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7 AAC 125.040(c) is amended to read:

(c) The department will not make separate payment for personal care assistants under 7 AAC 125.010 - 7 AAC 125.199 if the recipient receives in-home support **habilitation** services under **7 AAC 130.265(h)** [7 AAC 130.265(b)(5)].

(Eff. 2/1/2010, Register 193; am 1/26/2012, Register 201; am 11/3/2012, Register 204; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030

7 AAC 130.207(c)(3) is amended to read:

(3) notify the applicant and care coordinator of the level-of-care determination, **except that the department may extend the notification timeframe for an additional 30 business days if the department, under 7 AAC 130.213(f), forwards a reassessment for review by an independent qualified health care professional in accordance with AS 47.07.045(b) and 7 AAC 130.219(e)(4).**

(Eff. 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.040 AS 47.07.045  
AS 47.07.030

7 AAC 130.209(a) is amended to read:

(a) The department will conduct an expedited review of a complete application that is submitted in accordance with 7 AAC 130.207(a) **if the applicant has no natural supports to meet the applicant's needs and the applicant qualifies because of**

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**(1) a diagnosis of** [AND INDICATES THAT (1) THE APPLICANT IS (A) DIAGNOSED WITH] a terminal illness [AND] with a life expectancy of six months or less:

**(2) imminent or recent discharge** [(B) EXPECTED TO BE DISCHARGED] from a general acute care hospital **or nursing facility; the applicant must submit the application** not later than seven days after the date of **discharge**;

**(3) an unplanned absence of a primary unpaid caregiver due to a medical or family emergency or hospitalization;**

**(4) the declining health of a primary unpaid caregiver that makes the caregiver unable to continue to provide care for the applicant;**

**(5) the death of a primary unpaid caregiver 30 or fewer days before the date of the** application; or

**(6) a referral from the office of the department** [(C) REFERRED BY THE STATE AGENCY] responsible for adult protective services or the **office of the department responsible for children's services** [PROTECTIVE CUSTODY OF CHILDREN; OR

(2) THE APPLICANT'S PRIMARY CAREGIVER

(A) DIED 30 OR FEWER DAYS BEFORE THE DATE OF THE APPLICATION; OR

(B) IS ABSENT DUE TO THE CAREGIVER'S HOSPITALIZATION OR EMERGENCY TRAVEL].

(Eff. 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.040 AS 47.07.045  
AS 47.07.030

7 AAC 130.213(e) is repealed:

(e) Repealed \_\_\_/\_\_\_/\_\_\_\_\_.

7 AAC 130.213(f) is amended to read:

(f) If the department finds, based on the reassessment under this section, that the recipient no longer requires the level of care described in 7 AAC 130.215, the department will

(1) forward the reassessment for review by an independent qualified health care professional in accordance with AS 47.07.045(b) and 7 AAC 130.219(e)(4); **and**

**(2) notify the recipient and the recipient's care coordinator of the referral and extension of the notification timeframe under 7 AAC 130.207(c)(3).**

(Eff. 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.040 AS 47.07.045

AS 47.07.030

The introductory language of 7 AAC 130.217(a) is amended to read:

(a) **Not less than once every 12 months, the care coordinator shall submit a plan of care based on the current needs of the recipient, the most recent assessment or reassessment conducted under 7 AAC 130.213, and the level-of-care determination made in**

**accordance with 7 AAC 130.215.** After an assessment or reassessment under 7 AAC 130.213, and after receiving the department's notice that the recipient meets the level-of-care requirement under 7 AAC 130.215, the care coordinator shall

...

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The introductory language of 7 AAC 130.217(a)(3) is amended to read:

(3) prepare in writing, **on a form provided by the department**, a plan of care that  
...

7 AAC 130.217(a)(5)(A) is amended to read:

(A) 60 days after the date of the department's notice to the recipient and the recipient's care coordinator that the recipient meets the level-of-care requirement in 7 AAC 130.215 [, IF THE PLAN OF CARE FOLLOWS AN ASSESSMENT];

7 AAC 130.217(a)(5)(B) is amended to read:

(B) 30 days **before expiration of the current plan year** [AFTER THE DATE OF THE DEPARTMENT'S NOTICE TO THE RECIPIENT AND THE RECIPIENT'S CARE COORDINATOR THAT THE RECIPIENT MEETS THE LEVEL-OF-CARE REQUIREMENT IN 7 AAC 130.215, IF THE PLAN OF CARE FOLLOWS A REASSESSMENT].

7 AAC 130.217(c) is amended to read:

(c) Not later than 30 **business** days after the department receives the complete plan of care, the department will notify the recipient, the recipient's representative, and the recipient's care coordinator of the department's approval or disapproval of specific services.

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7 AAC 130.217(e) is repealed and readopted to read:

(e) Not later than 30 business days after the department receives a complete plan of care amendment, the department will notify the recipient, the recipient's representative, and the recipient's care coordinator of the department's approval or disapproval of specific services. (Eff. 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.040 AS 47.07.045  
AS 47.07.030

7 AAC 130.219(e)(2) is amended to read:

(2) the department is unable to determine eligibility for home and community-based waiver services because the documentation required under [7 AAC 130.213(e) AND] 7 AAC 130.217 as part of a reassessment to determine the recipient's continuing eligibility for services was not submitted by the recipient, the recipient's representative, or the recipient's care coordinator **at least 30 days before expiration of the current plan year** IN THE TIME REQUIRED BY THE DEPARTMENT'S WRITTEN NOTICE UNDER 7 AAC 130.217(a)(5)(B)];

7 AAC 130.219(e) is amended by adding a new paragraph to read:

(8) the recipient or the recipient's representative fails to take an action or to submit documentation required under 7 AAC 130.209 - 7 AAC 130.217.

