APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.[i] This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: Alaska

B. Waiver Title:

People with Intellectual and Developmental Disabilities (IDD);
Alaskans Living Independently (ALI)
Adults with Physical and Developmental Disabilities (APDD)
Children with Complex Medical Conditions (CCMC)
Individualized Supports Waiver (ISW)

C. Control Number:

- AK.0260.R05.09 (IDD)
- AK.0261.R05.07 (ALI)
- AK.0262.R05.07 (APDD)
- AK.0263.R05.08 (CCMC)
- AK.1566.R00.05 (ISW)

D. Type of Emergency (The state may check more than one box):

●	**Pandemic or Epidemic**
○	**Natural Disaster**
○	**National Security Emergency**
○	**Environmental**
○	**Other (specify):**

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

1) Alaska is responding to the COVID-19 virus which disproportionately impacts the populations served under its 1915(c) HCBS waivers, older adults and individuals with underlying health conditions. These individuals may be impacted in three ways: 1) they may become infected and require substantially more care and infection control procedures; 2) their family and paid caregivers may be infected causing disruptions in their current support structures; and 3) the numbers of people with whom they come into contact with will need to be limited to reduce the chance of infection (self-isolation).

2) The emergency may impact all waiver participants because the CDC is advising everyone to engage in social distancing. Care Coordinators and/or direct service providers may be required to notify the Senior and Disabilities Service Division (SDS) if a waiver participant and/or a caregiver becomes infected.

3) SDS will continue to oversee the waiver including overseeing changes to service authorizations to implement the changes. SDS will send out e-alerts to notify providers of the changes and the process for requesting a change to an authorization or service delivery requirement.

4) SDS expects to see the following types of changes to service delivery:

- Services being provided in different settings, including services previously provided in the community being provided in private homes and services being provided in alternative settings, such as hotel rooms.
- Waiver services being provided in acute settings so that support can be provided by someone familiar with the participants specific needs.
- Substitutions across services, such as respite being used instead of day habilitation.
- The need for more units of service when a participant has an active infection or if a paid caregiver becomes infected or quarantined.
- Services being provided telephonically or via telemedicine to minimize the need for unnecessary in-person contact.

F. Proposed Effective Date: Start Date:
March 11,2020 Anticipated End Date: March 10, 2021

G. Description of Transition Plan.

Individuals will transition to their pre-emergency service plan as soon as they are able or when the disaster is over.

H. Geographic Areas Affected:

The entirety of the State of Alaska

I. Description of State Disaster Plan (if available) ***Reference to external documents is acceptable*****:**

Alaska's declaration of this public health emergency, includes the administrative order directing DHSS to implement actions to address the COVID-19 outbreak, can be found here:

https://gov.alaska.gov/wp-content/uploads/sites/2/COVID-19-Disaster-Packet.pdf. The Alaska State Mitigation Plan addresses all disasters: https://ready.alaska.gov/Plans/Documents#ASMP .

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a.___ Access and Eligibility:

i.___ Temporarily increase the cost limits for entry into the waiver.
[Provide explanation of changes and specify the temporary cost limit.]

AK 1566, or the Individualized Supports Waiver (ISW), ONLY: The cost limit for this waiver may be increased by $5,000 for individuals being treated for COVID-19 or if their primary informal caregiver is quarantined away from the waiver participant.

ii.___ Temporarily modify additional targeting criteria.
[Explanation of changes]

b._X__ Services

i._X_ Temporarily modify service scope or coverage.

SDS may waive settings requirements to restrict outside visitors from visiting recipients in Residential Habilitation and Residential Supported Living settings.

ii. __X_Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.
[Explanation of changes]

Respite: SDS may allow for increase in number of hours for someone being treated for COVID-19. Care coordinator will submit a request for additional hours and SDS will review and approve them.

Respite: SDS may allow for increase in hours to substitute for decreases in other services, such as day habilitation. The care coordinator will notify SDS of the change. SDS will review and authorize the change.

Chore: SDS may increase the cap to 15 hours per week for all individuals and 20 hours per week for individuals with respiratory illnesses. Care Coordinators need to submit the request to SDS and SDS will issue the service authorization.
Care Coordination: Care Coordinators may be permitted to bill for an additional monthly rate (2 monthly payments during the emergency) to support people who are without regular services because of service cancellations or being quarantined for COVID-19 or have a primary caregiver who has been quarantined because of COVID-19. This extra payment will support the need for updating plans and additional contacts with participants. The care coordinator must submit a request to SDS.

iii. ___Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

iv. _X__Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

If quarantine is necessary for the participant, someone else in the participant's residence, or the participant's primary caregiver, the following services may be provided in other settings (described below):

- Day Habilitation
- Residential Habilitation (includes Group Home, Family Habilitation, In Home Supports, and Supported Living)
- Respite (can include room and board if provided in facility-based setting)
- Intensive Active Treatment
- Residential Supported Living
- Adult Day
- Provider-site-specific Supported Employment.

