Home and Community-Based Waiver Services

Initial Certification Application Content Guidance

SDS requires all providers seeking certification to submit a complete application for evaluation.

This document serves as the provider's guide and checklist to submit a complete application.

Provider Responsibilities

Senior and Disabilities Services (SDS) expects providers to know and follow the Home and Community-Based Waiver (HCBW) regulations related to certification, as well as the Conditions of Participation for the service(s) requested. The application and supporting documents submitted to SDS must demonstrate understanding of these regulations and that you are ready to provide the service(s) requested. SDS developed the following guidance to help you prepare your application for certification.

Application Submission Format and Tips

Submit your application using **one** of the following three submission methods:

- ☐ Electronic (email) submission (*preferred method*) must be:
  - In a PDF format (not MS Word, JPEG, etc.)
  - Emailed to: doh.dsds.certification@alaska.gov
- ☐ Fax submission must be:
  - Letter-size documents (8.5 x 11-inch paper)
  - Must contain cover page that identifies the total number of pages being submitted
  - Faxed to: 907-754-3475
- ☐ Hard copy submission must be:
  - Letter-size documents (8.5 x 11-inch paper)
  - Unbound (no staples, plastic page protectors, notebook binders, or plastic spiral binding)
  - Mailed or hand-delivered to *SDS* at *1835 Bragaw Street, Suite 350, Anchorage, AK 99508*

Complete Applications

Your application will be considered a "complete" packet if it consists of:

- ☐ Waiver Provider Certification Application (Cert-01)
- ☐ Corresponding Service Declarations for each service you are requesting to offer
- ☐ Required attachments as identified on the Cert-01 and each service declaration
- ☐ Provider Core Requirements (see below)
- ☐ Operations Manual containing all required policies and procedures applicable to the services you are requesting to offer.

If your application is returned to you as incomplete, you **must** resubmit your ENTIRE application packet.

Provider Core Requirements

1. **Certification Application Forms**
   - ☐ Submit Waiver Services Provider Certification Application (Cert-01)
   - ☐ Submit Provider Certification Application Policy Assurances form (Cert-37)

2. **Certification Service Declaration Forms**

- ☐ Find Service Declarations at https://health.alaska.gov/en/resources/approved-sds-forms/
- ☐ Submit a Service Declaration for *each service* marked on your certification application. Applications that do not have corresponding Service Declarations will **not** be reviewed.
- ☐ Submit all required attachments as identified on each Service Declaration, if applicable.

3. **Business License**

- ☐ Review requirements for business licensing at https://www.commerce.alaska.gov/web/cbpl/BusinessLicensing
- ☐ Submit a copy of the agency's current State of Alaska business license. The owner identified on your business license must correspond with the form of organization reported on your certification application.

4. **Certificate of Insurance**

- ☐ Review the Provider Conditions of Participation section on financial accountability for insurance standards. Submit a certificate of insurance that verifies current coverage(s) listed below, as applicable to your agency and the service(s) you provide:
- ☐ *Commercial General Liability*: All providers must maintain insurance that includes coverage for commercial general liability.
  - ***Exception***: Professional liability is ONLY good for sole proprietorship care coordination agencies that do not employ staff or volunteers. Professional liability is **not** an option for sole owners operating under an LLC or Incorporated business structure.
- ☐ *Workers' Compensation:* All providers must maintain insurance that includes coverage for workers' compensation. (Review workers' compensation requirements at https://labor.alaska.gov/wc/).
  - ***Exception***: Agencies that have no employees, volunteers, etc. and all business operations and service delivery are the sole responsibility of the owner(s) are not required to maintain workers' compensation coverage but **must submit** a *Worker Assurances* form (Cert-03).
- ☐ *Commercial Automobile Liability:* Appropriate automotive liability coverage proof is required for vehicles used to transport recipients.
- ☐ The certificate of insurance must identify:
  - The policy number(s)
  - Current coverage dates
  - The agency's name
  - The agency's physical address
  - The physical address for each service delivery location covered by the policy
  - SDS as the certificate holder with the following address:
    Senior and Disabilities Services
    Provider Certification & Compliance
    1835 Bragaw Street, Suite 350
    Anchorage, AK 99508

5. **Critical Incident Reporting (CIR) Training**

- ☐ Review the Provider Conditions of Participation section on training regarding CIR training. CIR training through SDS Training Unit must be completed at least *every two years* by Program Administrators and agency supervisors of HCBW services.
- ☐ Register and complete the on-demand SDS CIR training course located at the SDS Training Academy.