(Eff. 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.040 AS 47.07.045

AS 47.07.030

7 AAC 130.220 is repealed and readopted to read:

**7 AAC 130.220. Provider certification.** (a) The department will certify a provider agency as one or more of the following:

(1) as a home and community-based waiver services provider, for

(A) nursing oversight and care management services provided under

7 AAC 130.235;

(B) chore services provided under 7 AAC 130.245;

(C) adult day services provided under 7 AAC 130.250;

(D) day habilitation services provided under 7 AAC 130.260;

(E) residential habilitation services provided under 7 AAC 130.265;

(F) supported employment services provided under 7 AAC 130.270;

(G) intensive active treatment services provided under 7 AAC 130.275;

(H) respite care services provided under 7 AAC 130.280;

(I) transportation services provided under 7 AAC 130.290;

(J) meal services provided under 7 AAC 130.295;

(K) environmental modification services provided under 7 AAC 130.300;

(2) as a care coordination agency provider for care coordination services

provided under 7 AAC 130.240; notwithstanding agency certification, each individual employed by that agency to provide care coordination services must be certified separately and individually in accordance with 7 AAC 130.238;

(3) as a residential supported-living services provider for residential supported-living services provided under 7 AAC 130.255.

(b) To receive payment for home and community-based waiver services, a provider must enroll in the Medicaid program under 7 AAC 105.210 and must be certified under this section.

To be certified by the department, a provider

(1) must submit an application, and meet the applicable certification criteria, including the provider qualifications and program standards, set out in the department's *Provider Conditions of Participation*, adopted by reference in 7 AAC 160.900; and

(2) for each service the provider plans to offer to recipients of home and community-based waiver services, must comply with the provisions of this chapter applicable to each service and with the conditions-of-participation document adopted by reference in 7 AAC 160.900 and applicable to that service.

(c) The department will certify a provider under this section for the following time periods:

(1) one year for a provider not previously certified by the department to provide home and community-based waiver services;

(2) two years for a currently certified provider that is renewing that provider's certification.

(d) Not later than 90 days before the expiration of a provider's certification, the department will send to the provider notice of the requirement to renew that certification. The provider must submit a new application for certification and all required documentation not later than 60 days before the expiration date of the current certification.

(e) A certified provider under this chapter shall comply with this chapter and the requirements of 7 AAC 105.200 - 7 AAC 105.280. The department will determine compliance through program monitoring, including audits, program reviews, and investigations, that may take place at the provider's place of business or at any site where services under this chapter are provided. To assure compliance, the department may

(1) request, in accordance with 7 AAC 105.240, records related to the services provided under this chapter; or

(2) take immediate custody of a provider's original records, maintained in accordance with 7 AAC 105.230, if the department has reason to believe, based on an audit, program review, or investigation, that those records are at risk of alteration; once records are in the custody of the department, the provider may make copies of those records only under the supervision of the department.

(f) In addition to the authority under 7 AAC 105.400 - 7 AAC 105.490 to take action in regard to certification, the department will deny an initial application or an application to renew certification or suspend certification of a provider if

(1) the provider fails to submit a complete application under (a) of this section so that it is received by the department not later than 30 days after the date of notice from the department that the application is incomplete;

(2) the provider's certification, license, or enrollment related to Medicaid or Medicare was denied, revoked, or rescinded;

(3) the provider's name appears on any state or federal exclusion list related to health care services;

(4) the department has documentation that indicates the provider is unable or unwilling to meet the certification requirements of this section or any other Medicaid requirement under 7 AAC 105 - 7 AAC 160;

(5) the department has evidence that the owner or the administrator of a provider agency does not operate honestly, responsibly, and in accordance with applicable laws in order to maintain the integrity and fiscal viability of the medical assistance program; or

(6) based upon evidence from an audit, provider review, or investigation, the department has probable cause to believe that the provider's noncompliance with the Medicaid program or this chapter causes immediate risk to the health, safety, or welfare of a recipient or would be considered to be fraud, abuse, or waste.

(g) If the department denies an initial application or an application to renew certification or suspends certification of a provider, the department will send, not later than 14 business days after the date of the decision, written notice of the action and information regarding the provider's right to appeal the decision under AS 44.64.

(h) Instead of decertification or suspension, the department may

(1) establish a corrective action plan that includes the method by which the provider will verify compliance and the date that compliance is required; and

(2) monitor the provider's progress toward meeting the requirements of the corrective action plan; if the department finds that the provider has not met the requirements of the corrective action plan on or before the date compliance is required, the department may decertify or suspend the provider as provided in (g) of this section.

(i) Notwithstanding the provisions of this section, if the department has reasonable cause

to believe that the health, safety, or welfare of a recipient is at risk, the department may immediately suspend or revoke a provider's certification. If the department immediately suspends or revokes certification under this subsection, the department will

(1) give the provider initial notice, oral or written, of the suspension or revocation of certification, including information regarding the right to appeal; if no one is present to receive the notice, the department will post the notice on the main entrance to the building in which the provider agency is located; and

(2) not later than 14 business days after the date of the suspension or revocation of certification issue a formal report that includes information related to the action taken, the reason for the action, and the right to appeal. (Eff. 2/1/2010, Register 193; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.224(c) is repealed and readopted to read:

(c) In this section,

(1) "critical incident" means

(A) a missing recipient;

(B) recipient behavior that resulted in harm to the recipient or others;

(C) misuse of restrictive interventions; in this subparagraph, "restrictive intervention" has the meaning given in 7 AAC 130.229(g);

(D) a use of restrictive intervention that resulted in the need for evaluation by or consultation with medical personnel; in this subparagraph, "restrictive intervention"

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has the meaning given in 7 AAC 130.229(g);

(E) death of a recipient;

(F) an accident, an injury, or another unexpected event that affected the recipient's health, safety, or welfare to the extent evaluation by or consultation with medical personnel was needed;

(G) a medication error that resulted in the need for evaluation by or consultation with medical personnel; in this subparagraph, "medication error" has the meaning given in 7 AAC 130.227(j);

(H) an event that involved the recipient and a response from a peace officer;

(2) "evaluation by or consultation with medical personnel" means analysis of the incident with respect to a recipient's health, safety, and welfare for the purpose of determining an appropriate treatment or course of action. (Eff. 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

The introductory language of 7 AAC 130.227(a) is amended to read:

**7 AAC 130.227. Administration of medication and assistance with self-administration of medication [MEDICATION ADMINISTRATION].** (a) Except as provided in (i) of this section, a provider [OF THE FOLLOWING HOME AND COMMUNITY-BASED WAIVER SERVICES] shall offer **administration of medication and assistance with self-administration of medication** [ADMINISTRATION] as [AN] integral **parts** [PART] of

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**the following home and community-based waiver** [THOSE] services:

...

