

# Home and Community-Based Waiver Services

## Certification Application Content Requirements

### Application Format and Tips

To facilitate the certification process, all documents and required attachments submitted for certification and certification renewal must be:

- Letter-size (8.5 x 11 inch paper)
- In the order listed and using the titles listed on the application form and service declaration
- Unbound (no staples, plastic page protectors, notebook binders, or plastic spiral binding)

Only send the documents that are required for certification, do not send documents that were used to obtain grant funding, licenses, or other items. This will greatly increase the speed at which the application is evaluated.

### Attachments

In this section, Senior and Disabilities Services (SDS) lists minimum content requirements for each attachment listed on the application and service declaration forms. Do not submit entire Employee Handbooks or Personnel Policies unless sections of those documents are required attachments and they are clearly labeled using the same titles listed on the application forms.

#### Policy and procedures

While no format is specified, your agency must address all items listed for each policy, incorporating any requirements specified in regulations.

- A policy is a statement of your agency position regarding a subject, summarizing what is to be done and why, without indicating how it is to be done.
- A procedure is a step in the process of implementation of your agency policy that addresses who does what, when it is done, and how it is done.

For examples of policies and procedures, you may review the [SDS Policy and Procedures Manual](#) see SDS policy number 1-2 on Policies and Procedures Development, Attachment A, for writing guidelines used by SDS.

#### Provider Core Requirements

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|--|---|
| 1. <a href="#">Business license</a>                            | 5. <a href="#">Organization chart</a>         |
| 2. <a href="#">Certificate of Insurance</a>                    | 6. <a href="#">Personnel list</a>             |
| 3. <a href="#">Critical Incident Reporting Training</a>        | 7. <a href="#">Quality improvement report</a> |
| 4. <a href="#">Documentation of educational qualifications</a> | 8. <a href="#">References</a>                 |
|  | 9. <a href="#">Resume</a>                     |

#### Operations Manual

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|--|--|
| 1. <a href="#">Admissions policy and procedures</a>            | 6. <a href="#">Critical incident reporting policy and procedures</a> |
| 2. <a href="#">Background check policy and procedure</a>       | 7. <a href="#">Emergency response policy and procedures</a>          |
| 3. <a href="#">Complaint management policy procedures</a>      | 8. <a href="#">Evaluation of employees policy and procedures</a>     |
| 4. <a href="#">Confidentiality policy and procedures</a>       | 9. <a href="#">Financial accountability policy and procedures</a>    |
| 5. <a href="#">Conflicts of interest policy and procedures</a> |  |

Operations Manual *continued*

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|---|--|
| 10. <a href="#">Medication Management</a>                           | 13. <a href="#">Termination of provider services policy and procedures</a> |
| 11. <a href="#">Quality improvement policy and procedures</a>       | 14. <a href="#">Training policy and procedures</a>                         |
| 12. <a href="#">Restrictive interventions policy and procedures</a> |  |

Service specific requirements

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|---|--|
| 1. <a href="#">Assisted living home and foster home licenses</a>  | 4. <a href="#">Diagram of floor plan</a>         |
| 2. <a href="#">Building or use permit for site-based services</a> | 5. <a href="#">Food service permit</a>           |
| 3. <a href="#">Care Coordination Training</a>                     | 6. <a href="#">Local permit (transportation)</a> |
|   | 7. <a href="#">Sample five-week cycle menu</a>   |
|   | 8. <a href="#">Vehicle registration</a>          |

**Provider Core Requirements**

1. Business license

- Review requirements for business licensing at <https://www.commerce.alaska.gov/web/cbpl/BusinessLicensing.aspx>
- Submit a copy of the agency's current State of Alaska business license. Submitting a receipt indicating a license fee has been paid is **not** acceptable for certification purposes. The business license may include a designation DBA ("doing business as") or "owned by", but it must show the name of provider agency applying for certification to provide services.