- ☐ Submit a copy of the SDS CIR training certificate(s) of completion for the appointed Program Administrator. If the service(s) you are requesting to offer do not require a Program Administrator, submit proof of CIR training for the Director of services and/or appropriate supervision staff.

6. HCBW Settings Training

- ☐ Settings training is required for Program Administrators of agencies applying for initial certification for Care Coordination, Congregate Meals, Employment Services, Residential Habilitation (Group Home, Family Home Habilitation, Supported Living), Residential Supported Living, Adult Day Services, and/or Day Habilitation. This training must be completed prior to certification approval and taken again during each certification period assigned by SDS.
- ☐ Complete the on-demand SDS Settings training course located at the SDS Training Academy.
- ☐ Submit a copy of the HCBW Settings training certificate of completion for the appointed Program Administrator. If the service(s) you are requesting to offer do not require a Program Administrator, submit proof of Settings training for the Director of services and/or appropriate supervision staff.

7. Organization Chart/Personnel List/New Alaska Background Check System (NABCS) Account

- ☐ Review information regarding background checks at https://health.alaska.gov/en/services/background-check-program/
- ☐ Once a complete certification application is submitted and accepted, SDS will submit a form to the Background Check Program (BCP) to create a NABCS account for the agency. The BCP will be in contact with the agency to establish access to the NABCS account.
- ☐ Once a NABCS account is created, the agency will be responsible for ensuring the individuals listed on the agency's organization chart (see below) are listed on the NABCS employee roster. Prior to certification approval, the agency's organization chart and NABCS employee roster must match.
- ☐ Submit an organizational chart that identifies the following:
  - Names of the individuals filling each position (if a position is not filled, indicate "vacant")
  - Names of all board members, if applicable
  - Name of individual responsible for Medicaid billing
  - Names of individuals with an ownership interest in the provider agency
  - Name of back-up Care Coordinator(s), if applicable
  - Any and all individuals associated with the provider in a manner described in 7 AAC 10.900(b)
- ☐ Submit a personnel list if the agency is too large to include all staff on the organization chart. Submit the list in alphabetical order by last name including job title next to personnel member name; *preferred method is within Excel*.
- ☐ Organizational chart must clearly demonstrate that there are enough staff/employees to deliver all services for which you are seeking certification.

8. Program Administrator

- ☐ Review the Conditions of Participation for each service selected on your application to determine if an approved Program Administrator is required. (*required for most services*)
- ☐ If a Program Administrator is required for the service(s) you are applying for, review the minimum age, education, work experience, knowledge base, and skill requirements that must be met.

Submit the following:

- ☐ A completed Notice of Appointment or Change of Program Administrator (Cert-04)
- ☐ Education: Acceptable documentation includes copies of diplomas, certificates, degrees, transcripts, or other evidence from the educational institution. Unofficial copies are acceptable.

- ☐ Work Experience: A current resume that includes the following (review the Resume Example under Provider Certification Forms):
  - names of employers
  - positions held/job titles
  - whether each position was full-time or part-time
  - exact dates of employment (month/day/year)
  - describe the duties of each position to highlight how those duties added to the knowledge base and skills necessary to manage the service
  - list education and training

Operations Manual

In this section, SDS lists minimum content requirements for each policy and procedure. Do not submit entire Employee Handbooks or Personnel Policies unless sections of those documents are required attachments and they are clearly labeled using the same titles listed on the application forms.

Your agency must address all items listed for each policy, incorporating any requirements specified in regulations.

- A policy is a statement of your agency's position regarding a subject, summarizing what is to be done and why.
- A procedure describes each step in the process of implementing the policy, identifying who does what, when it is done, and *how* it is done.

