Home and Community-Based Waiver Services

Provider Certification Application Content Guidance

Provider Responsibilities

The provider is responsible for knowing and implementing the Home and Community-Based Waiver (HCBW) Services regulations applicable to certification and renewal. The documents submitted by the provider for certification must demonstrate knowledge and understanding of the regulations and provide assurances of compliance with all regulations applicable to the services offered. To assist the provider in the preparation of materials for certification, Senior and Disabilities Services (SDS) developed the following guidance.

Application Format and Tips

To facilitate the certification process, the following guidance is offered to ensure all submissions are received in a preferred format that prevents delay to submission and/or evaluation of documents submitted:

- ☐ Electronic Submission (preferred method) must be
    - In a PDF format (not MS Word, JPEG, etc.)
    - Attachments grouped into two categories: Provider Core Requirements and Operations Manual with contents for each as described below
    - E mailed to: mailto:DSDSCertification@alaska.gov
- ☐ Hard Copy Submission must be
    - Letter-size documents (8.5 x 11 inch paper)
    - Placed in the order listed on the application form using the titles provided (no tabs needed)
    - Unbound (no staples, plastic page protectors, notebook binders, or plastic spiral binding)

IMPORTANT

- If completing a certification application for more than one location, clearly identify and separate out all applicable forms and documents being submitted specific to each location
- If completing a renewal certification application, only send policies and procedures if there are any changes or updates made by your agency *or* there has been a change in regulation since last certification requiring a new policy and procedure be submitted.
- Only send the documents that are required for Medicaid certification. Do not send documents that were used to obtain grant funding, licenses, or other items. This will greatly increase the speed at which the application is evaluated.

Attachments

In this section, SDS lists minimum content requirements for each attachment listed on the application. 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. SDS recommends that policies be submitted as separate, individual documents.

Policy and Procedures

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

- ☐ A policy is a statement of your agency position regarding a subject, summarizing what is to be done and why, without indicating how it is to be done

☐ A <u>procedure</u> is a step in the process of implementation of your agency policy that addresses who does what, when it is done, and how it is done

For examples of policies and procedures, you may review the *SDS Policy and Procedures Manual.* See SDS policy number 1-2 on Policies and Procedures Development, Attachment A, for writing guidelines used by SDS.

Provider Core Requirements

1. Application with required Service Declarations and other forms
2. Business License
3. Certificate of Insurance
4. Critical Incident Reporting Training
5. Settings Training
6. Organizational Chart/Personnel List
7. Program Administrator

Operations Manual

1. Background Check Policy and Procedure
2. Critical Incident Reporting Policy and Procedure
3. Financial Accountability Policy and Procedure
4. Independence and Inclusion Policy and Procedure
5. Medication Management Policy and Procedure
6. Person-Centered Practice Policy and Procedure
7. Quality Improvement Policy and Procedure
8. Restrictive Intervention Policy and Procedure
9. Termination of Provider Services Policy and Procedure
10. Training Policy and Procedure

Policy Assurance Form

The **CERT-37** *(Provider Certification Assurance on Policies)* must be signed and submitted with initial and renewal applications attesting the following policies and procedures are developed and implemented at the certified agency. These policies are not required to be submitted and must be available to SDS upon request:

1. Complaint Management Policy and Procedure
2. Confidentiality Policy and Procedure
3. Notice of Privacy Practices
4. Conflict of Interest Policy and Procedure
5. Emergency Response Policy and Procedure
6. Evaluation of Employees Policy and Procedure

Provider Core Requirements Guidance

1. **Business license**
   ☐ Review requirements for business licensing at
   https://www.commerce.alaska.gov/web/cbpl/BusinessLicensing.aspx
   ☐ Submit a copy of the agency's current State of Alaska business license. The business license must show the name of provider agency, including the "doing business as" (dba) entity, applying for certification to provide services

2. **Certificate of Insurance**
   - ☐ Review the *Provider Conditions of Participation* section on financial accountability for insurance standards
     - o All providers must *obtain* and *maintain* insurance that includes coverage for comprehensive general liability
     - o Professional Liability Insurance will be accepted in place of "comprehensive general liability" for sole proprietorship care coordination agencies. Care coordination agencies that employ staff are still required to provide proof of comprehensive general liability insurance.
     - o Workers' Compensation insurance coverage is required with rare exception (for information regarding Workers' Compensation, go to *http://labor.alaska.gov/wc/)*
     - o Agency owners that have no employees and operate by providing all service themselves must submit a *Worker Assurances Form* (Cert-03) with each certification application
     - o Appropriate automotive liability coverage proof is required for vehicles used to transport recipients
   - ☐ Submit a copy of the Certificate of Insurance naming Senior and Disabilities Services as the certificate holder with the following address:

     Senior and Disabilities Services
     Provider Certification & Compliance Unit
     1835 Bragaw Street, Suite 350
     Anchorage, AK 99508

3. **Critical Incident Reporting (CIR) Training**
   - ☐ Review the *Provider Conditions of Participation* section on training regarding CIR training
   - ☐ Program Administrator and supervisors at the agency that oversee HCBW services, at minimum, are required to complete CIR training through SDS Training Unit webinar at least every two years
   - ☐ Register and complete the on demand SDS CIR Training course located on the SDS webpage: *SDS Training Schedules and Registration*
   - ☐ Submit with the certification application a copy of the certificate of completion of the SDS CIR training for the appointed Program Administrator. If service applying for does not require a Program Administrator, submit proof of training for appropriate supervision staff as required in regulation and COPS

4. **Organization Chart/Personnel list**
   - ☐ For an example of the required format, see *Organization chart example* found on the Approved Forms page
   - ☐ Submit a chart that shows, in a graphic format, how the agency is organized to provide services, specifying the following:
     - o the title for each position or job and the name of the individual filling the position
       - ▪ if a position is not filled, indicate "vacant"
       - ▪ include all owners, employees, accounting and billing positions, volunteers, and contractors that provide or support services
     - o lines of authority:
       - ▪ from owner or board of directors to management personnel
       - ▪ from management personnel to program administrator or individual responsible for the day-to-day management of each service for which you seek certification
       - ▪ from Program Administrator to direct care workers
   - ☐ 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

5. Program Administrator

☐ Review the *Conditions of Participation* for every service the agency plans to offer to determine if an approved Program Administrator is required for the services the agency is seeking certification:
   o If yes, review the minimum work experience and educational requirements for a Program Administrator
   o If no, review of requirements unnecessary

☐ Education
   o Submit a completed CERT-04 *(Notice of Appointment or Change of Program Administrator)* and required documentation that shows the individual meets all of the educational requirements specified:
      ▪ Acceptable documentation includes copies of transcripts (unofficial copies are acceptable), certification and licenses, or other evidence of required credentials

☐ Work Experience
   o Documentation of relevant and qualifying work experience is preferred in resume format
   o For an example of a resume format, see the *resume example*. The following must be included:
      ▪ list employer, positions, and dates of employment that will show the work experience required by the *Conditions of Participation* for the service
      ▪ 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

☐ Training Requirements
   o SDS Settings Training
   o SDS Critical Incident Reporting Training

☐ References
   o Program Administrators are required to provide contact information for three references as indicated on the *Notice of Appointment or Change Program Administrator* form. The references must:
      ▪ include professional references from individuals who can verify the required work experience of the individual requesting to be Program Administrator. For example: former supervisor, previous clients or families, former co-workers, etc. Personal references from family members and friends are not acceptable.
      ▪ be willing to be contacted via telephone during the hours of 8am-5pm Alaska time.

6. Quality Improvement Report (required at renewal certification only)

☐ SDS now requires the use of the *Quality Improvement Report Template* for collection and submission of required report data elements

☐ Review the *Provider Conditions of Participation* section on quality management.

☐ Review the *Quality Improvement Report Sample f*or demonstration of required data elements

☐ Review and summarize all of the required quarterly and annual reports, quality management activities, assessments and corrective actions for each year of your certification period. The Quality Improvement Report must include the following minimum elements:
   ▪ agency name, location, and dates covered by the report
   ▪ a summary of the elements below must include the following areas:

- grievances (data collection and analysis required quarterly)
- critical incident reports, including reports of harm
- analyses of medication errors
- analyses of the use of restrictive interventions (data collection and analysis required quarterly)
- consumer satisfaction
- internal reviews of services rendered to determine that services were provided in accordance with recipient's service plan and met recipient needs
- an explanation if any topic above is not addressed in your report

Operations Manual Guidance

1. **Background check policy and procedures**
   - ☐ Review the Alaska Background Check Program information, including statutes and regulations at *http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/default.aspx*.
   - ☐ Submit policies and procedures that indicate:
     - o which positions and roles at the agency are required to go through the background check process
     - o 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
     - o the procedures if an individual has a barring condition prior to employment or while employed with the agency
     - o 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
     - o how the agency will monitor employees to ensure they continue to meet all requirements regarding background checks
     - o 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*
     - o 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:
     - o 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.
     - o how will the agency ensure that critical incident reports are correctly routed through Centralized Reporting within the required timeframe
     - o 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 be trained every two

years completes Critical Incident Reporting via completion via the SDS course or agency training.