2. Certificate of Insurance

- Review the [Provider Conditions of Participation](#) section on financial accountability for insurance standards.
  - All providers must carry insurance that includes coverage for comprehensive general liability.
  - Professional Liability Insurance will be accepted in place of "comprehensive general liability" for sole proprietorship care coordination agencies. Care coordination agencies that employ staff are still required to provide proof of comprehensive general liability insurance.
  - Worker's compensation insurance coverage is required with very rare exception. For information regarding worker's compensation, call (907) 269-4002 or go to <http://labor.alaska.gov/wc/>.
  - Sole proprietors and owners providing all services without employees must submit a [Worker Assurances](#) form (CERT-03) with each certification application.
  - For certification purposes, appropriate automotive liability coverage is required for vehicles used to transport recipients.
- SDS has no established monetary limits or parameters for the required insurance. Discuss your agency's needs with an insurance agent to determine the amount of coverage needed.
- Submit a copy of the Certificate of Insurance naming Senior and Disabilities Services as the certificate holder with the following address:

**Senior and Disabilities Services  
Provider Certification & Compliance Unit  
550 West 8th Ave  
Anchorage, AK 99501**

### 3. Certificate of Completion of Critical Incident Reporting (CIR) Training

- Review the [Provider Conditions of Participation](#) section on training regarding CIR training.
- Decide whether the owner, Program Administrator, all staff, or a designated staff person will complete the required CIR training through SDS Training Unit webinar. If your agency chooses a train-the-trainer method, please provide a copy of the CIR training certificate for the designated trainer on your staff.
- Submit, with the certification application, a copy of the certificate of completion of the CIR training.  
To obtain the CIR training certificate:
  - Review the [SDS Training Schedules and Registration](#) webpage to determine when the Critical Incident Reporting Policy and Centralized Reporting training course is offered.
  - Register for and complete the training course.

### 4. Documentation of educational qualifications

- Review the [Conditions of Participation](#) for the services the agency plans to offer to determine the educational requirements for the program administrator or other required positions.
- Submit documentation that shows the individual meets all of the educational requirements specified in the [Conditions of Participation](#) for that service.
  - Acceptable documentation includes copies of transcripts (unofficial copies are acceptable), copies of degrees, or other evidence of required credentials.
  - Note: if the program administrator will be appointed to manage more than one service, submit only one copy of the documentation.

### 5. Organization chart

- For an example of the required format, see [Organization chart example](#) found on the approved forms page
- Submit a chart that shows, in a graphic format, how the agency is organized to provide services, specifying the following:
  - the title for each position or job and the name of the individual filling the position
    - if a position is not filled, indicate “vacant”
    - include all owners, employees, accounting and billing positions, volunteers, and contractors that provide or support waiver services
  - lines of authority:
    - from owner or board of directors to management personnel
    - from management personnel to program administrator or individual responsible for the day-to-day management of each service for which you seek certification
    - from program administrator to direct care workers
  - if staff are too numerous to include on the organization chart, submit a personnel list in the specified format identified below.

### 6. Personnel list

- Submit a personnel list if the agency is too large to include all staff on the organization chart. Submit the list in alphabetical order by last name including job title next to personnel member name.

### 7. Quality improvement report

- Review the [Provider Conditions of Participation](#) section on quality management.
- Review and summarize all of the required quality management activities, assessments and corrective

actions for each year of your certification period. The Quality Improvement Report must include the following elements:

- agency name, location, and dates covered by the report
- A summary which must include the following areas:
  - grievances
  - critical incident reports
  - medication errors
  - use of restrictive interventions
  - consumer satisfaction
  - internal reviews
  - an explanation if any topic is not addressed in your report

## 8. References

- Program Administrators are required to provide contact information for three references as indicated on the [Notice of Appointment or Change Program Administrator](#) form. The references must:
  - include professional references from individuals who can verify the required work experience of the individual requesting to be Program Administrator. For example: former supervisor, previous clients or families, former co-workers, etc. Personal references from family members and friends are not acceptable.
  - have knowledge of the intended Program Administrator's professional knowledge, skills and abilities.
  - be willing to be contacted via telephone during the hours of 8am-4pm Alaska time.

