following standards.

I. Program administration

A. Personnel.

1. Residential supported-living services program administrator.

- a. The provider must designate a residential supported-living program administrator who is responsible for day-to-day management of residential supported-living services and who may serve in dual capacity as the assisted living home administrator.
- 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 administrator shall be qualified under 7 AAC 75.230 and manage the daily operations of the home, or the provider must designate an individual who meets the qualifications in 7 AAC 75.230 to provide onsite management for a minimum of 20 hours per week.
- d. If the residential supported-living program administrator is not an assisted-living home administrator who meets the qualifications of 7 AAC 75.230, the individual employed as the residential supported-living 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.
- e. In addition to meeting education and experience requirements, the administrator must possess the knowledge base and skills necessary to carry out the residential supported-living 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 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 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 residential supported-living services staff.
- f. The responsibilities of the residential supported-living program administrator must include:
 - 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 the plan of care;
 - (B) assessing whether the services assist the recipients to attain the goals outlined in 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.

2. **Residential supported-living services direct service workers.**

- a. The provider must ensure that direct service workers meet the requirements of 7 AAC 75.240.
- b. The provider must employ a number of direct service workers sufficient to implement the recipient's plan of care and to allow time for
 - i. a daily routine of unhurried assistance with bathing, dressing, and eating at times that meet the needs and preferences of each recipient;
 - ii. assistance with mobility, as needed;
 - iii. toileting and incontinence care to ensure comfort; and
 - iv. repositioning at a minimum of every two hours for recipients who require such assistance.

B. Training.

In addition to the training required under 7 AAC 75.240, the provider must provide training to direct service workers regarding

- 1. understanding the needs of the population to be served;
- 2. recipient rights, including the right to privacy, the right to dignity and respect, and the right to freedom from coercion and restraint;
- 3. nutrition, hydration, and special diet needs of the recipient population;
- 4. risk factors and monitoring for skin integrity and urinary tract infections; and
- 5. fall prevention.

C. Monitoring services.

- 1. The provider must monitor the delivery of residential supported-living 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 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 other direct service workers.

II. Program operations

A. Evaluation of capacity to provide services.

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 residential supported-living services for that recipient.

B. Recipient safety.

The provider must

- 1. maintain reasonable awareness of the schedule and location of recipients who do not require supervision or an escort, when those recipients are absent from the assisted living home for the purposes of accessing services or engaging in activities in the community;

2. contact the recipient's representative or care coordinator when the provider is concerned about an emergent condition regarding the recipient's health, safety, or welfare while in the community;
3. notify both the recipient's representative and care coordinator when there is cause for concern about the recipient's health, safety, or welfare; and
4. report as critical incidents all falls experienced by recipients, whether or not evaluation by or consultation with medical personnel was needed.

C. Services and activities.

1. The provider must offer the following to recipients, and must incorporate recipient choice in activity and scheduling:
 - a. a full range of activities ordinarily available in a home, including the opportunity to socialize, to exercise, to participate in household activities, and to be outdoors; and
 - b. opportunities for contact with family and friends, including visits in the home where residential supported -living services are provided.
2. The provider must ensure that services and activities are
 - a. supportive of meaningful engagement by the recipient toward achievement of the outcomes and goals identified in the plan of care;
 - b. varied to meet the interests of the recipients and to promote participation in the greater community to the extent chosen by the recipient;
 - c. social, intellectual, cultural, emotional, physical, or spiritual in nature;
 - d. age appropriate to foster independence and promote dignity; and
 - e. planned jointly by staff and recipients, taking into consideration recipient health, abilities and disabilities, strengths and weaknesses, sensory challenges, interests and hobbies, culture, and life experiences and skills.

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 or unable to provide care.

Because the intent of respite care services is to offer relief to 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 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 service workers 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.

Transportation Services Conditions of Participation

Transportation services may be provided to recipients when natural supports are not available to provide transportation, and the services are necessary to enable recipients to travel to locations where waiver or grant services are provided, or to other community services and resources. These services may not be used for medical services transportation that is available for recipients under 7 AAC 120.405 – 120.490.