1. Background Check Policy and Procedures

- ☐ Review the Alaska Background Check Program information, including statutes and regulations at https://health.alaska.gov/en/services/background-check-program/
- ☐ Submit policies and procedures that indicate:
  - which positions and roles at the agency are required to go through the background check process
  - the requirement for individuals to be associated to the agency in the background check program account and have at minimum a provisional clearance prior to working with clients and/or their PHI
  - the procedures if an individual has a barring condition prior to employment or while employed with the agency
  - how the agency will ensure that individuals who are not required to have background checks are supervised when they are present in the agency location
  - how the agency will monitor employees to ensure they continue to meet all requirements regarding background checks
  - how the agency will ensure individuals requiring background checks are separated or terminated from the agency background check account when the individual is no longer employed or associated with the agency in accordance with 7 AAC 10.925
  - that the agency will, in addition to ensuring valid criminal history checks, check the State of Alaska Medicaid Exclusion list and the Federal exclusion list

2. Critical Incident Reporting (CIR) Policy and Procedures

- ☐ Review the Provider Conditions of Participation sections on critical incident reporting training and on quality management self-assessment and 7 AAC 130.224 Critical incident reporting.
- ☐ Submit policies and procedures that indicate:

- which agency employees are required to complete SDS CIR training. Training must include, at minimum, the Program Administrator and the individuals who supervise each HCBW service the agency is certified to offer.
- how will the agency ensure that critical incident reports are correctly routed through Centralized Reporting within the required timeframe
- description of your agency's system that ensures all elements identified in 7 AAC 130.224 are addressed including:
  - identify which incidents are considered critical incidents according to SDS regulations
  - procedures for investigating, analyzing and tracking CIRs as a required element in your agency's Quality Improvement Report
  - plan to ensure each member of the provider's staff who is required to take CIR training completes the training every two years either via the SDS course or agency training

3. Financial Accountability Policy and Procedures

☐ Review the Provider Conditions of Participation section on financial accountability for financial system standards and 7 AAC 105.230 and requirements for provider records.

☐ Submit policies and procedures that indicate:

- how the agency's financial system, based on generally accepted accounting principles, ensures claims for payment are accurate
- how the agency's financial system will maintain records in accordance with 7 AAC 105.230
- how the agency will report to the Medicaid fiscal agent, and void or adjust, when identified, Medicaid monies that represent overpayments
- describe the agency monitoring process to ensure claims for reimbursement are for services rendered by an individual that has a valid criminal history check or variance in place
- how the agency will cooperate with all required audits, investigation, and remediation activities
- Identify how the agency will report suspected Medicaid fraud, abuse, or waste, or suspected financial exploitation of a recipient

4. Independence and Inclusion Policy and Procedure

☐ Review 7 AAC 130.217 Support plan development and amendment

☐ Review 7 AAC 130.218 Person-centered practice

☐ Review 7 AAC 130.220 Provider certification

☐ Review the Provider Conditions of Participation and the individual Conditions of Participation for settings standards specific to each service

☐ Review Residential Licensing program information, including the Assisted Living Home Statutes and Regulations at https://health.alaska.gov/en/services/assisted-living-licensing-and-renewals/

☐ Submit policies and procedures that indicate:

- how the agency will facilitate and support recipient:
  - access to the broader community
  - rights to privacy, dignity, and respect
  - freedom from coercion and restraint
  - choice to seek employment and work in competitive integrated settings
- how the agency will monitor and evaluate services to ensure compliance with settings requirements

Additional requirements for providers that own or control a residential setting where the following services are provided:

- ✓ Residential Supported Living (RSL)
- ✓ Residential Habilitation - Group Home
- ✓ Residential Habilitation - Supported Living
- ✓ Residential Habilitation - Family Home

- o Service/Lease Agreement (required) and current House Rules (if applicable) that describe how the agency will facilitate, support, and ensure :
  - responsibilities and protections from eviction
  - privacy in sleeping or living unit (i.e., locks)
  - choice of roommate in shared living units
  - choice to furnish and decorate their living space
  - freedom to control daily schedules and activities
  - access to food and general facilities at any time
  - access to and control over personal resources
  - visitation/curfew
  - setting is physically accessible to recipients