## 9. Resume

- Resumes must be submitted for Program Administrators, Care Coordinators and Adult Day Activity Coordinator/Director.
- Review the [Conditions of Participation](#) for the services the agency plans to offer to determine the minimum work experience and educational requirements.
- Submit a resume that shows the individual meets all the requirements as specified in the [Conditions of Participation](#) for that service.
  - if the individual will be appointed to manage more than one service, submit only one resume.
- for an example of required format, see the [resume example](#). The following must be included:
  - list employer, positions, and dates of employment that will show the work experience required by the [Conditions of Participation](#) for the service
  - describe the duties of each position to highlight how those duties added to the knowledge base and skills necessary to manage the service
  - list education and training
  - list supervisory experience if required by [Conditions of Participation](#) for the service

## Operations Manual

### 1. Admissions to provider services:

- Submit policies and procedures that indicate:
  - how the agency will evaluate whether the services offered can meet the needs of the recipients.
  - how the agency will ensure that direct care workers have the capacity to provide services

and will follow the service plan

- how a service plan for each recipient will be developed and implemented
- how and when the agency will reevaluate the recipient to determine whether services delivered are meeting identified needs

2. Background checks policy and procedures:

- Review the Alaska Background Check Program information, including statutes and regulations at <http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/default.aspx>. It is the provider's responsibility to become familiar with all background check requirements and adhere to them.
- Submit policies and procedures that indicate:
  - which positions and roles at the agency are required to go through the background check process
  - the requirement for individuals to be affiliated to the agency in the background check program account and have at minimum a provisional clearance prior to working with clients and/or their PHI.
  - the procedures if an individual has a barring condition prior to employment or while employed with the agency.
  - how the agency will ensure that individuals who are not required to have background checks are supervised when they are present during hours of operation.
  - how the agency will monitor employees to ensure they continue to meet all requirements regarding background checks.
  - how the agency will ensure individuals requiring background checks are separated or terminated from the agency background check account when the individual is no longer employed or affiliated with the agency in accordance with [7 AAC 10.900](#).
  - that the agency will, in addition to ensuring valid criminal history checks, check the [State of Alaska Medicaid Exclusion](#) list and the [Federal exclusion list](#).

3. Complaint management policies and procedures

- Review the [Provider Conditions of Participation](#) section on quality management for grievance process standards. Submit policies and procedures that indicate:
  - how the agency will:
    - handle written and oral complaints about services or personnel within specified timeframes
    - monitor grievance process to ensure complaints are resolved and documented appropriately for inclusion in the [Quality Improvement Report](#)

4. Confidentiality of protected health information policy and procedures

- Review information regarding the Health Insurance Portability and Accountability Act at <http://medicaidalaska.com>. Submit policies and procedures that indicate:
  - what information about recipients is considered protected health information
  - when the agency will require a recipient's authorization to disclose his/her protected health information
  - how the agency will train employees and volunteers regarding protected health information in documents, charts, telephone contacts, electronic transmissions, and in-person contacts
  - how the agency will protect and keep client information confidential
  - the consequences for violating the confidentiality policy
  - develop a Notice of Privacy Practices that contains the following elements:
    - Effective date of the notice
    - How the agency may use and disclose a recipient's protected health information

- The recipient's rights including the right to complain to Department of Health and Human Services (federal agency) and to the provider agency if they believe their privacy rights have been violated
- The agency's duties to protect privacy, provide a notice of privacy practices and abide by the terms of the current notice
- What position at the agency recipients may contact for further information about the agency's privacy policies or to file a complaint
- For more information regarding Notice of Privacy Practices, go to:  
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>
- how the agency will ensure that a copy of the Notice of Privacy Practices is provided to recipients and signed by each recipient
- submit a copy of the Notice of Privacy Practices that is given to recipients