Additional settings include:

- The private home of the participant or a family member of the participant;
- TA provider owned or controlled or extended family home;
- Community center or designated community gathering center;
- Hotel/paid lodging;
- Newly rented room; or

- Other residential setting
- Telework settings

v.___ Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

c.__X_ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

In situations when regular staffing for services approved in a support plan cannot be assured, the state may allow providers to hire family caregivers as direct service workers for the following services:

- Chore
- Respite
- The following types of Residential Habilitation:
  - Supported Living Services
  - In Home Supports

d._X__ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i._x__ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

The following changes may be made to direct service worker requirements:

- Extend first aid and CPR training certification training requirements for another year and waive the requirement for new hires during the disaster period.
- Provisional background checks may be acceptable for all services **beyond the regularly allowable 30 days.**

The following changes may be made to provider certification requirements:

- Extend the certifications for up to one year for all providers needing to renew. Providers will not be penalized if they cannot get certification packages submitted in normal timelines or SDS is slow in review and approvals/denials because of staffing.
- If the agency's or home's program administrator becomes unavailable because of COVID-19, the agency can appoint a temporary administrator who will not have to meet the educational and experience qualification requirements for program administrators (per SDS certification requirements) or administrators of assisted living homes (per DHCS Residential Licensing requirements).

ii.___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii._X__ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Allow providers to temporarily move recipients to a new facility because of a COVID-19 concern. Services and facilities may include:

- Residential Habilitation (Group Home or Family Habilitation Home provided in an unlicensed setting)
- Residential Habilitation (In Home Supports or Supported Living provided in a recipient's home or another setting)
- Residential Supported Living (provided in an unlicensed setting)

e. _X__Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

The initial Level of Care (LOC) evaluations and change of status evaluations will be modified to include the option for a telephone or other technological contact to determine LOC.

SDS may extend LOC determinations for up to one year to reduce risk of infection and burden on participants and State staff.

SDS can securely communicate electronically with care coordinators on LOC determinations and approval of support plans, but may need additional time to send hard copy results to recipients

f._X__ Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

The Department may increase rates in situations in which the participant or someone in the participant's household is quarantined because of COVID-19 (to reflect additional operational and cleaning costs, additional staffing costs like overtime, etc.) for the following services and current rates:

- Residential Habilitation Group Home: $324.78/day; $359.58 acuity add-on
- Residential Habilitation Family Home Habilitation: $122.93 - $153.76/day
- Residential Supported Living: $148.08 - $162.70/day; $359.58 acuity add-on
- Respite: $4.33 - $6.42/15 minute unit; $207.75 - $307.27/day
- Chore: $6.87/15 minute unit

Current rates, per the methodology in the currently approved waivers, may be increased by up to 50%. The percentage will be determined based on the availability of services. If the State receives no reports of shortages of a particular service, rates will

not increase. Rates will be increased for each service based on reports from care coordinators, participants, and service providers of current or impending shortages that would impact the ability of participant's to receive the service.

g.__X_ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.
[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

The Person-Centered Service Plan can be renewed in total for an additional 12 months if the meeting is held with individual and individual agrees. The annual plan of care may simply be a continuation of the services currently being rendered under the current service plan if a meeting is held with the individual and the individual agrees and signs off that assessment and services remain appropriate and the providers agree to continue to render the services. This can be accomplished remotely (electronically) with a State approved electronic signature process that is authorized or approved through the State HIPAA compliance officer.

The state will ensure the service plan is modified to allow for additional supports/and or services to respond to the COVID-19 pandemic. The specificity of such services including amount, duration and scope will be appended as soon as possible to ensure that the specific service is delineated accordingly to the date it began to be received. The care coordinator must submit the request for additional supports/services no later than 30 days from the date the service begins.

h._X__ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

Due to the emergency, SDS requests an extension of 120 days to respond to CMS evidence reports for the period FY17-FY19 for the following 1915(c) waivers:

- Control Number 0260.R05
- Control Number 0261.R05
- Control Number 0262.R05
- Control Number 0263.R05

i.__X_ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.
[Specify the services.]

The following services may be provided in an acute setting such as a permanent or temporary hospital, when the service is not able to be provided by the Acute Setting provider in a manner that minimizes the risk of inducing disruptive behavior from or causing physical harm to the participant:

- Respite
- Day habilitation
- Intensive Active Treatment

Payments for services provided in acute settings will only be allowed as a temporary change during this emergency, and will not exceed 30 consecutive days of service.

j.__X_ Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Retainer payments shall be provided when an individual is under medical quarantine for the duration of the quarantine and shall not exceed the total amount that the provider would have received had services been provided as expected for the following services:

- Residential Habilitation Group Home and Family Home Habilitation
- Residential Supported Living
- Site based Day Habilitation
- Adult Day

In no cases will these retainer payments exceed 30 consecutive days.

k.___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l.___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m.___ Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name:	John
Last Name	Lee
Title:	Director
Agency:	Division of Senior and Disabilities Services, DHSS
Address 1:	880 W. 8th Ave.
Address 2:	
City	Anchorage
State	AK
Zip Code	99501
Telephone:	(907)269-2083
E-mail	John.lee2@alaska.gov
Fax Number	(907) 269-3690