The introductory language of 7 AAC 130.227(b) is amended to read:

(b) A provider of the services listed in (a) of this section shall be responsible for **administration of** medication **or assistance with self-administration of medication** [ADMINISTRATION] if

...

7 AAC 130.227(b)(4) is amended to read:

(4) no individual otherwise responsible for **administration of** medication **or assistance with self-administration of medication** [ADMINISTRATION] for that recipient is available at the time when the recipient requires medication; and

7 AAC 130.227(b)(5) is amended to read:

(5) the individual that provides **administration of** medication **or assistance with self-administration of medication** [ADMINISTRATION] has completed the training requirements of (f) of this section.

7 AAC 130.227(c)(1) is amended to read:

(1) administer medications to a recipient or to delegate **administration of** medication [ADMINISTRATION] in accordance with 12 AAC 44.950 - 12 AAC 44.990 and

this section; and

7 AAC 130.227(d)(1) is amended to read:

(1) **administration of** medication **and assistance with self-administration of medication** [ADMINISTRATION] while **a** [THE] recipient is in the care of and receiving services from the provider;

7 AAC 130.227(d)(2) is amended to read:

(2) training in **administration of** medication **and assistance with self-administration of medication** [ADMINISTRATION] under (f) of this section;

7 AAC 130.227(d)(4) is amended to read:

(4) supervision of individuals that provide assistance with **administration of** medication **or assistance with self-administration of medication** [ADMINISTRATION];

7 AAC 130.227(d)(5) is amended to read:

(5) monitoring and evaluation of

**(A) administration of** medication; **or**

**(B) assistance with self-administration of** medication

[ADMINISTRATION]; and

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The introductory language of 7 AAC 130.227(e) is amended to read:

(e) Before a provider may provide **administration of** medication **or assistance with self-administration of medication** [ADMINISTRATION] under this section, the provider must

...

7 AAC 130.227(e)(1) is amended to read:

(1) have a written delegation for **administration of** medication **or assistance with self-administration of medication** [ADMINISTRATION] from the recipient or recipient's representative, or a delegation in accordance with 12 AAC 44.965 or another applicable statute or regulation;

7 AAC 130.227(e)(2)(F)(ii) is amended to read:

(ii) whether the delegating authority must be notified before the medication is administered **or before assistance with self-administration is provided.**

The introductory language of 7 AAC 130.227(f) is amended to read:

(f) Each individual that provides **administration of** medication **or assistance with self-administration of medication** [ADMINISTRATION] must have on file, with the provider, written verification of attendance and successful completion of the following training appropriate to the task:

...

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7 AAC 130.227(f)(1) is amended to read:

(1) if the individual is to provide assistance with the recipient's self-administration of medication, the individual must successfully complete training that **addresses the activities listed in (j)(2) of this section** [HAS BEEN APPROVED BY THE DEPARTMENT];

The introductory language of 7 AAC 130.227(g) is amended to read:

(g) An individual providing **administration of medication or assistance with self-administration of medication** [ADMINISTRATION] under this section must document, in the recipient's record for all medication taken by the recipient while the recipient is in the care of the individual,

...

7 AAC 130.227(g)(5) is amended to read:

(5) the written delegation under (e)(1) of this section authorizing **administration of medication or assistance with self-administration of medication** [ADMINISTRATION].

7 AAC 130.227(i)(3) is amended to read:

(3) the recipient or the recipient's representative **gives the provider** written notice **designating** [TO THE PROVIDER OF] an individual **that will** [DESIGNATED TO] be responsible for **administration of medication or assistance with self-administration of medication** [ADMINISTRATION] for the recipient, and the provider arranges with that

individual to administer the medication **or assist with self-administration** at the time medication is required by the recipient.

7 AAC 130.227(j)(1) is amended to read:

(1) "administration of medication" means the direct **delivery or** application of an oral, nasal, ophthalmic, otic, topical, vaginal, or rectal medication by a provider to or into the body of a recipient **that is unable to administer medication independently**, and the use of an epinephrine auto-injector for a severe allergic reaction;

7 AAC 130.227(j)(4) is repealed:

(4) repealed \_\_\_/\_\_\_/\_\_\_;

(Eff. 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.229(b)(2) is amended by adding a new subparagraph to read:

(C) chemical restraint;

7 AAC 130.229(g) is amended by adding a new paragraph to read:

(3) "chemical restraint"

(A) means the use of medication to restrict freedom of movement in order to manage or control behavior, for disciplinary purposes, or for the convenience of the provider;

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(B) does not include medication prescribed for the purpose of managing behavior by an individual listed in 7 AAC 130.227(j)(3) and administered in accordance with the applicable requirements of 7 AAC 130.227. (Eff. 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.233(d) is amended to read:

(d) A provider that intends to close, sell, or change ownership of a business certified under 7 AAC 130.220 shall send written notice of that intention to the department and to each affected recipient **and that recipient's care coordinator** not later than 60 days before the closure, sale, or change in ownership. (Eff. 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.238(a) is amended to read:

(a) An **individual** [EMPLOYEE OF A HOME AND COMMUNITY-BASED WAIVER SERVICES PROVIDER] may not provide care coordination services unless

**(1)** the department certifies the individual under this section; [AND]

**(2)** the individual is enrolled in the Medicaid program under 7 AAC 105.210;

**and**

**(3) the individual is an owner of or employed by a care coordination services provider agency certified** [THE CERTIFICATION REQUIREMENTS OF THIS SECTION

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ARE SEPARATE FROM AND IN ADDITION TO THE PROVIDER AGENCY

CERTIFICATION REQUIREMENTS] under 7 AAC 130.220(a)(2) [7 AAC 130.220].

7 AAC 130.238(f)(1) is amended to read:

(1) deny the care coordinator's application for certification, recertification, or re-enrollment; or

(Eff. 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.240(b)(2)(A) is amended to read:

(A) remains in contact with the recipient or the recipient's representative in a manner and with a frequency appropriate to the needs and the communication abilities of the recipient, but at a minimum makes two contacts each [WITH THE RECIPIENT PER] month with the recipient or the recipient's representative; [,] one of the two contacts [WHICH] must be an in-person visit with the recipient [IN PERSON], unless the department waives the visit requirement [VISITS] under (d) of this section;

7 AAC 130.240(e) is repealed:

(e) Repealed \_\_\_/\_\_\_/\_\_\_\_.