3. **Financial accountability policy and procedures**
   - ☐ Review the *Providers Conditions of Participation* section on financial accountability for financial system standard, 7 AAC 105.230 and requirements for provider records. Submit policies and procedures that indicate:
     - o how the agency's financial system, based on generally accepted accounting principles, ensures claims for payment are accurate
     - o how the agency's financial system will maintain in accordance with 7 AAC 105.230
     - o how the agency will report to the Medicaid fiscal agent, and void or adjust, when identified, Medicaid monies that represent overpayments
     - o 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
     - o how the agency will cooperate with all required audits, investigation and remediation activities
     - o 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* Plan of care development and amendment
   - ☐ Review *7 AAC 130.218* Person-centered practice
   - ☐ Review *7 AAC 130.220* Provider certification
   - ☐ Review Residential Licensing program information, including the Assisted Living Home Statues and Regulations at *https://health.alaska.gov/en/division-of-health-care-services/residential-licensing/*
   - ☐ Review the *Provider Conditions of Participation* and the individual *Conditions of Participation* for settings standards specific to each service
   - ☐ Review *Alaska HCBS Settings* website
   - ☐ Submit policies and procedures that indicate:
     - o How the agency will facilitate and support recipient:
       - ▪ access to the broader community
       - ▪ rights to privacy, dignity, and respect, and freedom from coercion and restraint
       - ▪ choice regarding services and supports, and who provides them
       - ▪ choice to seek employment and work in competitive integrated settings
     - o How the agency will train staff to provide services in accordance with person-centered practice, support plan/support plan amendment, and settings requirements
     - o The agency's process for modifying the person-centered support plan:
       - ▪ when recipient circumstances or needs change significantly
       - ▪ upon recipient request
       - ▪ at least every 12 months
     - o 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
       - ▪ informed consent of recipient/legal representative
     - o 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 Submit a copy of the agency's legally enforceable Service/Lease Agreement and current House Rules (if applicable) that address how the agency will facilitate and support or 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
  - ▪ grievance process to include mandatory reporting requirements, anonymous filing, and protection against retaliation

5. **Medication Management**
   - ☐ 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) to determine whether the services being offered requires 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 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
       - ▪ monitor medication errors and document appropriately for inclusion in the *Quality Improvement Report*

6. Person-Centered Practice Policy and Procedures

- ☐ Review *7 AAC 130.217* Plan of care 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:
  - o 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
  - o 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
  - o 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 services:
  - o How the agency will:
    - ▪ Document all options for services and supports offered to recipient
    - ▪ 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
  - o 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
  - o 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:
  - o what position(s) at the agency will be responsible for:

- developing the quality improvement report
- maintaining records to support the data in the report
- o 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
- o 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:
- o the circumstances under which the agency will allow use of restrictive intervention
- o the agency clearly prohibits the use of chemical restraints, seclusion and prone restraints
- o how the agency determines appropriate types of restrictive intervention for the population served
- o how the agency will evaluate the use of a restrictive intervention while recipients are in the care of or receiving services from the provider
- o training in the use of restrictive intervention to include:
  - type of training
  - how and when training is conducted
- o the requirements for documenting each intervention
- o 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 of 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 s*ection on termination of recipient services and *7 AAC 130.233*. Submit policies and procedures that indicate:
- o 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
- o how the agency will ensure supervisory review before termination
- o 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
- o 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
- o 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* and the individual services *Conditions of Participation* for overall training standards as well as additional training standards specific to each service;

☐ Review the following regulations and statutes regarding training requirements:
   o *7 AAC 130.222*, Recipient Safeguards training requirements
   o *7 AAC 130.224,* Critical incident reporting,
   o *Provider COPS Section II.B,* CPR and First Aid Training
   o *7 AAC 130.227* Administration of Medication and Assistance with Self-Administration of Medication
   o *7 AAC 130.229,* Use of restrictive intervention, for training standards;
   o *AS 47.17.020,* Child protection
   o *AS 47.24.010,* Protection of vulnerable adults reporting requirements.