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name:	Lynne
Last Name	Keilman-Cruz
Title:	Acting Deputy Director
Agency:	Division of Senior and Disabilities Services, DHSS
Address 1:	880 W. 8th Ave.
Address 2:	
City	Anchorage
State	AK
Zip Code	99501
Telephone:	(907)269-5606
E-mail	lynne.keilman-cruz@alaska.gov
Fax Number	(907) 269-3690

8. Authorizing Signature

Signature: _____

State Medicaid Director or Designee

Date:	

First Name:	Al
Last Name	Wall
Title:	Deputy Commissioner of Medicaid and Healthcare Policy State Medicaid Director
Agency:	Alaska Department of Health and Social Services
Address 1:	3601 C Street, Suite 902
Address 2:	
City	Anchorage
State	AK
Zip Code	99503
Telephone:	(907) 465-1610 (office) (907) 538-5507 (mobile)
E-mail	a.wall@alaska.gov
Fax Number	(907) 269-0060

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Case Management
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Care coordination services assist waiver participants to gain and maintain access to needed waiver and other State plan services, as well as medical, social, and educational services, through ongoing monthly monitoring and support. The care coordinator coordinates multiple services and providers; reviews, amends and submits revisions to the plan of care as needed; and facilitates the regular waiver renewal, including assistance with renewal documents and coordination with SDS for a timely functional reassessment. Care coordinators are required to conduct at least one face-to-face or remote, such as telephonic or video messaging service, visit per month with participants. Care coordination services also include assistance with case terminations to ensure that participants who are transitioning off a waiver have adequate community services and supports. The State will not pay a care coordinator for providing any other home and community-based waiver service to a participant while that care coordinator is providing ongoing care coordination. All care coordination services must be pre-authorized.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
N/A	

Provider Specifications				
Provider Category(s) *(check one or both)***:**	☒	Individual. List types:	☒	Agency. List the types of agencies:
	Care Coordinator		Certified care coordination agency	
Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Care Coordinator	N/A	SDS Certified Care Coordinator under 7AAC 130.214, Provider certification and enrollment	SDS "Standards for Care Coordination" under 7AAC 130.240
Certified care coordination agency	N/A	SDS Certified Care Coordination Agency under 7AAC 130.214,	SDS "Standards for Care Coordination" under 7AAC 130.240

		Provider certification and enrollment.	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Care Coordinator	**SDS Provider Quality Assurance Unit, Provider Certification Section**	**Every two years- will be extended by one year, updated to every three years**
Certified care coordination agency	**SDS Provider Quality Assurance Unit, Provider Certification Section**	**Every two years- will be extended by one year, updated to every three years**

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☐	Provider managed

Service Specification

Service Title:	Day Habilitation

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope)**:**

Day habilitation services assist participants who are at least three years of age with acquisition, retention or improvement of self-help, socialization, and adaptive skills that take place in a residential or non-residential setting~~, separate from the participant's private residence or other residential living arrangement~~. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence and personal choice. Day habilitation services promote the development of the skills needed for independence, autonomy, and full integration into the community, and reinforce skills taught in school, therapy or other settings. Day habilitation ~~is provided at either the provider's facility designed for habilitation purposes, or in the community at locations chosen to promote socialization and community inclusion, and~~ may be provided individually or in a group.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Participants are limited to 624 hours of day habilitation services a year. The limit is annualized in order to allow for seasonal fluctuation in usage. The cap is "soft" in that the limit can be exceeded when requested for individuals who are at risk of institutionalization within 30 days, and who have health and safety requirements affected by the limit, if justified in a plan of care or amendment.

Provider Specifications

Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	☒	Agency. List the types of agencies:
				Certified home and community-based service agency

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☒	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):			
Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Certified home and community-based service agency	N/A	SDS Certified Day Habilitation provider under at 7AAC 130.214, Provider certification and enrollment.	SDS "Standards for Day Habilitation Services" " under 7AAC 130.260

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Certified home and community-based service agency	**SDS Provider Quality Assurance Unit, Provider Certification Section**	**1 year for initial, 2 years for renewals - all extended by 1 year**

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☒	Provider managed

Service Specification	
Service Title:	Residential Habilitation
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Residential habilitation assists participants to reside in the most integrated setting appropriate to his or her needs by providing individually tailored supports that assist with the acquisition, retention or improvement in skills related to living in the community. Supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, and social and leisure skills development. Residential habilitation services may be provided in the participant's living arrangement or in the surrounding community. If residential habilitation is furnished in a provider owned or leased facilities, the facility must be in compliance with the Americans with Disabilities Act. Payments made for residential habilitation are not made for room and board or the cost of facility maintenance, except the cost of life safety code modifications and other necessary accessibility modifications that ensure the health, safety and welfare of participants. In addition, payments will not be made directly or indirectly to members of the participant's immediate family, nor for the routine care and supervision that would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. All residential habilitation services must be prior authorized.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
N/A	
Provider Specifications	