7 AAC 130.240(k) is amended by adding a new paragraph to read:

(4) "remote community or location"

(A) means a community or location that is not accessible by road from Anchorage or Fairbanks or that is accessible only by crossing international boundaries;

(B) does not include a community or location that is on a road system that connects two or more communities or locations, if the services are available in one of them. (Eff. 2/1/2010, Register 193; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.245(a)(4) is amended by adding a new subparagraph to read:

(C) the number of hours that are allowed under (A) and (B) of this paragraph and that the department approves as necessary to maintain a clean, sanitary, and safe environment for each recipient, if more than one recipient lives in the residence where services are to be provided; the department will base the number of hours allowed on

(i) the recipient category of each recipient;

(ii) the degree to which the tasks listed in (b) of this section are necessary for each recipient or benefit all recipients in the residence;

(iii) whether the services would duplicate services received by any recipient under 7 AAC 125.010 - 7 AAC 125.199; and

(iv) the justification for the number of hours provided in each

recipient's plan of care.

7 AAC 130.245(c) is repealed and readopted to read:

(c) The department will either deny or limit the time authorized for chore services if

(1) an individual that lives in the recipient's home is responsible for performing the chores described in (b) of this section, and the individual is an adult member of the recipient's immediate family or a caregiver for the recipient;

(2) a community or voluntary agency is willing to perform those chores for the recipient;

(3) a third party is responsible for paying for the performance of those chores for the recipient;

(4) the recipient's residence is a rental property, and the department determines those services to be the responsibility of the landlord under the lease or applicable law; or

(5) a provider certified under 7 AAC 130.220 to provide chore services designates an individual to provide chore services, and that individual resides in the same residence as the recipient of chore services.

(Eff. 2/1/2010, Register 193; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.250(b)(1) is amended to read:

(1) provided in a non-institutional community setting on a regular basis for not more than **10** [SIX] hours per day, not including transportation to and from the setting; **however,**

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**the department will allow more than 10 hours per day if the department determines that the recipient is unable to benefit from**

**(A) other home and community-based waiver services; or**

**(B) services provided by family members or community supports;** and

(Eff. 2/1/2010, Register 193; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.265(b) is amended to read:

(b) The department will consider residential habilitation services to be family home habilitation services if

(1) the family home habilitation services site

(A) is a residence licensed as an assisted living home or a foster home under AS 47.32; **and**

(B) provides 24-hour care;

**(2) the recipient's** [AND (C) HAS A] primary caregiver

**(A) lives with the recipient** [LIVING] in the **same** residence;

**(B) is not a member of the recipient's immediate family; and**

**(C) provides the oversight, care, and support needed by the recipient to prevent risk of institutionalization of that recipient; and**

**(3) [(2)]** the health, safety, and welfare of a recipient **living** [RECEIVING CARE] in a family home habilitation services site **for the purpose of receiving services under this subsection** are not at risk because of the primary caregiver's other obligations [; AND

(3) A CAREGIVER IN THE RESIDENCE, PAID OR UNPAID, IS NOT A MEMBER OF THE RECIPIENT'S IMMEDIATE FAMILY].

7 AAC 130.265(c) is repealed and readopted to read:

(c) The department will pay for family home habilitation services under (b) of this section subject to the following limitations:

(1) a recipient's care coordinator must demonstrate, to the department's satisfaction in the recipient's plan of care developed under 7 AAC 130.217, that the following criteria were evaluated to determine that a family home habilitation services site is appropriate to provide services to the recipient:

(A) the needs of the recipient, including the need for specialized medical technology;

(B) the capacity of the primary caregiver to provide services for the specific needs of the recipient;

(C) the adequacy of the provider's plan for primary caregiver training, recipient safety, service monitoring, and oversight regarding the number of individuals living at the site;

(D) the suitability of the physical site for the recipient;

(E) the number and the relationship to the primary caregiver of other individuals living at the site, and whether any medical conditions or behavioral characteristics of

(i) those individuals could create a risk to the health, safety, and

welfare of the recipient; and

(ii) the recipient could create a risk to the health, safety, and welfare of those individuals;

(F) the ability of other individuals living at the site to provide self-care;

(G) the degree to which any adults and children living at that site, regardless of whether those individuals receive any form of financial support from a public or private source, are dependent upon the primary caregiver for their health, safety, and welfare; and

(H) the nature of any complaints regarding the physical site, quality of care, the primary caregiver, or others living at the site, and how the provider certified in accordance with 7 AAC 130.220(a)(1)(E) resolved those complaints.

(2) the department will authorize payment for services in a family home habilitation services site for not more than three recipients, if each recipient was evaluated and approved to receive services in accordance with the criteria in this subsection, and unless the director of the departmental division responsible for home and community-based waiver services waives the limit on the number of recipients

(A) to allow siblings of the recipient to live at the same site; or

(B) because the provider certified in accordance with 7 AAC 130.220(a)(1)(E) demonstrates to the department's satisfaction that the primary caregiver's obligations to a larger number of individuals, including any adults or children dependent upon the caregiver, will not jeopardize the health, safety, and welfare of the recipient or other dependents; the director will base the decision to waive the limit on the

number of recipients in the home on an evaluation of the criteria in (1) of this subsection;

(3) when family home habilitation services are authorized for a recipient, the department will not make separate payment for

(A) chore services under 7 AAC 130.245;

(B) family-directed respite care services under 7 AAC 130.280;

(C) transportation services under 7 AAC 130.290;

(D) meal services under 7 AAC 130.295; or

(E) services provided by another resident of a family home habilitation service site;

(4) a provider certified in accordance with 7 AAC 130.220(a)(1)(E) shall

(A) notify the department, the recipient's care coordinator, and the recipient or recipient's representative

(i) 30 days before moving a recipient from, or replacing the primary caregiver at, a family home habilitation services site that was evaluated using the criteria under this subsection; and

(ii) not later than one business day after any unplanned relocation or replacement of the primary caregiver, if the provider determined that the relocation or replacement was necessary to protect the recipient's health, safety, and welfare;

(B) consult with the recipient's care coordinator and the recipient or recipient's representative to evaluate whether the criteria specified in this subsection will be met if the recipient is relocated or the primary caregiver is replaced, or are met in the

event of an unplanned relocation of the recipient or unplanned replacement of the primary caregiver; and

(C) demonstrate to the department's satisfaction, in an amendment to the plan of care under 7 AAC 130.217(d), that

(i) the criteria in this subsection were evaluated in regard to the needs of the recipient;

(ii) the relocation site meets the needs of the recipient; and

(iii) the primary caregiver at the relocation site or the primary caregiver replacement is capable of providing family home habilitation services to the recipient.