The provider who chooses to offer transportation services must be certified as a provider of transportation services under 7 AAC 130.220 (a)(1)(I), meet with the requirements of 7 AAC 130.290, and operate in compliance with the Provider Conditions of Participation and the following standards.

I. Program administration: Agency-based transportation services providers

A. Personnel.

1. Transportation services program director.

- a. The provider must designate a transportation services program director who is responsible for day-to-day management of the program.
- b. The director must be 18 years of age or older, have education or management experience sufficient to direct the program, and have the capacity to facilitate communications between staff and recipients.

2. Drivers.

- a. Drivers must be 18 years of age or older, have a current Alaska driver's license with a class designation appropriate to the type of vehicle operated, and have a safe driving record.
- b. The provider must ensure that all drivers are physically capable and willing to assist recipients.

B. Policies.

1. The provider must have written policies regarding program operations, including, at a minimum, the type of services offered, the hours of operation, scheduling, waiting periods, and the availability of alternate transportation when the provider's vehicles are not operational.
2. The provider must have written incident and accident protocols, including evacuation procedures for recipients in case of accidents, or of medical or weather emergencies.

C. Training.

1. The provider must have on file for staff drivers and volunteers written verification of attendance at, and successful completion of, training regarding safe transportation and the needs of the recipient population.
2. The provider must require all drivers and volunteers to attend the *PASS (Passenger Assistance Safety and Securement)* course offered by the Community Transportation Association of America, or an equivalent course that addresses
 - a. professional customer service;
 - b. use of securement systems for mobility devices and individuals, including requirements regarding child safety;
 - c. lift operation procedures;
 - d. Americans with Disabilities Act;
 - e. universal precautions and basic infection control procedures;
 - f. service animals;
 - g. emergency and evacuation procedures;
 - h. awareness of inappropriate behaviors;
 - i. disability awareness;
 - j. incident and accident protocols in case of accidents, or of medical or weather emergencies; and
 - k. the provider's policy, incorporating the requirements of 7 AAC 130.229, on the use of restrictive interventions.

D. Program operations information.

The provider must make available to recipients written information outlining program operations, including

1. the types of services offered;
2. the hours of operation;
3. the process for recipient scheduling of rides;
4. waiting periods; and
5. the availability of alternate transportation when the provider's vehicles are not operational.

II. Program administration: Transportation business providers**A. Personnel.**

1. Drivers must be 18 years of age or older, have a current Alaska driver's license with a class designation appropriate to the type of vehicle operated, and have a safe driving record.
2. The provider must ensure that all drivers are physically capable and willing to assist recipients.

B. Training.

The provider must ensure that drivers are trained regarding

1. defensive driving;
2. disability sensitivity and passenger assistance;
3. monitoring the interior of the vehicle;
4. universal precautions and basic infection control procedures;
5. incident and accident protocols in case of accidents, or of medical or weather emergencies; and
6. the provider's policy, incorporating the requirements of 7 AAC 130.229, on the use of restrictive interventions.

III. Recipient health, safety, and welfare**A. Provision of services.**

1. The provider must ensure the safety of recipients at all times in the provision of services.
2. The provider must ensure the recipient is free from coercion in the form of appropriation of the recipient's time in order to benefit the provider economically.

B. Assessment of recipient needs.

1. The provider must assess the transportation needs of the recipient by evaluating need for mobility assistance and whether an escort is required for safe transportation.
2. For non-ambulatory recipients, the provider must identify the type of mobility device used by the recipient and evaluate capacity to provide service appropriate for that mobility device.

IV. Vehicle requirements**A. Suitability.**

1. The provider must operate vehicles suitable for the transportation needs of the recipient population.
2. The provider must transport a non-ambulatory recipient in a vehicle appropriate for the type of mobility device used by that recipient.
3. The provider must equip vehicles used to transport recipients with emergency supplies, including a First Aid kit, fire extinguisher, and tools necessary for emergency release of riders.
4. The provider must keep the interior of the vehicle, while in transit, at a temperature appropriate for the comfort and health of recipients throughout the year.