Provider Category(s) *(check one or both)*:	☒ Individual. List types:	☒ Agency. List the types of agencies:
	Foster Home	Residential Habilitation Provider
		Assisted Living Home

Specify whether the service may be provided by *(check each that applies)*:	☐ Legally Responsible Person	☐ Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Foster Home	For services provided in alternate settings during the emergency: ~~State of Alaska Foster Home License under AS 47.33 and regulations at 7 AAC 50, Community care licensing.~~	N/A	N/A
Residential Habilitation Provider	N/A	For services provided in alternate settings during the emergency: ~~SDS Certified Residential Habilitation provider under 7AAC 130.214, Provider certification and enrollment.~~	SDS "Standards for Residential Habilitation" under 7AAC 130.265, however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived
Assisted Living Home	For services provided in alternate settings during the emergency: ~~State of Alaska Assisted Living Home License under statute at AS 47.33 and regulations at 7 AAC 75~~	For services provided in alternate settings during the emergency: ~~SDS Certified Assisted Living Home provider under 7AAC 130.214, Provider certification and enrollment.~~	SDS "Standards for Residential Habilitation Services" under 7AAC 130.265, however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Foster Home	**AK Dept. of Health and Social Services, Office of Children's Services**	**1 year for initial, 2 years for renewals - all extended by 1 year**
Residential Habilitation Provider	**SDS Provider Quality Assurance Unit, Provider Certification Section**	**1 year for initial, 2 years for renewals - all extended by 1 year**
Assisted Living Home	**SDS Provider Quality Assurance Unit, Provider Certification Section**	**License: Probationary - not to exceed two years- will be extended by one year, updated to every three years; Standard – two years- will be extended by one year, updated to every three years** **Certification: Every two years - will be extended by one year, updated to every three years**

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☐	Provider managed

Service Specification	
Service Title:	Residential Habilitation
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	

Residential habilitation services 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. Residential habilitation services available in the ISW are rendered as supported-living habilitation services or in-home support habilitation services based on the age of the recipient. 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. Supported-living habilitation and in-home support 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.. If residential habilitation is furnished in a provider owned or leased facilities, the facility must be in compliance with the Americans with Disabilities Act and the CMS Final Rule on HCBS settings. SDS will ensure all ISW services are provided in settings that are compliant with SDS's settings regulations. 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. Payments made for residential habilitation are not made for room and board or the cost of facility maintenance, except the cost of life safety code modifications and other necessary accessibility modifications that ensure the health, safety and welfare of participants. In addition, payments will not be made directly or indirectly to members of the participant's immediate family, nor for the routine care and supervision that would be expected to be provided by a family or group home provider, or for

activities or supervision for which a payment is made by a source other than Medicaid. All residential habilitation services must be prior authorized.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
The department will not pay for more than 18 hours of supported living residential habilitation services from all providers combined, unless the recipient is unable to benefit from other waiver services or natural supports.

Provider Specifications				
Provider Category(s) *(check one or both)*:	☐	Individual. List types:	☒	Agency. List the types of agencies:
				Residential Habilitation Provider

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☒	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Residential Habilitation Provider	N/A	For services provided in alternate settings during the emergency: ~~SDS Certified Residential Habilitation provider under 7AAC 130.214, Provider certification and enrollment.~~	SDS "Standards for Residential Habilitation" under 7AAC 130.265, however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Residential Habilitation Provider	**SDS Provider Quality Assurance Unit, Provider Certification Section**	**1 year for initial, 2 years for renewals - all extended by 1 year**

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☒	Provider managed

Service Specification	
Service Title:	Residential Habilitation
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope):	

Residential habilitation assists participants to reside in the most integrated setting appropriate to his or her needs by providing individually tailored supports that assist with the acquisition, retention or improvement in skills related to living in the community. Supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, and social and leisure skills development. Residential habilitation services may be provided in the participants living arrangement or in the surrounding community. If residential habilitation is furnished in a provider owned or leased facilities, the facility must be in compliance with the Americans with Disabilities Act. Payments made for residential habilitation are not made for room and board or the cost of facility maintenance, except the cost of life safety code modifications and other necessary accessibility modifications that ensure the health, safety and welfare of participants. In addition, payments will not be made directly or indirectly to members of the participants immediate family, nor for the routine care and supervision that would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. All residential habilitation services must be prior authorized.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
N/A

Provider Specifications				
Provider Category(s) *(check one or both)*:	☐	Individual. List types:	☒	Agency. List the types of agencies:
				Residential Habilitation Provider
				Assisted Living Home

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☒	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider)*:

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Residential Habilitation Provider	N/A	For services provided in alternate settings during the emergency: ~~SDS Certified Residential Habilitation provider under 7AAC 130.214, Provider certification and enrollment.~~	SDS "Standards for Residential Habilitation" under 7AAC 130.265, however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived
Assisted Living Home	For services provided in alternate settings during the emergency: ~~State of Alaska Assisted Living~~	For services provided in alternate settings during the emergency:	SDS "Standards for Residential Habilitation Services" under 7AAC 130.265, however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived

	~~Home License under statute at AS 47.33 and regulations at 7 AAC 75~~	~~SDS Certified Assisted Living Home provider under 7AAC 130.214, Provider certification and enrollment.~~	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Residential Habilitation Provider	**SDS Provider Quality Assurance Unit, Provider Certification Section**	**1 year for initial, 2 years for renewals - all extended by 1 year**
Assisted Living Home	**SDS Provider Quality Assurance Unit, Provider Certification Section**	**License: Probationary - not to exceed two years- will be extended by one year, updated to every three years; Standard – two years- will be extended by one year, updated to every three years** **Certification: Every two years- will be extended by one year, updated to every three years**

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☒	Provider managed

Service Specification	
Service Title:	Residential Habilitation
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Residential habilitation assists participants to reside in the most integrated setting appropriate to his or her needs by providing individually tailored supports that assist with the acquisition, retention or improvement in skills related to living in the community. Supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, and social and leisure skills development. Residential habilitation services may be provided in the participant's living arrangement or in the surrounding community. If residential habilitation is furnished in a provider owned or leased facilities, the facility must be in compliance with the Americans with Disabilities Act. Payments made for residential habilitation are not made for room and board or the cost of facility maintenance, except the cost of life safety code modifications and other necessary accessibility modifications that ensure the health, safety and welfare of participants. In addition, payments will not be made directly or indirectly to members of the participant's immediate family, nor for the routine care and supervision that would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. All residential habilitation services must be prior authorized.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
N/A	

Provider Specifications				
Provider Category(s) *(check one or both)*:	☒	Individual. List types:	☒	Agency. List the types of agencies:
	Foster Home		Assisted Living Home	

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☒	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Foster Home	For services provided in alternate settings during the emergency: ~~State of Alaska Foster Home License under AS 47.33 and regulations at 7 AAC 50, Community care licensing.~~	N/A	N/A
Assisted Living Home	For services provided in alternate settings during the emergency: ~~State of Alaska Assisted Living Home License under statute at AS 47.33 and regulations at 7 AAC 75~~	For services provided in alternate settings during the emergency: ~~SDS Certified Assisted Living Home provider under 7AAC 130.214, Provider certification and enrollment.~~	SDS "Standards for Residential Habilitation Services" under 7AAC 130.265, however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Foster Home	**AK Dept. of Health and Social Services, Office of Children's Services**	**1 year for initial, 2 years for renewals - all extended by 1 year**
Assisted Living Home	**SDS Provider Quality Assurance Unit, Provider Certification Section**	**License: Probationary - not to exceed two years- will be extended by one year, updated to every three years; Standard – two years and 1/2 years**

		Certification: Every two years - will be extended by one year, updated to every three years

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☒	Provider managed

Service Specification	
Service Title:	Respite
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Respite care assists participants by providing temporary relief from caretaking duties for the participant's primary unpaid caregiver, court-appointed guardian, foster parent, or providers of family habilitation services. Respite may be provided in the participant's home, the private residence of the respite provider, a provider owned or controlled setting, an extended family home, a community center or designated community gather center, hotel/paid lodging, newly rented room, or other residential setting. Respite services may also be provided at a nursing facility, a general acute care hospital, an assisted living home licensed under AS 47.32 that is not the participant's residence or a foster home licensed under AS 47.32 that is not the participant's residence. When respite is provided in these other locations, the state will also reimburse for the cost of room and board incurred during the respite care. The state will not pay for respite care services to provide oversight for additional minor children in the home. A participant may also receive personal care assistance under 7 AAC 125.010-199 or habilitation services under 7 AAC 130.260-265 on the same day as respite services if the state determines that the participant would be at risk of institutionalization without additional services. All respite services must be prior authorized.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
~~Alaska regulations at 7 AAC 130.280, daily (per diem) respite is limited to 14 days per year, and hourly respite is limited to 520 hours per year unless the state determines that no other service options are available and that without respite services, the participant's health and/or safety would be at risk or the participant would be at risk of institutionalization.~~	

Provider Specifications				
Provider Category(s) *(check one or both)*:	☒	Individual. List types:	☒	Agency. List the types of agencies:
	Foster Home		Certified home and community based service agency	
			General Acute Care Hospital	
			Assisted Living Home	
			Skilled Nursing Facility	
Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Certified home and community	N/A	SDS Certified Respite Provider	"SDS Standards for Respite Services", however provision "Have documentation of

based service agency		under 7AAC 130.214, Provider certification and enrollment.	current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived
General Acute Care Hospital	State of Alaska license under AS 47.32 and Alaska regulations at 7 AAC 12.610	N/A	N/A
Assisted Living Home	State of Alaska Assisted Living Home License under statute at AS 47.33 and regulations at 7 AAC 75. Licensing of assisted living homes	SDS Certified Respite Provider under 7AAC 130.214, Provider certification and enrollment.	"SDS Standards for Respite Services", however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived
Skilled Nursing Facility	State of Alaska license under AS 47.32 and Alaska regulations at 7 AAC 12.610	N/A	N/A
Foster Home	State of Alaska Foster Home License under AS 47.33 and Alaska regulations at 7 AAC 50, Community care licensing.	N/A	N/A