7 AAC 130.265(i) is repealed and readopted to read:

(i) The department will pay for in-home support habilitation services under (h) of this section, subject to the following limitations:

(1) the department will not pay for more than 18 hours per day of in-home support habilitation services from all providers combined unless the department determines that the recipient is unable to benefit from

(A) other home and community-based waiver services; or

(B) services provided by family members or community supports;

(2) when in-home support habilitation services are authorized for the recipient, the department will not make separate payment for

(A) personal care services under 7 AAC 125.010 - 7 AAC 125.199;

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- (B) chore services under 7 AAC 130.245;
- (C) transportation services under 7 AAC 130.290;
- (D) meal services under 7 AAC 130.295; or
- (E) services provided by another resident of the home or by the primary unpaid caregiver.

(Eff. 2/1/2010, Register 193; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.267 is repealed and readopted to read:

**7 AAC 130.267. Acuity payments for qualified recipients.** (a) The department will pay for additional services under this section that

(1) are provided for a recipient who is qualified under (b) of this section and is receiving

(A) residential supported-living services under 7 AAC 130.255 that are assigned the procedure code described in 7 AAC 145.520(m); or

(B) group-home habilitation services under 7 AAC 130.265(f) that are assigned the procedure code described in 7 AAC 145.520(m);

(2) are requested in accordance with (c) of this section;

(3) the department determines to be necessary, based upon evaluation of the supporting documentation submitted in accordance with (d) or (e) of this section; and

(4) receive prior authorization.

(b) For purposes of this section, a qualified recipient is one that

(1) needs services that exceed those authorized in the recipient's current plan of care under 7 AAC 130.217; and

(2) because of the recipient's physical condition or behavior, needs direct one-to-one support from direct care workers whose time is dedicated solely to providing services under (a)(1) of this section to that one recipient 24 hours per day, seven days per week, in all environments in which the recipient functions.

(c) To request additional services under this section, the care coordinator responsible under 7 AAC 130.217 for the recipient's plan of care must submit

(1) written documentation that

(A) describes how the recipient's physical condition or behavior justifies the support described in (b) of this section;

(B) lists each intervention tried or in use to address the recipient's physical condition or behavior, and whether the intervention was successful or unsuccessful;

(C) indicates how additional services under this section would be consistent with services approved as part of the recipient's plan of care under 7 AAC 130.217; and

(D) addresses how the acuity payment under this section would be used to improve management of the recipient's physical condition or behavior; and

(2) the supporting evidence required under (d) or (e) of this section, as appropriate.

(d) If the recipient needs the support described in (b)(2) of this section because of the

recipient's physical condition, in whole or in part, the request for additional services must include, in addition to the information required under (c) of this section,

(1) a copy of the recipient's most recent medical evaluation conducted as part of an assessment under 7 AAC 130.213 specific to the recipient's plan of care under 7 AAC 130.217;

(2) a record of the recipient's dates of hospital admission and discharge or of other medical interventions during the 30 days immediately preceding the date of the request;

(3) a copy of the recipient's clinical record under 7 AAC 105.230(d)(6) documenting 24 hours of activity for each of the 30 days immediately preceding the date of the request; and

(4) a description of how administration of medication is managed, and how other recurring medical treatments are managed.

(e) If the recipient needs the support described in (b)(2) of this section because of the recipient's behavior, in whole or in part, the request for prior authorization must include, in addition to the information required under (c) of this section, a copy of the recipient's

(1) most recent medical and psychological evaluations conducted as part of an assessment under 7 AAC 130.213 specific to the recipient's plan of care under 7 AAC 130.217; and

(2) clinical record under 7 AAC 105.230(d)(6) documenting 24 hours of activity for each of the 30 days immediately preceding the date of the request.

(f) The department will not approve additional services under this section for more than 12 consecutive months.

(g) The department may terminate authorization for services under this section at any time if the department verifies that the recipient's physical condition or behavior no longer requires additional services under this section.

(h) A provider who receives an acuity payment under this section shall

(1) provide workers to provide the services described in (b)(2) of this section; and

(2) ensure that at least one worker is awake at all times to provide those services.

(Eff. 4/1/2012, Register 201; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.270(a)(1) is amended to read:

(1) are provided in accordance with the department's *Supported Employment Conditions of Participation*, **adopted by reference in 7 AAC 160.900**;

7 AAC 130.270(c) is amended to read:

(c) The department will not pay for

(1) an expense associated with starting up or operating a business;

(2) supervisory activities normally provided in the business setting;

(3) services described in (b)(1) of this section while a recipient receives services under (b)(2) of this section;

(4) more than three months of services under (b)(1) of this section **during a recipient's term of eligibility for home and community-based waiver services**, unless the home and community-based waiver services provider demonstrates that the recipient

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(A) needs additional preparation for employment; or

(B) is preparing for a new job placement;

(5) accommodations routinely provided by the employer to employees; [OR]

(6) **transportation for a recipient, unless it is to or from an employment site**

**where the recipient works in a paid position, and no other transportation is available for the recipient; or**

(7) a service that is available under a program funded under 20 U.S.C. 1400 -

1482 (Individuals with Disabilities Education Act) or 29 U.S.C. 730 (Rehabilitation Act). (Eff.

2/1/2010, Register 193; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.275(b)(4) is amended to read:

(4) provides treatment or therapy that is planned and rendered by

**(A) an individual certified under AS 14.20.010 with a special**

**education endorsement obtained under 4 AAC 12.330; or**

**(B)** a professional licensed under AS 08 with expertise specific to the

diagnosed problem or disorder, or by a paraprofessional supervised by that professional

and licensed under AS 08 if required.

(Eff. 2/1/2010, Register 193; am 3/1/2011, Register 197; am 7/1/2013, Register 206; am

\_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.280 is repealed and readopted to read:

**7 AAC 130.280. Respite care services.** (a) The department will pay for respite care services that

- (1) are provided in accordance with the department's *Respite Care Services Conditions of Participation*, adopted by reference in 7 AAC 160.900;
- (2) are approved under 7 AAC 130.217 as part of the recipient's plan of care;
- (3) receive prior authorization; and
- (4) do not exceed the maximum number of hours and days specified in (c) of this section.

