

**7 AAC 130 Home and Community-Based Waiver Services  
July 1, 2015 Amendment Summary**

7 AAC 130	Provisions
(.207) Application for HCB Waiver Services	Allows the department 30 additional business days (total of 60) to notify the applicant and care coordinator of the level-of-care (LOC) determination, if the individual is in the Material Improvement Review process.
(.209) Expedited Application, Assessment, LOC, & POC	<ol style="list-style-type: none"> <li>1. Specifies that the department will complete an expedited application review only if the applicant lacks natural supports due to the absence of a primary unpaid caregiver</li> <li>2. Specifies that absence of the primary unpaid caregiver must be due to emergency hospitalization or inability to continue care due to declining health</li> <li>3. clarifies situations in which the department will expedite</li> </ol>
(.213) Assessment & Reassessment	<ol style="list-style-type: none"> <li>1. Removes reference to the care coordinator preparing a new POC only after a reassessment</li> <li>2. Adds a requirement for the state to notify the recipient and care coordinator of referral to the MIRP process and extended timeframes for LOC determination</li> </ol>
(.217) Plan of Care Development & Amendment	<ol style="list-style-type: none"> <li>1. Adds language clarifying that the care coordinator must submit a POC based on the “most recent” assessment</li> <li>2. Clarifies that the POC must be submitted on an SDS form</li> <li>3. Removes language requiring POC to be developed after an assessment</li> <li>4. Clarifies that the timeline for recipient notification of POC approval is in “business days”</li> <li>5. Specifies SDS timelines for recipient notification of POC amendment approval</li> </ol>
(.219) Enrollment in HCBW Services; Disenrollment	<ol style="list-style-type: none"> <li>1. Clarifies that SDS will disenroll a recipient if it has not received a reapplication at least 30 days before expiration of the current plan year</li> <li>2. Adds “failure to take an action or submit documentation” to the situations in which SDS will disenroll a recipient</li> </ol>
(.220) Provider Certification & Enrollment	<ol style="list-style-type: none"> <li>1. Adds language requiring provider compliance and the methods SDS will use to determine compliance</li> <li>2. Adds to actions SDS may take to determine compliance including taking immediate custody of original records and suspension or revocation of certification</li> </ol>
(.224) Critical Incident Reporting	<ol style="list-style-type: none"> <li>1. Further clarifies definition of “critical incident”</li> <li>2. Adds a definition of “evaluation by or consultation with medical personnel”</li> </ol>
(.227) Medication Administration	<ol style="list-style-type: none"> <li>1. Deletes the term “medication administration” and replaces it with “administration of medication” and “assistance with self-administration of medication”</li> <li>2. Removes department responsibility for approval of assistance with self-administration training curriculum</li> </ol>
(.229) Use of Restrictive Intervention	<ol style="list-style-type: none"> <li>1. Adds a prohibition on chemical restraint as a restrictive intervention</li> <li>2. Defines “chemical restraint”</li> </ol>
(.233) Provider Termination of Services	Adds the recipient’s care coordinator to the list of individuals that must be notified by a provider closing, selling or changing ownership of a HCBS business
(.238) Certification of Individual Care Coordinators	<ol style="list-style-type: none"> <li>1. Clarifies that to be certified as a care coordinator an individual must own or be employed by a SDS-certified agency</li> <li>2. Clarifies that an applicant for initial certification as a care coordinator may appeal a denial</li> </ol>