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Certified home and community based service agency	**SDS Provider Quality Assurance Unit, Provider Certification section**	**1 year for initial, 2 years for renewals - all extended by 1 year**
General Acute Care Hospital	**License: AK Dept. of Health and Social Services, Division of Health Care Services, Licensing and Certification Unit**	**License: Probationary - not to exceed two years- will be extended by one year, updated to every three years; Standard – two years- will be extended by one year, updated to every three years**
Assisted Living Home	**License: AK Dept. of Health and Social Services, Division of Health Care Services, Licensing and Certification Unit** **Certification: Senior and Disabilities Services**	**License: Probationary - not to exceed two years- will be extended by one year, updated to every three years; Standard – two years - will be extended**

		by one year, updated to every three years
Skilled Nursing Facility	**License: AK Dept. of Health and Social Services, Division of Health Care Services, Licensing and Certification Unit**	**License: Probationary - not to exceed two years - will be extended by one year, updated to every three years; Standard – two years - will be extended by one year, updated to every three years**
Foster Home	**License: AK Dept. of Health and Social Services, Office of Children's Services**	**License: Emergency – 90 days; Standard – two years - will be extended by one year, updated to every three years**

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☐	Provider managed

Service Title:	Respite
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Respite care assists participants by providing temporary relief from caretaking duties for the participant's primary unpaid caregiver, court-appointed guardian, foster parent, or providers of family habilitation services. Respite may be provided in the participant's home, the private residence of the respite provider, a provider owned or controlled setting, an extended family home, a community center or designated community gather center, hotel/paid lodging, newly rented room, or other residential setting. Respite services may also be provided at a nursing facility, a general acute care hospital, an assisted living home licensed under AS 47.32 that is not the participant's residence or a foster home licensed under AS 47.32 that is not the participant's residence. When respite is provided in these other locations, the state will also reimburse for the cost of room and board incurred during the respite care. The state will not pay for respite care services to provide oversight for additional minor children in the home. A participant may also receive personal care assistance under 7 AAC 125.010-199 or habilitation services under 7 AAC 130.260-265 on the same day as respite services if the state determines that the participant would be at risk of institutionalization without additional services. All respite services must be prior authorized.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
~~Alaska regulations at 7 AAC 130.280, daily (per diem) respite is limited to 14 days per year, and hourly respite is limited to 520 hours per year unless the state determines that no other service options are available and that without respite services, the participant's health and/or safety would be at risk or the participant would be at risk of institutionalization.~~	

Provider Specifications				
Provider Category(s) *(check one or both)*:	☐	Individual. List types:	☒	Agency. List the types of agencies:
				Certified home and community based service agency
				General Acute Care Hospital
				Assisted Living Home
				Skilled Nursing Facility

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Certified home and community based service agency	N/A	SDS Certified Respite Provider under 7AAC 130.214, Provider certification and enrollment.	"SDS Standards for Respite Services", however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived
General Acute Care Hospital	State of Alaska license under AS 47.32 and Alaska regulations at 7 AAC 12.610	N/A	N/A
Assisted Living Home	State of Alaska Assisted Living Home License under statute at AS 47.33 and regulations at 7 AAC 75. Licensing of assisted living homes	SDS Certified Respite Provider under 7AAC 130.214, Provider certification and enrollment.	"SDS Standards for Respite Services", however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived
Skilled Nursing Facility	State of Alaska license under AS 47.32 and Alaska regulations at 7 AAC 12.610	N/A	N/A

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Certified home and community based service agency	**SDS Provider Quality Assurance Unit, Provider Certification section**	**1 year for initial, 2 years for renewals - all extended by 1 year**
General Acute Care Hospital	**License: AK Dept. of Health and Social Services, Division of Health Care Services, Licensing and Certification Unit**	**License: Probationary - not to exceed two years - will be extended by one year, updated to every three years; Standard – two years - will be extended by one year, updated to every three years**
Assisted Living Home	**License: AK Dept. of Health and Social Services, Division of Health Care Services, Licensing and Certification Unit** **Certification: Senior and Disabilities Services**	**License: Probationary - not to exceed two years- will be extended by one year, updated to every three years; Standard – two years - will be extended**

		by one year, updated to every three years
Skilled Nursing Facility	**License: AK Dept. of Health and Social Services, Division of Health Care Services, Licensing and Certification Unit**	**License: Probationary - not to exceed two years - will be extended by one year, updated to every three years; Standard – two years - will be extended by one year, updated to every three years**

Service Delivery Method				
Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☐	Provider managed