(b) The department will consider services to be respite care services if the services are provided

- (1) in one or more of the following locations, for hourly respite care services:
  - (A) the recipient's home;
  - (B) the private residence of the respite care provider;
  - (C) a licensed facility specified in (d)(1) of this section;
  - (D) another community setting if that setting is appropriate for the needs of the recipient and the recipient's health, safety, and welfare will not be placed at risk;
- (2) in one or more of the following locations, for daily respite care services:
  - (A) the recipient's home;
  - (B) a licensed facility specified in (d)(1) of this section;
- (3) because of the absence or need for relief of the following caregivers only:
  - (A) a primary unpaid caregiver;

(B) a provider of family home habilitation services under 7 AAC 130.265(b), except that the department will not pay claims for daily respite care services under (c)(2) of this section and family home habilitation services for the same time period; and

(4) to replace the caregiver's oversight, care, and support needed by the recipient to remain in the recipient's community and to prevent risk of institutionalization; in this paragraph, "institutionalization" does not mean the temporary arrangement for respite care services in a facility specified in (d)(1) of this section.

(c) The department will not pay for respite care services that exceed the following duration limits:

(1) 520 hours of hourly respite care services per year, unless the department approves more hours because the lack of additional care or support would result in risk of institutionalization, and except that under this paragraph the department will not pay more than the daily rate established in 7 AAC 145.520 for respite care services provided to a recipient in the adults with physical disabilities category;

(2) 14 days of daily respite care services per year; for purposes of this paragraph, daily respite care services for the time that includes the recipient's usual nightly sleep period must be provided in the recipient's home or in the types of facilities specified in (d)(1) of this section.

(d) The department will pay under this section for respite care services subject to the following limitations:

(1) the department will pay for room and board expenses incurred during the

provision of respite care services only when the room and board are provided in

- (A) a nursing facility;
- (B) a general acute care hospital;
- (C) an intermediate care facility for individuals with intellectual or developmental disabilities (ICF/IID);
- (D) an assisted living home licensed under AS 47.32, if that home is not the recipient's residence; or
- (E) a foster home licensed under AS 47.32, if that home is not the recipient's residence;

(2) the department will not pay for daily respite care services provided in a facility specified in (1) of this subsection at a rate in excess of the rate established for Medicaid providers under 7 AAC 105 - 7 AAC 160;

- (3) the department will not pay for respite care services to
- (A) allow a primary unpaid caregiver to work;
  - (B) relieve paid providers of Medicaid services, except providers of family home habilitation services under 7 AAC 130.265(b); or
  - (C) provide oversight for minor children, other than a recipient of home and community-based waiver services, in the home; for purposes of this subparagraph, "minor children" means unemancipated individuals under 18 years of age;

(4) the department will not pay for respite care services that are provided at the same time as

- (A) other home and community-based waiver services that include care

and supervision of the recipient; or

(B) personal care services under 7 AAC 125.010 - 7 AAC 125.199;

(5) the department will pay for hourly respite care services provided at the same time as one or more of the following services, except that an individual may not provide another service identified in this paragraph while rendering respite care services:

(A) chore services under 7 AAC 130.245;

(B) transportation services under 7 AAC 120.290;

(C) meal services under 7 AAC 130.295;

(6) the department will not pay for hourly respite care services provided to recipients receiving residential supported-living services under 7 AAC 130.255.

(e) The department will pay for family-directed respite care services if the services are

(1) provided for a recipient in one of the following recipient categories:

(A) children with complex medical conditions;

(B) individuals with intellectual or developmental disabilities;

(2) provided through a home and community-based waiver services provider that

(A) is certified under 7 AAC 130.220 to provide respite care services;

(B) has on file with the department a current letter of agreement

acknowledging responsibility for

(i) complying with the requirements of AS 47.05.017 with respect to an individual retained and directed by a family to provide respite care services under this subsection; and

(ii) ensuring that the retention and direction of an individual by a

family to provide respite care services under this subsection is in accordance with municipal, state, and federal law pertaining to employment of that individual, including applicable provisions of 26 U.S.C. (Internal Revenue Code), and to protection of the health, safety, and welfare of the recipient;

(C) submits claims for family-directed respite care services; and

(D) pays the individuals retained by the family to provide family-directed respite care services;

(3) directed by a primary unpaid caregiver that

(A) in regard to the individuals selected to provide family-directed respite care services

(i) identifies and trains the individuals that meet the requirements for respite care services direct care workers specified in the department's *Respite Care Services Conditions of Participation*, adopted by reference in 7 AAC 160.900; and

(ii) completes and signs timesheets for individuals;

(B) provides, to the home and community-based waiver services provider that has prior authorization for the family-directed respite care services, written assurance that the primary unpaid caregiver understands the risk that the primary unpaid caregiver assumes for family-directed respite care services; and

(C) does not identify, train, or sign timesheets for individuals that provide family-directed respite care services for other recipients; and

(4) consistent with the following limitations:

(A) daily respite care services in a facility specified in (d)(1) of this section may not be provided as family-directed respite care services;

(B) family-directed respite care services may not be provided to relieve providers of family home habilitation services under 7 AAC 130.265(b).

(f) In this section,

(1) "daily respite care services" means respite care services not less than 12 hours and not more than 24 hours in duration;

(2) "family-directed respite care services" means respite care services provided by an individual that is

(A) retained by the family of the recipient; and

(B) paid by a home and community-based waiver services provider. (Eff.

2/1/2010, Register 193; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

**Editor's note:** As of Register 207 (October 2013), and acting under AS 44.62.125(b)(6) and sec. 29, ch. 42, SLA 2013, the regulations attorney made technical changes to **7 AAC 130.280(d)** [7 AAC 130.280(d) AND (f)], to change "intermediate care facility for the mentally retarded" and "intermediate care facility for the mentally retarded or persons with related conditions" to "intermediate care facility for individuals with an intellectual disability or related condition," and to change "(ICF/MR)" to "(ICF/IID)." Chapter 42, SLA 2013 amended terminology in the Alaska Statutes to replace references to "mental retardation" and "mentally retarded" with more current terms. Section 29, ch. 42, SLA 2013 instructed that similar changes

be made in the Alaska Administrative Code.