B. Communications.

The provider must equip all vehicles with communications capability for two-way contact with emergency personnel or with provider dispatch personnel who are capable of conveying emergency information to appropriate authorities.

C. Securement.

1. The provider must fit all vehicles used to transport recipients with securement systems appropriate to the needs of the recipients.
2. The provider must use the type of securement system recommended by the manufacturer of a mobility device provided it requires hardware mounted to the vehicle and allows release of both device and rider within 60 seconds without the use of tools.
3. When the recipient's mobility device is not compatible with the provider's securement system, the provider may transfer a recipient to a seat or a mobility device suitable to its installed system if it is safe to do so, the recipient agrees to the transfer, and the recipient's mobility device is transported and available for use at the destination.
4. Transportation business providers must use vehicles equipped with a seat and seat belt for every rider, and comply with regulations regarding the use of seat belts.

D. Maintenance.

The provider must maintain vehicles used to transport recipients in accordance with the vehicle manufacturer's recommended preventive maintenance schedule.

Environmental Modification Services Conditions of Participation

Environmental modification services may be provided to enable the recipient to function with greater independence in the home, or when physical adaptations to a residence are necessary to meet the recipient's accessibility needs. These services may be provided by a construction contractor that is certified by SDS as an environmental services provider or by a home and community-based waiver services provider that oversees an environmental modification project performed by a contractor licensed under AS 08.18.

Adaptations may be made to a residence that the recipient owns; to rental property where the recipient resides, if the property owner consents; or to the residence of each parent or guardian that has joint custody, if the recipient lives in the residence at least part time. Approval for such adaptations is based on the recipient's current assessment regarding long-term, chronic conditions, that restrict mobility rather than on short-term needs or on possible levels of disability or physical decline that might occur in the future. Additionally, because adaptations must be for the direct benefit of a recipient, any adaptations or improvements to a residence that are of general utility, as defined in 7AAC130.300 (j)(3), are not covered as environmental modification services unless an exception under 7 AAC 130.300(j)(3) is met.

The provider who chooses to offer environmental modification services must be certified as a provider of environmental modification services under 7 AAC 130.220(a)(1)(K); meet the requirements of 7 AAC 130.300; and operate in compliance with the following standards. In addition, agency-based providers must operate in compliance with the Provider Conditions of Participation.

I. Program administration

A. Compliance with applicable codes.

1. The provider must comply with federal, state, and local building codes and standards applicable to the types of physical adaptations required for the environmental modification project.
 - a. For civil rights and accessibility compliance requirements, the provider may refer to the *Americans with Disabilities Act*, the *Fair Housing Act*, and state and local requirements regarding civil rights and accessibility.
 - b. The provider must use the design specifications of the *2010 ADA Standards for Accessible Design* in planning for the physical adaptations to the residence where other codes or standards are not applicable.
2. The provider must obtain any permits required for the environmental modification project.

B. Performance requirements.

1. Collaboration with interested parties.
 - a. The provider must cooperate with the recipient and the care coordinator to ensure that the physical adaptations required for the environmental modification project are feasible, and meet the needs of the recipient.
 - b. The provider must ensure that the health, safety, and welfare of the recipient are protected during the project.
 - c. The provider, in planning for work, must take into consideration to the greatest extent possible the recipient's daily routine and any special requirements regarding the use of hazardous materials in the home.
 - d. The provider must keep the recipient informed regarding work schedules, and notify the recipient regarding any delays.