(.240) Care Coordination Services	<ol style="list-style-type: none"> <li>1. Clarifies that, depending on the recipient’s communication abilities, the required second care coordination contact may take place with the recipient’s representative</li> <li>2. Repeals and redefines “remote community or location” for the purposes of care coordination visit waivers</li> </ol>
(.245) Chore Services	<ol style="list-style-type: none"> <li>1. Clarifies that the department will not duplicate authorization for chore services when more than one recipient lives in a common residence</li> <li>2. Clarifies that the department will deny chore services if there is an adult member of the recipient’s “immediate family” in the home</li> </ol>
(.250) Adult Day Services	<ol style="list-style-type: none"> <li>1. Increases cap from six to 10 hours per day</li> <li>2. Adds criteria for exceeding the cap</li> </ol>
(.265) Family Home Habilitation Services	<ol style="list-style-type: none"> <li>1. Clarifies the role of the primary caregiver as providing care to prevent institutionalization</li> <li>2. Adds a requirement for the care coordinator to demonstrate to the department in the POC that the family habilitation site is appropriate to meet the needs of the recipient</li> <li>3. Creates criteria by which the appropriateness of the family habilitation setting is evaluated</li> <li>4. Limits the number of waiver recipients in any family hab home to three, except to accommodate siblings or in the case of a successful “director’s appeal”</li> <li>5. Adds a requirement for the certified family home hab provider to notify the department of a change in the primary caregiver or a move from the authorized family hab setting, within 30 days of a planned, or one business day after an unplanned relocation</li> <li>6. Clarifies that the certified family home hab provider must consult the recipient, their representative and the care coordinator to ensure a new setting is appropriate to the recipient’s needs</li> <li>7. Clarifies that the care coordinator must submit an amendment justifying the appropriateness of the family habilitation setting</li> </ol>
(.265) In-Home Support Services	Adds 18 hrs./day soft cap
(.270) Supported Employment Services	<ol style="list-style-type: none"> <li>1. Adds a lifetime limit on services to “prepare a recipient for work” to three months</li> <li>2. Clarifies that transportation may be billed as supported employment only when recipient is traveling to an integrated employment site and there is no other available transportation option</li> </ol>
(.275) Intensive Active Treatment Services	Adds Special Education teachers to list of professionals eligible for certification as a provider of IAT
(.280) Respite Services	<ol style="list-style-type: none"> <li>1. Clarifies the locations where hourly respite may be provided as the recipient’s home, residence of the provider, a licensed facility, or an appropriate community setting</li> <li>2. Clarifies the locations where daily respite may be provided as the recipient’s home and a licensed facility</li> <li>3. Clarifies that respite may be used to relieve only the recipient’s primary unpaid caregiver or family hab caregiver</li> <li>4. Adds a requirement that respite services must be needed by the recipient to remain in the community and to prevent risk of institutionalization</li> <li>5. Specifies daily respite that includes the recipient’s sleep time must be in the recipient’s home or a licensed facility</li> <li>6. Clarifies that the department will not pay for respite at the same time as PCA or any HCBS that provides care and supervision</li> <li>7. Clarifies that during hourly respite services, a recipient may receive chore, transportation or meals, but not if provided by the respite provider</li> </ol>
(.290) Transportation	1. Allows providers to use employee- or volunteer-owned vehicles only if no other transportation options and if vehicle is safe and insured

Services	<ol style="list-style-type: none"> <li>2. Creates “trip segment” billing and removes requirement for “round-trip” billing</li> <li>3. Establishes that “incidental stops” during segments are not billable</li> <li>4. Adds requirement for a provider “travel log”</li> <li>5. Clarifies that transportation services will not be provided to destinations over 20 miles from the recipient’s residence unless approved in the POC,</li> <li>6. Clarifies that transportation services will not be provided to run errands without the recipient present</li> <li>7. Adds definitions for “incidental stop” and “trip segment”</li> </ol>
(.300) EMOD Services	<ol style="list-style-type: none"> <li>1. Adds reference to provider adherence to EMOD COP</li> <li>2. Establishes that an EMOD must be complete 90 days after start of construction or initial payment, unless an extension is granted by the department</li> <li>3. If completion not on schedule, requires the provider to repay any money received</li> <li>4. Adds a provision for up-front payments for materials of up to 25% of total amount approved and for the cost of shipping</li> <li>5. Adds a prohibition on payments for EMODs when a recipient plans to move, has died, or when the recipient’s residence is for sale</li> </ol>
(.319) Definitions	<ol style="list-style-type: none"> <li>1. Adds definition of “natural supports” and “primary unpaid caregiver”</li> <li>2. Clarifies the definition of “primary caregiver” as giving oversight and support to prevent institutionalization</li> </ol>