5. Medication Management Policy and Procedures

- ☐ Review 7 AAC 130.227 and Provider Conditions of Participation sections on Administration of medication and assistance with self-administration of medication for medication (ASAM) standards. Note subsection (a) in regulation to determine whether the services being offered require administration of medication and ASAM as a part of the service.
- ☐ Agencies required to submit a policy must address BOTH administration of medication and ASAM. Please note that administration of medication training approved by the Board of Nursing (BON) does not meet the ASAM training required by SDS. These are two separate training requirements.
- ☐ The administration of medication training curriculum must be approved by the BON and be provided by a Registered Nurse.
- ☐ To meet ASAM training requirements, agencies can choose one of the following:
  - o ASAM training curriculum developed by the provider to include all of the elements listed in 7 AAC 130.227(j), or
  - o the Alaska Training Cooperative (ATC) training
- ☐ Submit policies and procedures that indicate:
  - o the methods the provider will use to teach personnel that medication administration and ASAM includes only the activities described in 7 AAC 130.227
  - o training goals including the agency's policy on the frequency of training of personnel
  - o plans and activities to enable trainees to achieve those goals
  - o methods of assessing trainee achievement of the training goals
  - o processes for evaluating the effectiveness of the training methods
  - o how the agency will ensure that:
    - written delegation authorizing administration of medication and ASAM is on file for a recipient
    - adequate information regarding recipient medications is available for personnel
  - o how agency will manage medications errors including:
    - documenting and tracking medication errors

- reporting any medication error that results in medical intervention as a critical incident
- monitoring medication errors and documenting appropriately for inclusion in the Quality Improvement Report

6. Person-Centered Practice Policy and Procedures

☐ Review 7 AAC 130.217 Support plan development and amendment

☐ Review 7 AAC 130.218 Person-centered practice

☐ Review 7 AAC 130.220 Provider certification

☐ Review the Provider Conditions of Participation and the individual Conditions of Participation for person-centered planning standards for each service.

☐ Submit policies and procedures that indicate:

- the agency's process to:
  - provide information to the recipient, in plain language, regarding services and supports available to them
  - identify recipient choice and preference in activities/services offered
  - identify and reflect recipients' cultural considerations
  - ensure recipient requests are addressed in a timely manner
  - accommodate recipients' choice to change service/service provider at any time
  - solving conflicts or disagreements that may arise during the planning process
  - monitor and evaluate recipient services and satisfaction for inclusion in the Quality Improvement Report
- how the agency ensures services:
  - meet the clinical and support needs of the recipient
  - reflect recipients' goals and desired outcomes
  - are delivered by direct care workers who demonstrate the capacity to provide services according to the person-centered plan
- how the agency will:
  - evaluate whether the services offered can meet the needs of the recipients
  - develop and implement a person-centered support plan for each recipient
  - reevaluate the recipient to determine whether services delivered are meeting identified needs and the frequency in which this process will occur

Additional requirements for care coordination agencies:

- how the agency will:
  - document all options for services and supports offered to recipients
  - ensure service delivery setting(s) selected by recipient are integrated in, and support full access to, the greater community
  - identify the individuals responsible for monitoring service delivery
- the agency's process to accommodate modifications to the person-centered plan:
  - when recipient circumstances or needs change significantly
  - upon recipient request
  - at least every 12 months
- the agency's process to identify, document, and evaluate any limitations/restrictions to include:
  - how individualized need for modification is assessed
  - ongoing interventions and supports tried
  - data collection and timeline for data review
  - assurance that modification does not harm recipient and negatively impact others
  - includes informed consent of recipient/legal representative

7. **Quality Improvement Policy and Procedures**

- ☐ Review the Provider Conditions of Participation section on quality management.
- ☐ Submit policies and procedures that indicate:
  - what position(s) at the agency will be responsible for:
    - developing the quality improvement report
    - maintaining records to support the data in the report
  - how the agency will perform a self-assessment to include data collection and analysis of the minimum required elements to be included in Quality Improvement Report
  - how the agency will:
    - analyze all collected data and information to identify problems and opportunities for improvement
    - remedy problems and act to improve services

8. **Restrictive Interventions Policy and Procedures**

- ☐ Review 7 AAC 130.229 Use of restrictive interventions for intervention standards and definitions.
- ☐ Submit policies and procedures that indicate:
  - the circumstances under which the agency will allow use of restrictive intervention
  - the agency clearly prohibits the use of chemical restraints, seclusion, and prone restraints
  - how the agency determines appropriate types of restrictive intervention for the population served
  - how the agency will evaluate the use of a restrictive intervention while recipients are in the care of or receiving services from the provider
  - training in the use of restrictive intervention to include:
    - type of training
    - how and when training is conducted
  - the requirements for documenting each intervention
  - how the agency will manage and report the use of restrictive interventions including:
    - documenting and tracking the use of restrictive interventions by the agency in accordance with 7 AAC 130.229
    - reporting any misuse of restrictive intervention, and any use that results in medical intervention, as a critical incident
    - monitoring and evaluating the use of restrictive interventions for inclusion in the Quality Improvement Report