5. Conflicts of interest policy and procedures

- Review the [Provider Conditions of Participation](#) section on recipient relationships for conflicts of interest standards. In addition, if you are going to apply for certification as a care coordination service provider, review the [Care Coordination Conditions of Participation](#) section on recipient relationships for conflicts of interest standards. Submit policies and procedures that indicate:
  - who is subject to the policy
  - identification of prohibited activities as listed in the [Provider Conditions of Participation](#)
  - what actions will occur if non-compliance with the policy is discovered

\*\*Additional for care coordination services:

- how the agency will resolve conflicts that might arise between the care coordinator and others

6. Critical incident reporting (CIR) policy and procedures

- Review the [Provider Conditions of Participation](#) sections on critical incident reporting training and on quality management self-assessment, and [7 AAC 130.224](#) Critical incident reporting. Submit policies and procedures that indicate:
  - how will the agency ensure that critical incident reports are correctly routed through Centralized Reporting within the required timeframe
  - description of your agency's system that ensures all elements identified in [7 AAC 130.224](#) are addressed including:
    - identify which incidents are considered critical incidents according to SDS regulations
    - procedures for investigating, analyzing and tracking CIRs as a required element in your agency's Quality Improvement Report
    - plan to ensure each member of the provider's staff is trained in Critical Incident Reporting

7. Emergency response policy and procedures

- Review the [Provider Conditions of Participation](#) sections on recipient health, safety, and welfare. Be sure to submit different emergency response policies and procedures for different locations as relevant to each location including what will occur in the event of:
  - a medical emergency
  - a natural disaster
  - an emergency involving the service setting, e.g., fire, gas leak, structural dangers

8. Evaluation of employee(s) policy and procedures

- Review the [Provider Conditions of Participation](#) section on personnel regarding direct care worker

standards. Submit policies and procedures that indicate:

- what position at the agency will be responsible for job performance evaluations and the timeframes for evaluations
- how the agency will identify the skill set necessary for each service offered
- how the agency will inform direct care workers of the skill set that will be used for evaluation and of any other performance requirements
- how the agency will evaluate direct care workers based on the skill set and other performance requirements
- what action the agency will take if a direct care worker's evaluation is unsatisfactory

9. Financial accountability policy and procedures

- Review the [Provider Conditions of Participation](#) section on financial accountability for financial system standard, and [7 AAC 105.230](#) regarding requirements for provider records. Submit policies and procedures that indicate:
  - how the agency's financial system has been set up to ensure that claims for payment are accurate
  - how the agency will review payments to ensure reimbursement is correct
  - how the agency will report incorrect reimbursement to the Medicaid fiscal agent
  - identify how the agency will report suspected Medicaid fraud, abuse, and waste
  - how the agency will track prior authorized units of service to ensure services that were billed were delivered
  - how the agency will address over- or under-utilization of services
  - how the agency will monitor recipients who have a cost-of-care obligation to ensure cost-of-care payments are documented and included in claims processing

10. Medication Management

- Review [7 AAC 130.227](#) Administration of medication and assistance with self-administration of medication for medication standards; note subsection (a) to determine whether the services being offered requires administration of medication and ASAM as a part of the service.
- Agencies required to submit a policy must address both administration of medication and ASAM. The administration of medication training curriculum must be approved by the Board of Nursing (BON) and be provided by a Registered Nurse. To meet ASAM requirements, agencies can choose one of the following:
  - develop an ASAM training curriculum which includes all of the elements listed in [7 AAC 130.227\(j\)](#), or
  - utilize the Trust Training Cooperative (TTC) training to meet this requirement.