As of Register 207 (October 2013), and acting under AS 44.62.125(b)(6), the regulations attorney made a technical change to 7 AAC 130.280(e).

7 AAC 130.290 is repealed and readopted to read:

**7 AAC 130.290. Transportation services.** (a) The department will pay for transportation services that

(1) are provided in accordance with the department's *Transportation Services Conditions of Participation*, adopted by reference in 7 AAC 160.900;

(2) are approved under 7 AAC 130.217 as part of the recipient's plan of care;

(3) receive prior authorization; and

(4) are provided in a vehicle that is owned or commercially leased by a home and community-based waiver services provider agency, unless otherwise approved under (b) of this section; the department will not certify, as a provider of services under 7 AAC 130.220(b)(1)(I), an agency that uses only employee- or volunteer-owned vehicles for that service.

(b) Notwithstanding (a)(4) of this section, the department will approve transportation services in an employee- or volunteer-owned vehicle if the department determines that no other transportation options, including natural supports, are available for a recipient; a home and community-based waiver services provider agency that authorizes an employee or volunteer to transport a recipient in an employee- or volunteer-owned vehicle must ensure and document that

(1) the vehicle is safe and suitable for the transportation needs of the recipient;

(2) the driver is capable of transporting the recipient in a safe manner; and

(3) either the agency or the driver has automotive liability insurance for the employee- or volunteer-owned vehicle that includes coverage, in the event of an accident, for any recipient.

(c) The department will consider services to be transportation services under this section if the services enable a recipient and, if necessary, an escort that receives prior authorization under (a)(3) of this section, to travel to and return from locations where

- (1) home and community-based waiver services are provided; or
- (2) other services and resources are available.

(d) The department will pay for trip segments that

(1) transport a recipient from one location to another location, except that incidental stops do not constitute a location where a trip segment begins or ends; and

(2) are documented in a travel log that includes

- (A) the name of the recipient and any escort;
- (B) the date the service is provided;
- (C) the time at the beginning and end of each trip segment;
- (D) the pick-up point and drop-off location for each trip segment; and
- (E) if the vehicle operator waits for the recipient, the time at the

beginning and end of that waiting period.

(e) The department will not pay under this section for

(1) medical transportation services that are authorized under 7 AAC 120.400 - 7 AAC 120.490;

(2) transportation under 7 AAC 130.260 or 7 AAC 130.265;

(3) transportation to destinations that are over 20 miles from the recipient's residence, unless approved by the department in the recipient's plan of care;

(4) transportation to run errands for a recipient without the recipient's presence in the vehicle; or

(5) transportation that involves stops during which time the vehicle operator waits for a recipient longer than 15 minutes, except at the rate established under 7 AAC 145.520 for trip segments less than 20 miles.

(f) In this section,

(1) "escort" means an individual that

(A) accompanies a recipient on travel described in (c) and (d) of this section in order to meet the recipient's mobility needs; and

(B) is not another recipient, the driver of the vehicle, or another individual employed by the provider, unless that individual is providing another home and community-based waiver service or personal care services under 7 AAC 125.010 - 7 AAC 125.199 at the time that the individual acts as an escort;

(2) "incidental stop" means an interval of 15 minutes or less during which the recipient may or may not leave the vehicle and the vehicle operator waits for the recipient or disembarks to run an errand for that recipient while the recipient remains in the vehicle;

(3) "trip segment" means travel to a location where the recipient disembarks for an approved purpose, and the vehicle operator

(A) leaves the recipient at that location for pickup at a later time by that or another vehicle operator; or

(B) remains at that location because the distance involved in travel to that location makes it unfeasible for that or another vehicle operator to pick up the recipient at a later time. (Eff. 2/1/2010, Register 193; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.300(a) is amended to read:

(a) The department will pay for environmental modification services that

(1) **are provided in accordance with the department's *Environmental***

**Modification Services Conditions of Participation, adopted by reference in 7 AAC 160.900;**

**(2)** are approved under 7 AAC 130.217 as part of the recipient's plan of care; and

**(3)** [(2)] receive prior authorization.

7 AAC 130.300(e) is repealed and readopted to read:

(e) The provider must complete the environmental modification project not later than 90 days after the start of construction or the initial payment made on a claim for services, whichever is first. If the project has not been completed during the 90-day period and the department has not authorized an extension of time for completion, the provider shall repay each amount of money received from the department for the project. The department will consider an environmental modification project to be complete when the department makes final payment to the provider that received prior authorization. The department will pay for an environmental modification project only upon completion, except that to allow for the purchase of materials,

supplies, and equipment for the project, the department will authorize payment of

- (1) 25 percent or less of the total amount approved for the project; and
- (2) the cost of shipping that is allowed under (d)(2) of this section.

7 AAC 130.300 is amended by adding a new subsection to read:

(k) Notwithstanding (a) of this section, the department will not pay for an environmental modification that has prior authorization if

- (1) a recipient plans to move or has moved from a residence or has died; or
- (2) a residence in which the recipient lives for any period of time is for sale. (Eff.

2/1/2010, Register 193; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 130.319 is amended to read:

**7 AAC 130.319. Definitions.** In this chapter, unless the context requires otherwise,

(1) "applicant's representative" means a person who serves, for an applicant, the functions of a recipient's representative;

(2) "business day" means a day other than Saturday, Sunday, or a legal holiday under AS 44.12.010;

(3) "care coordination" means those services provided in accordance with 7 AAC 130.240 by a care coordinator;

(4) "care coordination agency provider" means a provider that the department has certified under 7 AAC 130.220 to provide care coordination services under 7 AAC 130.240;

(5) "care coordinator" means an individual that the department has enrolled under 7 AAC 105.210 and certified under 7 AAC 130.238;

(6) "habilitation services" means services that

(A) help a recipient to acquire, retain, or improve skills related to activities of daily living as described in 7 AAC 125.030(b) and the self-help, social, and adaptive skills necessary to enable the recipient to reside in a noninstitutional setting; and

(B) are provided in a recipient's private residence, an assisted living home licensed under AS 47.32, or a foster home licensed under AS 47.32;

(7) "home and community-based waiver services provider" has the meaning given in 7 AAC 160.990(b);

(8) "immediate family" includes the parents or minor siblings of a recipient under 18 years of age, and the spouse of a recipient;