Service Specification	
Service Title:	Chore
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Chore services assist the participant to maintain a clean, sanitary and safe environment. Chore services consist of regular cleaning of the residence used by the participant including washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture, snow shoveling or snow plowing in order to provide safe access and egress, hauling water, hauling or disposing of human excreta, collecting and chopping firewood, if firewood is used as a heat source for the participant's home, and other services that the state determines necessary to maintain a healthy and safe residence. Payment for chore services will not be made if any other relative or caregiver, or any community or volunteer agency or third-party payer is capable of or responsible for the provision of chore services, or if the participant's residence is a rental property, and the state determines those services to be the responsibility of the landlord under the lease or applicable law. In addition, the state will not authorize chore services if the certified chore provider resides in the same residence as the recipient of chore services. All chore services must be prior authorized.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
Chore services are limited to 15 hours per week~~, not to exceed 260 hours per plan of care duration~~. However, a participant who has a documented history of respiratory illness may receive up to 20 hours per week~~, not to exceed 520 hours per plan of care duration~~.	

Provider Specifications				
Provider Category(s) *(check one or both)*:	☐	Individual. List types:	☒	Agency. List the types of agencies:
				Certified home and community-based service agency

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):			
Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*

Certified home and community-based service agency	N/A	SDS Certified Chore Provider under 7AAC 130.214, Provider certification and enrollment.	"SDS Standards for Chore Services" under 7AAC 130.245, however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Certified home and community-based service agency	**SDS Provider Quality Assurance Unit, Provider Certification Unit**	**1 year for initial, 2 years for renewals - all extended by 1 year**

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☐	Provider managed

Service Specification

Service Title:	Chore

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope)**:**

Chore services assist the participant to maintain a clean, sanitary and safe environment. Chore services consist of regular cleaning of the residence used by the participant including washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture, snow shoveling or snow plowing in order to provide safe access and egress, hauling water, hauling or disposing of human excreta, collecting and chopping firewood, if firewood is used as a heat source for the participant's home, and other services that the state determines necessary to maintain a healthy and safe residence. Payment for chore services will not be made if any other relative or caregiver, or any community or volunteer agency or third-party payer is capable of or responsible for the provision of chore services, or if the participant's residence is a rental property, and the state determines those services to be the responsibility of the landlord under the lease or applicable law. In addition, the state will not authorize chore services if the certified chore provider resides in the same residence as the recipient of chore services. All chore services must be prior authorized.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Alaska regulations at 7 AAC 130.245 limit chore services to 15 hours per week, ~~up to a maximum of 520 hours for a one-year plan of care for individuals on the APDD waiver.~~

Provider Specifications

Provider Category(s) *(check one or both)***:**	☐	Individual. List types:	☒	Agency. List the types of agencies:
				Certified home and community-based service agency

Specify whether the service may be provided by *(check each that applies):*	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Certified home and community-based service agency	N/A	SDS Certified Chore Provider under 7AAC 130.214, Provider certification and enrollment.	"SDS Standards for Chore Services" under 7AAC 130.245, however provision "Have documentation of current First Aid and CPR training, except as provided in regulations at 7 AAC 75.210 (d) for licensed assisted living homes" is waived

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Certified home and community-based service agency	**SDS Provider Quality Assurance Unit, Provider Certification Unit**	**1 year for initial, 2 years for renewals - all extended by 1 year**

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☐	Provider managed

Service Specification

Service Title:	Intensive Active Treatment

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope)**:**

Intensive Active Treatment (IAT) assists participants who need immediate intervention to treat a medical or decelerate behavior regression that, if left untreated, would place the recipient at risk of institutionalization. IAT is provided by a professional licensed under AS 08, a paraprofessional supervised by that professional and licensed under AS 08 if required, or an individual certified under AS 14.20.010 with a special education endorsement under 4 AAC 12.330. Providers of IAT must submit contemporaneous documentation indicating that IAT services provide specific treatment or therapy needed to maintain or improve effective function of the participant, that the intervention is time-limited and addresses the participant's specific personal, family, social, behavioral or psychiatric problem, and that each intervention requires the precision and knowledge possessed only by specially-trained professionals in specific disciplines whose services are not covered under Medicaid or as habilitation services under 7 AAC 130.260. IAT services do not include training and oversight of other direct service providers or monitoring of other health-related home and community-based waiver services. IAT services may be ~~are~~ provided in the offices of the professionals providing the interventions, the participant's residence, a provider owned or controlled setting, an extended family home, community center or designated community gather center, hotel/paid lodging, newly rented room, or other residential setting. ~~so the setting is the same as the setting for services provided to the greater community of non-disabled people, with occasional~~

~~service provided in the recipient's natural setting to ensure that the skills are being transferred appropriately~~. All IAT services must be prior authorized.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

None

Provider Specifications				
Provider Category(s) *(check one or both)*:	☐	Individual. List types:	☒	Agency. List the types of agencies:
				Certified home and community-based service agency