9. **Termination of Provider Services Policy and Procedures**

- ☐ Review the Provider Conditions of Participation section on termination of recipient services and 7 AAC 130.233 Provider termination of services to a recipient.
- ☐ Submit policies and procedures that indicate:
  - how the agency will retain records that document recipient behavior and the steps taken to address the behavior to support a decision to terminate services
  - how the agency will ensure supervisory review before termination
  - how the agency will provide written notice of termination that:
    - is within the required timeframes
    - designates the reasons for the decision
    - specifies the process for recipients to appeal the decision

- suggests other sources for the services being terminated

- how the agency will provide written notice to:
  - the recipient and Senior and Disabilities Services
  - to the care coordinator, if applicable
  - the appropriate adult or child protection agency if termination will create a risk of harm to the recipient
- if termination of services is due to agency closure, sale, or change or ownership, how the agency will manage termination of services with proper notification to recipients and SDS within the required timeframes

10. Training Policy and Procedures

☐ Review the Provider Conditions of Participation section II.B. for overall training standards as well as the individual services Conditions of Participation for additional training standards specific to each service.

☐ Review the following regulations and statutes regarding training requirements:

- 7 AAC 130.224 Critical Incident Reporting
- Provider Conditions of Participation CPR and First Aid Training
- 7 AAC 130.227 Administration of Medication and Assistance with Self-Administration of Medication
- 7 AAC 130.229 Use of Restrictive Intervention
- AS 47.17.020 Child Protection
- AS 47.24.010 Protection of Vulnerable Adults

☐ Submit policies and procedures that indicate:

- at what point in time and how frequently the agency will train employees in compliance with the training standards established in regulations, Provider Conditions of Participation and applicable individual service Conditions of Participation
- how the agency will ensure that employees have documented training in their employee file in the following required areas to be in compliance:
  - Critical Incident Reporting
  - First Aid/CPR
  - Mandatory Reporting
  - Orientation and training
  - Restrictive Interventions
  - Medication Administration and ASAM for all individuals who provide services to recipients
- how the agency will monitor training to ensure that
  - staff are informed of the agency's emergency response plan
  - staff first aid and CPR training certification complies with the required timeframes for renewal
  - staff skills necessary to work with recipients are upgraded as needed

Service Specific Information and Requirements

1. Adult Day:

☐ Review the Adult Day Services Conditions of Participation

☐ Floor Plan: Submit a diagram of the floor plan showing exits, ramps or elevators, location of fire extinguishers, square footage of rooms, use of rooms, toilets, sinks, rest area, storage space, closets, and office area.

- ☐ Building Permit: Submit a copy of the building or use permit required by the local government where the site-based services are located. This is different from a permit to construct or remodel a facility. In the Municipality of Anchorage, this is referred to as a "Certificate of Occupancy".

NOTE: A pre-certification onsite review will be conducted for all initial applications for Adult Day services.

2. **Care Coordination Agency:**
   - ☐ Review the Care Coordination Services Conditions of Participation
   - ☐ Submit a Care Coordination Agency Conflict of Interest Attestation (Cert-46)
3. **Day Habilitation (Site-Based only):**
   - ☐ Review the Day Habilitation Services Conditions of Participation
   - ☐ Building Permit: Submit a copy of the building or use permit required by the local government where the site-based services are located. This is different from a permit to construct or remodel a facility. In the Municipality of Anchorage, this is referred to as a "Certificate of Occupancy"

