

# Home and Community-Based Waiver Services

## Renewal 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: [DSDSCertification@alaska.gov](mailto:DSDSCertification@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

### IMPORTANT

- If completing a certification application for more than one location, clearly identify and group all applicable forms and documents for each service location being submitted.

### Complete Applications

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

- ☐ Waiver Renewal Application (Cert-01)
- ☐ Corresponding Service Declarations for each service you currently or are requesting to offer
- ☐ Required attachments as identified on the Cert-01 and each service declaration
- ☐ Provider Core Requirements (see below)
- ☐ 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 (**conditional**)

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.aspx>
- ☐ Submit a copy of the agency's current State of Alaska business license. Note that the ownership identified on your license must correspond with the form of organization reported on your 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) and coverage dates
    - The agency's name
    - The agency's physical address
    - The physical address for each service delivery location covered by the policy
    - Senior and Disabilities Services 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 with the application a copy of the certificate(s) of completion of the SDS CIR training for the appointed Program Administrator. If the service(s) you provide do not require a Program Administrator, submit proof of training for appropriate supervision staff as required in regulation and COPS.

## 6. **HCBW Settings Training**

- ☐ Settings Training is required for Program Administrators of agencies applying for renewal certification for Care Coordination, Congregate Meals, Supported Employment, 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 renewal certification approval.
- ☐ Complete the on-demand SDS Settings Training course located at the [SDS Training Academy](#).
- ☐ Submit with the application a copy of the certificate of completion of the SDS HCBW Settings Training for the appointed Program Administrator.

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

- ☐ Ensure your agency's NABCS roster is current and matches the personnel list/organizational chart submitted with your renewal application.
- ☐ Submit an organizational chart that shows 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 entity or 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 certified, including if there are multiple service delivery locations.

## 8. **Program Administrator**

- ☐ ***If*** there has been a previously unreported change or you are adding a new service, please submit a completed Notice of Appointment or Change of Program Administrator ([Cert-04](#)) and all required attachments.

## 9. **Quality Improvement Report (QIR)** *(Not required for EMOD/Transportation Businesses that do not provide other Waiver services)*

- ☐ Review the [Provider Conditions of Participation](#) section on quality management.
- ☐ Review and summarize all required quarterly and annual reports, quality management activities, assessments, and corrective actions. Submit a QIR ([Cert-50](#)) for each location in which services are

delivered covering your entire certification period as identified on the agency's most recent approval notice. **Do not use calendar or fiscal years.** Refer to [QIR Example](#).

## Service Specific Information and Requirements

### 1. **Adult Day:**

- ☐ Review the [Adult Day Services Conditions of Participation](#)
- ☐ **If** there has been a previously unreported change, submit the following:
  - 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. Note that the Municipality of Anchorage refers to this as a "Certificate of Occupancy".

### 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](#)
- ☐ **If** there has been a previously unreported change, 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. Note that the Municipality of Anchorage refers to this as a "Certificate of Occupancy".

### 4. **Employment Services:**

- ☐ Review the [Employment Services Conditions of Participation](#)
- ☐ **If** there has been a previously unreported change of Program Administrator, the new Program Administrator must submit proof of completion of National Certification in Employment Services.

### 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 Group Home Habilitation Site Information ([Cert-12](#)) form with information regarding all homes included in your application.

**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/IDD **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).