

# Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

## 1. Request Information

A. The State of Alaska requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.

B. Program Title:

People with Intellectual and Developmental Disabilities

C. Waiver Number: AK.0260

Original Base Waiver Number: AK.0260.90.R2

D. Amendment Number:

E. Proposed Effective Date: (mm/dd/yy)

01/01/20

Approved Effective Date of Waiver being Amended: 07/01/16

## 2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

The purpose of this amendment is to update the Day Habilitation service definition and applicable service limitations contained in Appendix C-1/C-3.

## 3. Nature of the Amendment

A. Component(s) of the Approved Waiver Affected by the Amendment. This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (check each that applies):

Component of the Approved Waiver	Subsection(s)
<input type="checkbox"/> Waiver Application	
<input type="checkbox"/> Appendix A Waiver Administration and Operation	
<input type="checkbox"/> Appendix B Participant Access and Eligibility	
<input checked="" type="checkbox"/> Appendix C Participant Services	C-1/C-3
<input type="checkbox"/> Appendix D Participant Centered Service Planning and Delivery	
<input type="checkbox"/> Appendix E Participant Direction of Services	
<input type="checkbox"/> Appendix F Participant Rights	

Component of the Approved Waiver	Subsection(s)
<input type="checkbox"/> Appendix G Participant Safeguards	
<input type="checkbox"/> Appendix H	
<input type="checkbox"/> Appendix I Financial Accountability	
<input type="checkbox"/> Appendix J Cost-Neutrality Demonstration	

**B. Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment (*check each that applies*):

- Modify target group(s)**
- Modify Medicaid eligibility**
- Add/delete services**
- Revise service specifications**
- Revise provider qualifications**
- Increase/decrease number of participants**
- Revise cost neutrality demonstration**
- Add participant-direction of services**
- Other**  
Specify:

**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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 Type:**

Statutory Service

**Service:**

Day Habilitation

**Alternate Service Title (if any):**

**HCBS Taxonomy:**

**Category 1:**

04 Day Services

**Sub-Category 1:**

04020 day habilitation

**Category 2:**

**Sub-Category 2:**

**Category 3:**

**Sub-Category 3:**

**Service Definition (Scope):**

**Category 4:**

**Sub-Category 4:**

Day habilitation services assist recipients ages three and older to acquire, retain, and improve skills in the areas of self-help, socialization, appropriate behavior, and adaptation, using active teaching and training that 1) promotes the development of the skills needed for independence, autonomy, and full integration into the community; 2) reinforces the skills taught in school, therapy, or other settings, or 3) retains, for a recipient with a degenerative condition, skills and functioning to prevent or slow regression of that condition.

Day habilitation services must provide supervision and a secure environment for recipients, may be planned to reinforce skills or lessons taught in other settings, and may include both individual and group activities.

In addition, day habilitation services may be provided to assist recipients to participate in meaningful retirement activities, including hobbies, clubs, and other senior-related activities available in the community.

While day habilitation services may be offered in a variety of settings in the community and are not limited to fixed-site facilities, the environment in which they are provided must be appropriate for delivery of the services in a manner that will contribute to the recipient's accomplishing the outcomes and goals specified in the recipient's plan of care, and increasing participation in and access to community settings and resources. These services must be provided in non-residential settings separate from the recipient's private residence or another residential living arrangement, unless the provider is granted a waiver under 7 AAC 130.260 (d) regarding the setting.

All day habilitation services must be prior authorized and do not include vocational services.

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

The state will pay for a maximum of 624 hours per year of any type of day habilitation services from all providers combined, unless the department determines that the recipient’s current physical or behavioral condition places the recipient at risk of institutionalization or incarceration if additional time is not provided.

The state may approve a limited amount of additional time for day habilitation services if the department finds the recipient meets the requirements as described in 7 AAC 130.260(c).

Proposed amendments to 7 AAC 130.260(c) describe the conditions when a recipient would qualify for day habilitation in excess of 624 hours per year:

Support plans and records must demonstrate that the recipient has a critical need for additional time for day habilitation because one or more of the following circumstances exist:

- the recipient has an acute or degenerative physical condition that necessitates participation in activities to maintain or improve that condition and that are available only in the community;
- the recipient exhibits behaviors that create a risk of physical harm to the recipient or others that can be countered only by the development of skills related to appropriate behavior in the community;
- the recipient has a heightened need to learn skills required for living successfully in the community because of termination of one-to one support provided under 7 AAC 130.267; or
- the recipient’s recent or imminent release from an intermediate care facility for individuals with intellectual disabilities or the criminal justice system increase the need for additional time for teaching or training skills for community integration.

**Service Delivery Method** *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

**Specify whether the service may be provided by** *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Certified home and community-based service agency