- e. The provider must work with the recipient and the care coordinator to resolve any disagreements regarding dissatisfaction with the project or employee performance; the provider may contact SDS if unable to resolve any issues that remain after discussion with the recipient and the care coordinator.
2. **Provider responsibilities.**
- a. The provider must verify that the owner of the residence understands the full scope of work that will be done, and has given permission for physical adaptations included in the environmental modification project.
 - b. The provider must determine whether the residence is suitable for the planned physical adaptations.
 - i. If the provider discovers a structural, plumbing, or electrical defect that will require work outside the scope of the approved project, the provider must stop work, and consult with Senior and Disabilities Services.
 - ii. Knowingly proceeding with work in a residence not suitable for the planned physical adaptations may constitute grounds for sanctioning the provider under 7 AAC 105.400.
 - c. The provider must supervise the environmental project from the planning stage to completion; the provider
 - i. must coordinate work among subcontractors, and review subcontractor plans to ensure compliance with state and local building codes and standards;
 - ii. must be available for consultation during the project;
 - iii. is responsible for completion of the project within the established timeframe; and
 - iv. is responsible for final inspection to ensure the finished physical adaptations meet the specifications of the approved environmental modification project plan.
 - d. Upon completion of the project, the provider must
 - i. orient the recipient to the physical adaptations;
 - ii. walk through all physical adaptations with the recipient to ensure the project meets the needs of the recipient; and
 - iii. train the recipient regarding the use of equipment installed as part of the project.
 - e. The provider may not carry out a Medicaid-funded environmental modification project in conjunction with any other construction or modification project in the recipient's residence, or under the terms of another agreement regarding the recipient's residence.

II. Project standards

A. Accessibility.

- 1. To the maximum extent feasible, the provider must use the technical provisions regarding, for example, dimensions, materials, and slope, that are generally accepted as necessary to make a space or structure accessible.
- 2. The provider may propose equivalent facilitation when the existing structure of the residence, or the topography of the lot on which the residence is situated, make those specifications technically unfeasible.
- 3. The provider may seek technical assistance from the State ADA Coordinator at www.alaska.gov/ada/ or the Northwest ADA Center at www.dbtacnorthwest.org; however, approval by an entity providing technical assistance does not constitute approval by Senior and Disabilities Services.

B. Materials.

- 1. The provider must purchase and install all materials, supplies, and equipment required for the environmental modification project.
- 2. The provider must use standard contractor-grade construction materials, supplies, and equipment for the project, unless upgraded, custom construction materials would be needed to match existing materials that were affected by the project.
- 3. The provider may not install materials, supplies, and equipment purchased by the recipient or any other individual, unless otherwise approved by Senior and Disabilities Services.

C. Labor.

1. The provider may bill only for usual and customary costs of labor.
2. The provider must maintain records to support billing for labor, including date, name, time worked, and type of work performed for each person who worked on the project.

D. Notice of completion of project.

1. The provider must notify Senior and Disabilities Services when the environmental modification project is completed.
2. The provider must submit to Senior and Disabilities Services
 - a. photographs that demonstrate completion of the environmental modification project;
 - b. a copy of the written, final inspection report stating the project is complete and meets applicable codes, if such report is required for physical adaptations to a residence in that location; and
 - c. written verification from the recipient or the recipient's representative that the project has been completed satisfactorily.
3. Senior and Disabilities Services retains the right to final review and approval for payment based on
 - a. satisfactory performance by the provider;
 - b. appropriateness of materials, supplies, and equipment used for the project; and
 - c. whether the completed project meets the accessibility needs of the recipient or enables the recipient to function with greater independence in the home.

III. Settlement plan for projects in-progress at the time of recipient relocation or death**A. Suspension of work.**

1. The provider, upon learning that the recipient has moved from the premises where an environmental modifications project has been approved or that the recipient died, must stop all work in progress, and contact Senior and Disabilities Services for project settlement instructions.
2. If the recipient has moved or died, a provider that has not started an approved project at the residence of the recipient may not start work on-site under any circumstances.

B. Meeting with project participants.

1. The provider must meet, by teleconference or in-person, with Senior and Disabilities Services and the property owner to discuss
 - a. the current stage of the project, expenditures, materials, and supplies at hand;
 - b. the property owner's viewpoint regarding project completion; and
 - c. adjustments to the scope of work and costs.
2. The provider may continue with the project only when the adjusted scope of work and costs, and an adjusted time frame for completion, have been approved in writing by Senior and Disabilities Services.

C. Reimbursement limitations.**1. Materials and fees.**

- a. The provider may bill only for those materials and fees that
 - i. were included in the approved scope of work;
 - ii. were purchased after project approval;
 - iii. were utilized for the adjusted project; and
 - iv. cannot be refunded to the provider by the retail source.
- b. The provider may request reimbursement for nonrefundable materials and fees by submitting to Senior and Disabilities Services
 - i. copies of receipts for materials and fees; and
 - ii. a written explanation of the reason materials and fees could not be returned for a refund from the retail source.