☐ Submit policies and procedures that indicate:
   o 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*
   o 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
   o 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
   o Refer to the *Conditions of Participation* for the services offered, which vary in terms of what training are required. Follow hyperlink above for specific training requirements for each service:

   ▪ Adult Day
   ▪ Care Coordination
   ▪ Chore
   ▪ Day Habilitation
   ▪ Environmental Modifications
   ▪ Intensive Active Treatment
   ▪ Meal Services

   ▪ Nursing Oversight and Care Management
   ▪ Residential Habilitation
   ▪ Residential Supported Living
   ▪ Respite
   ▪ Supported Employment
   ▪ Transportation

Service Specific Information and Requirements

Waiver Program acronyms: Intellectual and Developmental Disabilities (IDD)
Adults with Physical and Developmental Disabilities (APDD)
Children with Complex Medical Conditions (CCMC)
Adults Living Independently (ALI)

1. Assisted living home (ALH) and foster home (FH) licenses

   Residential Habilitation (Group Home and Family Home) and Residential Supported Living waiver services must be provided only in facilities licensed as assisted living home (ALH) or foster home. The license type must be appropriate for the type of Medicaid service and population the agency wishes to serve as indicated on the following chart:

Facility License, Waiver Program and Service Crosswalk		Facility License Type			
		ALH SS License for senior services residents	**ALH MHDD License** for mental health/DD residents	**ALH Dual License** for SS and MHDD residents	**Community Care License** for foster homes
Certified Waiver Service	Residential Habilitation	-APDD or IDD only if provider has an approved licensing variance	-IDD -CCMC 18-22 years old -APDD	-IDD -APDD -CCMC 18-22 years old	-IDD -CCMC up to age 18 (up to 22 years old if variance issued by OCS)
	Residential Supported Living	-ALI -APDD or IDD only if provider has an approved licensing variance	-APDD -ALI only if provider has an approved licensing variance	-ALI -APDD	Not applicable

- For information on Assisted Living Home licensing qualifications and process, follow the link below to Division of Health Care Services:
  - https://health.alaska.gov/en/division-of-health-care-services/residential-licensing/
  - Assisted Living Home residential license types:
    - SS means provider serves Senior Services residents and states on the license *"adults age 18 years and older who have a physical disability, are elderly, or suffer from dementia."*
    - MHDD means provider serves Mental Health Developmental Disabilities residents and states on the license *"adults age 18 years and older who have a mental or developmental disability."*
    - Dual means provider serves both SS and MHDD residents and have both the above statements noted on the license
- For information on foster home licensing qualifications and process, follow the link below to Office of Children's Services (OCS):
  - https://dfcs.alaska.gov/ocs/Pages/default.aspx

Residential Supported Living services
  - ☐ Submit a copy of a current State of Alaska assisted living home license for the facility or facilities included in your certification application.

Residential Habilitation: Group Home and Family Home services
  - ☐ Submit *Group Home Habilitation Site Information* and *Family Home Habilitation Site Information* forms with all information completed on the forms.
    Important Reminder: all Group Homes *must* be operated by the agency seeking certification.
  - ☐ Submit a copy of a current State of Alaska assisted living home or foster home license for Residential Habilitation Group Home or Family Home locations included in your certification application

1. Building or use permit for site-based services
   - ☐ Submit a copy of the building or use permit required by the local government where the facility is located to occupy a building that will be used to provide adult day services or day habilitation services in a site-based setting. This is not the same as a permit to construct a facility. Note that the Municipality of Anchorage refers to this as a "Certificate of Occupancy."

2. Certificate of completion of care coordination training
   - ☐ Review the *Care Coordination Services Conditions of Participation* for training standards.
   - ☐ Review the SDS Training Schedules and Registrations webpage for care coordination training courses.
   - ☐ Register for and complete the training course required by the training standards.
   - ☐ Submit with the certification application a copy of the certificate of completion of the training course.
   - ☐ At certification renewal, proof of completion of continuing education hours (CEH) is required at the following schedule:
     - • All care coordinators with renewal certifications due November 1, 2018 or later, proof of completion of 16 hours of CEHs is required
     - • All care coordinators with renewal certifications due November 1, 2019 or later, proof of completion of 32 hours of CEHs is required

   Note: if applying for initial certification, the Beginning Care Coordination training must be successfully completed no longer than one year prior to the date of application for certification.

3. Diagram of floor plan (Adult Day Services)
   - ☐ Review the *Adult Day Services Conditions of Participation* section on site requirements.
   - ☐ 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.

4. Food service permit (Meal Services)
   - ☐ Review the *Meal Services Conditions of Participation* section on program administration regarding compliance with applicable food codes.
   - ☐ Submit a copy of the food service permit from the State of Alaska or the Municipality of Anchorage.

5. Local permit (Transportation Services)
   - ☐ Submit a copy of any commercial passenger vehicle permit if such permit is required by your local government.

6. Sample five-week cycle menu
   - ☐ Review the *Meal Services Conditions of Participation* section on nutrition requirements regarding menu standards
   - ☐ Submit a copy of a current five-week cycle menu that has been approved and signed by a Registered Dietician or Licensed Nutritionist licensed in Alaska.

7. Vehicle registration
   - ☐ 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 home and community based waiver provider, not a private party.