*Please note that administration of medication training approved by the BON does not meet the ASAM training requirement. These are two separate training requirements.*

- Submit policies and procedures that indicate:
  - the circumstances under which your agency will be responsible for administration of medication and ASAM
  - what administration of medication and ASAM training courses will be utilized
  - what position at the agency will be responsible for:
    - selecting the training courses and for verifying staff completion of the training courses
    - monitoring and evaluating staff involved in administration of medication and ASAM

- how agency will ensure that:
  - written delegation authorizing administration of medication and ASAM is on file for a recipient
  - staff are trained to document administration of medication and ASAM
  - adequate information regarding recipient medications is available for staff
- how agency will manage medications errors including:
  - documenting and tracking medication errors
  - reporting any medication error that results in medical intervention as a critical incident
  - monitor medication errors and document appropriately for inclusion in the [Quality Improvement Report](#)

#### 11. Quality improvement policy and procedures

- Review the [Provider Conditions of Participation](#) section on quality management. Submit policies and procedures that indicate:
  - what position(s) at the agency will be responsible for:
    - developing the quality improvement report
    - maintaining records to support the data in the report
  - how the agency will:
    - collect information regarding recipient satisfaction with services offered
    - evaluate the agency's capacity to determine whether services delivered are meeting identified needs for recipients
    - analyze all collected data and information to identify problems and opportunities for improvement
    - remedy problems and act to improve services
  - how the agency will assess its quality improvement process by evaluating findings and corrective actions related to:
    - grievances (required on a quarterly basis)
    - critical incidents
    - medication errors (required on a quarterly basis)
    - restrictive interventions (required on a quarterly basis)
    - recipient satisfaction
    - internal reviews to evaluate whether your services meet recipient needs and are provided in accordance with recipient Plans of Care

#### 12. Restrictive interventions policy and procedures

- Review [7 AAC 130.229](#) Use of restrictive interventions for intervention standards and definitions. Submit policies and procedures that indicate:
  - the circumstances under which the agency will allow use of restrictive intervention
  - the agency clearly prohibits the use of chemical restraints, seclusion and prone restraints
  - how the agency determines appropriate types of restrictive intervention for the population served
  - training in the use of restrictive intervention to include:
    - type of training
    - how and when training is conducted
  - the requirements for documenting each intervention
  - how the agency supervises individuals that use restrictive intervention while recipients are in the care of or receiving services from the provider
  - how the agency monitors and evaluates each use of restrictive intervention

- how the agency will manage and report the use of restrictive interventions including:
  - documenting and tracking the use of restrictive interventions by the agency in accordance with [7 AAC 130.229\(d\)](#)
  - reporting any misuse of restrictive intervention, and any use that results in medical intervention, as a critical incident
  - monitoring and evaluating of the use of restrictive interventions for inclusion in the [Quality Improvement Report](#)

13. Termination of provider services policy and procedures

- Review the [Provider Conditions of Participation](#) section on recipient services termination and [7 AAC 130.233](#) Provider termination of services to a recipient for termination standards. Submit policies and procedures that indicate:
  - how the agency will retain records that document recipient behavior and the steps taken to address the behavior to support a decision to terminate services
  - how the agency will ensure supervisory review before termination
  - how the agency will provide written notice of termination that:
    - is within the required timeframes
    - designates the reasons for the decision
    - specifies the process for recipients to appeal the decision
    - suggests other sources for the services being terminated
  - how the agency will provide written notice to:
    - the recipient's care coordinator and Senior and Disabilities Services
    - the appropriate adult or child protection agency if termination will create a risk of harm to the recipient
  - how the agency will manage termination of services in the event of agency closure, sale, or change or ownership within the required timeframes

14. Training policy and procedures

- Review the [Provider Conditions of Participation](#) and the individual [Conditions of Participation](#) for training standards specific to each service;
- Review the following regulations and statutes regarding training requirements:
  - [7 AAC 130.222](#), Recipient safeguards training requirements;
  - [7 AAC 130.224](#), Critical incident reporting,
  - [7 AAC 130.227](#), Administration of medication and assistance with self-administration of medication
  - [7 AAC 130.229](#), Use of restrictive intervention, for training standards;
  - [AS 47.17.020](#), Child protection
  - [AS 47.24.010](#), Protection of vulnerable adults reporting requirements.
- Submit policies and procedures that indicate how the agency will train staff regarding the reporting requirements for child protection and vulnerable adults
- Submit policies and procedures that indicate at what point in time and how frequently the agency will train employees in compliance with the training standards established in:
  - the [Provider Conditions of Participation](#), which clearly indicates that every provider type must ensure that employees are trained in the following:
    - First Aid/CPR
    - Critical Incident Reporting
    - Orientation and training
    - Assistance with self-administration of medication (ASAM) for all individuals who provide services to recipients