2. Labor costs.

The provider may bill only for actual labor costs and labor required to complete the adjusted scope of work.

3. Project completion.

- a. The provider must accept an adjusted financial settlement for materials, fees, and labor that is off-set by the project start-up prior authorization even if not already billed.
- b. The provider must repay any advance and forfeit the remainder due if the provider fails to complete the adjusted project within the adjusted timeframe unless Senior and Disabilities Services approves a later completion date for cause.
- c. Depending upon the terms of the settlement plan agreed to by the project participants, the provider may be required to submit to Senior and Disabilities Services
 - i. photographs that demonstrate completion of the adjusted scope of work;
 - ii a copy of the written, final inspection report stating the project is complete and meets applicable codes, if such report is required for physical adaptations to a residence in that location; and
 - iii. written verification from the property owner that the project has been completed satisfactorily.
- d. The provider must request the balance due from the Medicaid fiscal agent within 30 days of completion of the adjusted project.

Supported Employment Services Conditions of Participation

Supported employment services may be provided to assist recipients to acquire and maintain the work-related skills necessary to become self-employed or for employment in an integrated work setting in the general workforce, at or above minimum wage with the level of benefits paid by the employer for the same or similar work performed by individuals who are not recipients. These services focus on activities that will meet the recipients personal and career goals; lead to an appropriate job match for the recipient and the employer; and may include vocational or job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, and career advancement activities. In addition, the services may include benefits support, training, planning, and asset development. Following job placement, the provider may offer intensive, ongoing supports, including supervision, job coaching, and additional training, to enable recipient to perform in the workplace.

Supported employment services may be offered in a variety of settings, but, because independence and community integration are significant goals for these services, they may not be provided in sheltered workshops or other similar specialized vocational facilities.

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. Supported employment program administrator.

- a. The provider agency must designate a supported employment 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 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 meeting education and experience requirements, the administrator must possess, or develop before providing program services, the knowledge base and skills necessary to carry out the supported 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 evaluate, and to develop a plan of care to meet the needs of the population to be served; and
 - (B) the ability to supervise and support supported employment services worker.
2. **Supported employment services direct service workers.**
 - a. Direct service workers 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 supported employment services plan.
 - b. Required 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 record or file.
 - c. Required skill set:
 - i. vocational 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 training for direct service workers to ensure they are qualified to perform, and to maintain a safe environment while providing, supported employment services.
 2. The provider must provide training for direct service workers in regards to the following:
 - a. state policy and regulations governing the provision of supported employment services;
 - b. understanding the needs of the population to be served;
 - c. universal precautions and basic infection control procedures; and
 - d. personal care skills for those recipients who require assistance while receiving supported employment services.

C. Monitoring services.

The provider agency must monitor the delivery of supported employment services as frequently as necessary to evaluate whether the following conditions are met, and take action to correct if not met:

1. the services are furnished in accordance with the plan of care and in a timely manner;
2. the provider is not billing for the supervisory activities rendered as a normal part of the business setting;
3. the services are delivered in a manner that protects the recipient's health, safety, and welfare.

II. 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 a supported employment program;
2. payments that are passed through to users of supported employment programs; or
3. payments for any training that is not directly related to the recipient's supported employment program.

III. Supported employment services plan**A. Development.**

1. The provider must collaborate with the recipient and the recipient's planning team
 - a. to determine the recipient's need for supported employment services, and
 - b. to identify the outcomes and goals the recipient can achieve through the services.
2. The provider must specify in a supported employment services plan
 - a. the activities that will assist the recipient to secure and retain employment or self-employment; and
 - b. the amount, frequency, and duration of each activity.
3. The supported employment services plan must be retained in the recipient's file, and be made available to Senior and Disabilities Services upon request.

B. Implementation.

1. The provider must ensure the safety of the recipient at all times in the provision of services.
2. The provider must provide services in a manner that results in the intended outcomes and goals of service provision including:
 - a. 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 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.