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☐	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Certified home and community-based service agency	Professional license or paraprofessional under AS.08.	If not licensed (above), AS 14.20.010 with a special education endorsement under 4 AAC 12.330. For all, SDS Certified IAT provider under 7AAC 130.214,Provider certification and enrollment.	N/A

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Certified home and community-based service agency	**License: AK Department of Commerce, Community and Economic Development, Division of Corporations, Business and Professional Licensing. Certificate: If not license (above), Department of Education and Early Development teaching certificate; for all, SDS Provider Quality Assurance Unit, Provider Certification Section**	**1 year for initial, 2 years for renewals - all extended by 1 year**

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☐	Provider managed

Service Specification	
Service Title:	Residential Supported Living Services
Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service Definition (Scope)**:**	
Residential Supported Living Services are provided in the participant's residence, a provider owned or controlled setting, an extended family home, a community center or designated community gathering center, hotel/paid lodging, newly rented room, alternative care site designated by a government authority, or other residential setting ~~noninstitutional assisted living homes licensed under AS 47.32~~, and provide a homelike environment with 24-hour capacity to meet scheduled or unpredictable resident needs, and provide supervision, safety and security. Residents receive assistance with activities of daily living, social and recreational programming, transportation specified in the participant's plan of care, and assistance with self-administered medication. Residential supported living services do not include 24-hour skilled nursing care or therapy services, although these services may be provided as an incidental service. Recipients of residential supported living services are not eligible to receive separately-billed personal care services, chore services, meals or respite care. Payment for residential supported living services are not made for room and board, the cost of administering a facility, or the costs of facility maintenance, upkeep and improvement other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents or to meet the requirements of applicable life safety code. In addition, payment will not be made, directly or indirectly, to members of the participants immediate family, nor will it be made for the routine care and supervision which would be expected to be provided by a family or group home provider or for activities or supervision for which a payment is made by a source other than Medicaid.	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
None	

Provider Specifications				
Provider Category(s) *(check one or both)*:	☐	Individual. List types:	☒	Agency. List the types of agencies:
				Residential supported living provider

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☒	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Residential supported living provider	State of Alaska Assisted Living Home License under statute at AS 47.33 and regulations at 7 AAC 75, Licensing	SDS Certified Residential Supported Living provider under 7AAC 130.214, Provider	"SDS Standards for Residential Supported Living" adopted by reference at 7AAC 130.255

	of assisted living homes	certification and enrollment	

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Residential supported living provider	**License: AK Dept. of Health and Social Services, Division of Health Care Services, Licensing and Certification Unit** **Certification: SDS Provider Certification Unit**	**1 year for initial, 2 years for renewals - all extended by 1 year**

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☒	Provider managed

Service Specification

Service Title:	Residential Supported Living Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope)**:**

Residential Supported Living Services are provided in the participant's residence, a provider owned or controlled setting, an extended family home, a community center or designated community gathering center, hotel/paid lodging, newly rented room, alternative care site designated by a government authority, or other residential setting ~~noninstitutional assisted living homes licensed under AS 47.32~~, and provide a homelike environment with 24-hour capacity to meet scheduled or unpredictable resident needs, and provide supervision, safety and security. Residents receive assistance with activities of daily living, social and recreational programming, transportation specified in the participant's plan of care, and assistance with self-administered medication. Residential supported living services do not include 24-hour skilled nursing care or therapy services, although these services may be provided as an incidental service. Recipients of residential supported living services are not eligible to receive separately-billed personal care services, chore services, meals or respite care. Payment for residential supported living services are not made for room and board, the cost of administering a facility, or the costs of facility maintenance, upkeep and improvement other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents or to meet the requirements of applicable life safety code. In addition, payment will not be made, directly or indirectly, to members of the participants immediate family, nor will it be made for the routine care and supervision which would be expected to be provided by a family or group home provider or for activities or supervision for which a payment is made by a source other than Medicaid.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

None

Provider Specifications

Provider Category(s)	☐	Individual. List types:	☒	Agency. List the types of agencies:
				Assisted Living Home

(check one or both):		

Specify whether the service may be provided by *(check each that applies)*:	☐	Legally Responsible Person	☒	Relative/Legal Guardian

Provider Qualifications (*provide the following information for each type of provider*):

Provider Type:	License *(specify)*	Certificate *(specify)*	Other Standard *(specify)*
Assisted Living Home	State of Alaska Assisted Living Home under AS 47.33 and Alaska regulations at 7AAC 75.020	SDS Certified Assisted Living Home Provider under 7AAC 130.220	"SDS Standards for Residential Supported Living" adopted by reference at 7AAC 130.255

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Assisted Living Home	**License: AK Dept. of Health and Social Services, Division of Health Care Services, Licensing and Certification Unit Certification: SDS Provider Quality Assurance Unit, Provider Certification Section**	**License: Probationary - not to exceed two years - will be extended by one year, updated to every three years; Certification: every two years - will be extended by one year, updated to every three years**

Service Delivery Method

Service Delivery Method *(check each that applies)*:	☐	Participant-directed as specified in Appendix E	☒	Provider managed

[i] Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.