   NOTE: A pre-certification onsite review will be conducted for all initial applications for Site-Based Day Habilitation services.
4. **Employment Services:**
   - ☐ Review the Employment Services Conditions of Participation
   - ☐ Submit proof that the appointed Program Administrator has completed a National Certification in Employment Services (NCES) training or that they have a current Certified Employment Support Professional (CESP) credential.
5. **Meals:**
   - ☐ Review the Meal Services Conditions of Participation
   - ☐ Submit a copy of the current food service permit from the State of Alaska or the Municipality of Anchorage.
   - ☐ Submit a copy of your current five-week cycle menu that has recently been approved and signed by a Registered Dietician or Nutritionist licensed in Alaska.
6. **Residential Habilitation (Family Home – Adult):**
   - ☐ Review the *Residential Habilitation Services Conditions of Participation*
   - ☐ Submit a Family Home Habilitation Site Information (Cert-13) form with all information completed.
   - ☐ Submit a copy of current State of Alaska assisted living home (ALH) license(s) for the home(s) included in your certification application. Your license type must be compatible with the Waiver program(s) recipients you wish to serve as follows:
     - Developmental Disability/Mental Health (DDMH)
       - APDD, CCMC (aged 18-22), IDD
7. **Residential Habilitation (Family Home – Child):**
   - ☐ Review the Residential Habilitation Services Conditions of Participation
   - ☐ Submit a Family Home Habilitation Site Information (Cert-13) form with all information completed.
   - ☐ Submit a copy of current State of Alaska Community Care Foster Home License(s) for the home(s) included in your certification application. Your license type must be compatible with the Waiver program(s) recipients you wish to serve as follows:

- Community Care Foster Home License
  - IDD or CCMC up to age 18 years old

8. **Residential Habilitation (Group Home):**

☐ Review the Residential Habilitation Services Conditions of Participation

☐ Submit a Group Home Habilitation Site Information (Cert-12) form.

Important Reminder: All Group Homes ***must*** be operated by the agency seeking certification.

☐ Submit a copy of your current State of Alaska assisted living home (ALH) license(s) for the home(s) included in your certification application. Please note that your license type must correspond with the services and programs selected on your application and service declaration.

- Developmental Disability/Mental Health (DDMH) License
  - APDD, CCMC (aged 18-22), IDD
- Senior Services (SS) License
  - APDD/IDD **only** if the provider has an approved licensing variance
- Dual (both SS and DDMH) License
  - APDD, CCMC (aged 18-22), IDD

9. **Residential Supported Living (RSL):**

☐ Review the Residential Supported Living Services Conditions of Participation

☐ Submit a copy of your current State of Alaska assisted living home (ALH) license(s) for the home(s) included in your certification application. Please note that your ALH license type must correspond with the services and programs selected in your application packet.

- Developmental Disability/Mental Health (DDMH) License
  - APDD
  - ALI **only** if the provider has an approved licensing variance
- Senior Services (SS) License
  - ALI
  - APDD **only** if the provider has an approved licensing variance
- Dual (both SS and DDMH) License
  - ALI, APDD

10. **Transportation:**

☐ Review the Transportation Services Conditions of Participation

☐ Local permit:
  - Submit a copy of commercial passenger vehicle permit(s) if required by your local government.

☐ Vehicle registration:
  - Private* Transportation Services providers must submit a copy of the current State of Alaska vehicle registration for each agency vehicle used to transport recipients. Vehicles must be owned or commercially leased by an agency that is a HCBW services provider, not a private party.

Private = HCBW agencies that provide other certified services in addition to transportation.

Residential License Types

Waiver Programs:

- **ALI** (Alaskans Living Independently): Adults 22 & over with significant needs for daily living supports.
- **APDD** (Adults with Physical and Developmental Disabilities): Adults 21 and over who experience significant physical and developmental limitations.
- **CCMC** (Children with Complex Medical Conditions): Children and young adults under the age of 22 years, who require a level of care ordinarily provided in a nursing facility.
- **IDD (**Intellectual and Developmental Disabilities): People of all ages who experience intellectual or developmental disabilities.
- **ISW** (Individualized Supports Waiver): *not eligible for licensed residential services*

License Types:

- **DDMH** (Developmental Disability/Mental Health) states on the license and serves "*Adults, age 18 years and older who have a mental or developmental disability".*
- **SS (**Senior Services) states on the license and serves "*Adults age 18 years and older who have a physical disability, are elderly or suffer from dementia but who are not diagnosed as chronically mentally ill".*
- **Dual License** means the provider serves both SS and DDMH populations and states on the license, "*Adults age 18 years and older who have a physical disability, are elderly or suffer from dementia, or who have a mental or developmental disability*".
- **Community Care License** for foster homes – issued by the Office of Children's Services (OCS).