- the [Conditions of Participation](#) for the services offered, which vary in terms of what training are required. Follow hyperlink below for specific training requirements for each service:
  - [Adult Day](#)
  - [Care Coordination](#)
  - [Chore](#)
  - [Day Habilitation](#)
  - [Residential Habilitation](#)
  - [Residential Supported Living](#)
  - [Respite](#)
  - [Supported Employment](#)
  - [Transportation](#)
- Submit policies and procedures that indicate how the agency will monitor training to ensure that
  - staff are informed of the agency’s emergency response plan
  - staff first aid and CPR training certification complies with the required timeframes for renewal
  - staff skills necessary to work with recipients are upgraded as needed

**Service Specific Requirements**

1. Assisted living home and foster home licenses

*Note that the license type (“SS” or “MHDD”) must be appropriate for the type of service the agency wishes to provide.*

	<b>MHDD License</b>	<b>SS License</b>
<b>Residential Habilitation</b>	APDD, CCMC over 18, IDD	APDD*
<b>Residential Supported Living</b>	APDD*, ALI,	APDD*, ALI

*\*can only be certified for APDD if dually licensed or with approved variance from Residential Licensing*

Residential supported-living services

- Submit a copy of a current State of Alaska assisted living home license for the facility you are applying to have certified.

Residential habilitation services

- Submit [Group-Home Habilitation Site Information](#) and [Family Home Habilitation Site Information](#) forms with the facility name and primary contact information as appropriate
- Submit a copy of a current State of Alaska assisted living home or foster home license for all group-home, adult, and child service sites included in your certification application

2. Building or use permit for site-based services

- Submit a copy of the building or use permit required by the local government where the facility is located to occupy a building that will be used to provide adult day services or day habilitation services in a site-based setting. This is not the same as a permit to construct a facility. Note that the Municipality of Anchorage refers to this as a “Certificate of Occupancy.”

3. Certificate of completion of care coordination training

- Review the [Care Coordination Services Conditions of Participation](#) for training standards.
- Review the SDS Training Schedules and Registrations webpage for care coordination training courses.
- Register for and complete the training course required by the training standards.
- Submit with the certification application a copy of the certificate of completion of the training course.

*Note: if applying for initial certification, the Beginning Care Coordination training must be successfully completed no longer than one year prior to the date of application for certification.*

4. Diagram of floor plan (Adult Day Services)

- Review the [Adult Day Services Conditions of Participation](#) section on site requirements.
- Submit a diagram of the floor plan showing exits, ramps or elevators, location of fire extinguishers, square footage of rooms, use of rooms, toilets, sinks, rest area, storage space, closets, and office area.

5. Food service permit (Meal Services)

- Review the [Meal Services Conditions of Participation](#) section on program administration regarding compliance with applicable food codes.
- Submit a copy of the food service permit from the State of Alaska or the Municipality of Anchorage.

6. Local permit (Transportation Services)

- Submit a copy of any commercial passenger vehicle permit if such permit is required by your local government.

7. Sample five-week cycle menu

- Review the [Meal Services Conditions of Participation](#) section on nutrition requirements regarding menu standards
- Submit a copy of a current five-week cycle menu that has been approved and signed by a Registered Dietician or Licensed Nutritionist licensed in Alaska.

8. Vehicle registration

- Submit a copy of the current State of Alaska vehicle registration for each agency vehicle used to transport recipients. Vehicles must be owned or commercially leased by an agency that is a home and community based waiver provider, not a private party.