(9) **"natural supports" means**

**(A) individuals that, voluntarily and without payment, provide care and supports that enhance quality of life and foster community access and integration for the recipient; and**

**(B) the care and supports that are**

**(i) provided voluntarily and without pay for a recipient; and**

**(ii) similar to and supplemented by home and community-based waiver services;**

**(10)** "primary caregiver" means an individual

(A) that lives in

[(i)] the same **licensed** [UNLICENSED] residence as a recipient and provides care for a recipient; [OR

(ii) A DIFFERENT RESIDENCE AND PROVIDES CARE FOR A RECIPIENT IN THE RECIPIENT'S UNLICENSED RESIDENCE;] and

(B) [ASSISTS WITH OR] provides the **oversight, care, and support needed by the recipient to prevent risk of institutionalization of that recipient** [DESCRIBED AS ACTIVITIES OF DAILY LIVING IN 7 AAC 125.030(b) AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING IN 7 AAC 125.030(c)];

**(11) "primary unpaid caregiver" means an individual that**

**(A) lives**

**(i) with a recipient in the same unlicensed residence; or**

**(ii) in a different residence and assists a recipient in the recipient's unlicensed residence;**

**(B) provides the oversight, care, and support needed by the recipient to prevent risk of institutionalization of that recipient, by assisting with the recipient's basic personal activities or with activities related to independent living;**

**and**

**(C) does not receive payment for providing any other services for the recipient;**

**(12)** [(10)] "private residence" means a home that a recipient owns or rents, or a home where the recipient resides with other family members or friends;

**(13)** [(11)] "recipient category" means a category listed in 7 AAC 130.205(d);

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**(14)** [(12)] "recipient's representative" has the meaning given in 7 AAC 160.990(b);

**(15)** [(13)] "residential supported-living services provider" means a provider that the department has certified under 7 AAC 130.220 to provide residential supported-living services under 7 AAC 130.255. (Eff. 2/1/2010, Register 193; am 11/3/2012, Register 204; am 7/1/2013, Register 206; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 145.520(e)(1) is amended to read:

(1) certified under **7 AAC 130.220(a)(1)(K)** [7 AAC 130.220(b)(1)(K)]; and (Eff. 2/1/2010, Register 193; am 3/1/2011, Register 197; am 4/1/2012, Register 201; am 7/1/2013, Register 206; am 1/1/2014, Register 208; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040

7 AAC 160.900(d)(8) is amended to read:

(8) the *Home and Community-Based Waiver Services Provider Certification Application*, dated **April 4, 2014** [MAY 2, 2013];

7 AAC 160.900(d)(34) is amended to read:

(34) the *Care Coordination Services Conditions of Participation*, dated **March 4, 2015** [MAY 2, 2013];

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7 AAC 160.900(d)(44) is amended to read:

(44) the *Provider Conditions of Participation*, dated **March 21, 2014** [MAY 2, 2013];

7 AAC 160.900(d)(46) is amended to read:

(46) the *Residential Supported-Living Services Conditions of Participation*, dated **March 21, 2014** [MAY 2, 2013];

7 AAC 160.900(d)(49) is amended to read:

(49) the *Supported Employment Services Conditions of Participation*, dated **March 21, 2014** [MAY 2, 2013];

7 AAC 160.900(d)(50) is amended to read:

(50) the *Transportation Services Conditions of Participation*, dated **March 4, 2015** [MAY 2, 2013];

7 AAC 160.900(d) is amended by adding a new paragraph to read:

(53) the *Environmental Modification Services Conditions of Participation*, dated April 4, 2014.

(Eff. 2/1/2010, Register 193; am 8/25/2010, Register 195; am 12/1/2010, Register 196; am 1/1/2011, Register 196; am 1/15/2011, Register 197; am 2/9/2011, Register 197; am 3/1/2011, Register 197; am 10/1/2011, Register 199; am 12/1/2011, Register 200; am 1/26/2012, Register

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201; am 3/8/2012, Register 201; am 4/1/2012, Register 201; add'l am 4/1/2012, Register 201; am 5/11/2012, Register 202; am 10/16/2012, Register 204; am 11/3/2012, Register 204; am 12/1/2012, Register 204; am 12/2/2012, Register 204; am 1/1/2013, Register 204; am 1/16/2013, Register 205; am 7/1/2013, Register 206; add'l am 7/1/2013, Register 206; am 11/3/2013, Register 208; am 1/1/2014, Register 208; am 2/2/2014, Register 209; am 3/19/2014, Register 209; am 3/22/2014, Register 209; am 5/18/2014, Register 210; am 2/26/2015, Register 213; am \_\_\_/\_\_\_/\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 47.05.010 AS 47.07.030 AS 47.07.040  
AS 47.05.012

The 44th paragraph of the editor's note following 7 AAC 160.900 is changed to read:

*The Application for Alaskans Living Independently Waiver and Adults with Physical and Developmental Disabilities Waiver, Adult Day Services Conditions of Participation, Care Coordinator Certification Application, Care Coordination Services Conditions of Participation, Chore Services Conditions of Participation, Day Habilitation Services Conditions of Participation, Intellectual & Developmental Disabilities Registration and Review form, Material Improvement Reporting for ALI/APDD [ALI/APDD] Waivers, Material Improvement Reporting for CCMC Waivers, Material Improvement Reporting for IDD Participants Age Three or Over, Material Improvement Reporting for IDD Participants Under the Age of Three, Home and Community-Based Waiver Services Provider Certification Application, Meal Services Conditions of Participation, Nursing Facility Level of Care Assessment Form for Children, Provider Conditions of Participation, Residential Habilitation Services Conditions of Participation,*

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*Residential Supported-Living Services Conditions of Participation, Screening Tool for Children with Complex Medical Conditions (CCMC) Waiver Program, Supported Employment Services Conditions of Participation, [AND] Transportation Services Conditions of Participation, **and Environmental Modification Services Conditions of Participation***, adopted by reference in 7 AAC 160.900(d), may be obtained by contacting the Department of Health and Social Services, Division of Senior and Disabilities Services, P.O. Box 110680, Juneau, Alaska, 99811-0680 and are posted on the Department of Health and Social Services, Division of Senior and Disabilities Services Internet website at <http://dhss.alaska.gov/dsds>