

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES OFFICE OF RATE REVIEW POLICY & PROCEDURE MANUAL	SECTION Waivers Rate Calculation	Number: 1	Page: 1 of 2
	SUBJECT: Home and Community-Based Waiver Service Cost Reporting of partial year activity		
	APPROVED: /s/ Jack Nielson, Executive Director	DATE: 8/29/2012	
	EFFECTIVE: January 1,2012		

Purpose

Providers of Personal Care Attendant and Waiver services must provide the department an Annual Report containing: financial data, audited financial statement, specified forms, and a cost survey if a cost survey was requested. The department recognizes that newly enrolled providers may not have been in operation a full 12 months and therefore not have a full year’s financial data to report.

Newly enrolled providers may not incur costs and provide services in the same manner as ongoing providers. These providers are operationally different from on-going providers in that they may experience unusual startup costs, provide significantly fewer services at the beginning of operations, and may not incur costs in the same manner as on-going providers – such as some insurance coverage’s. These differences become less material over the course of a full year.

This policy is to provide guidance for determining when a newly enrolled provider’s partial year business activity is eligible for an exemption to Annual Report requirements. 7 AAC 145.531(e); 7 AAC 145.520(l)

Policy

Newly enrolled providers of PCA and Waiver services that receive less than \$200,000 in Medicaid revenue and that do not have meaningful business activity for at least the first two months of their first fiscal year subject to annual reporting requirements may request exemption to the annual reporting requirements under 7 AAC 145.531(e).

Definitions

“No meaningful business activity” means the provider did not incur any business expense AND did not provide any recipient services for at least the first two months of the provider’s fiscal period.

“New provider” means a provider that has been enrolled in Medicaid and received a new Medicaid billing number, less than 240 days before the beginning of business activity.

STATE OF ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES OFFICE OF RATE REVIEW POLICY & PROCEDURE MANUAL	SECTION Waivers Rate Calculation	Number: 1	Page: 2 of 2
	SUBJECT: Home and Community-Based Waiver Service Cost Reporting of partial year activity		
	APPROVED: /s/ Jack Nielson, Executive Director	DATE: 8/29/2012	
	EFFECTIVE: January 1,2012		

Authority

- 7 AAC 145.520 Home and community-based services payment rates
- 7 AAC 145.531 Personal care services or home and community-based waiver services accounting and reporting
- 7 AAC 145.535 Personal care services or home and community-based waiver services cost survey

Responsibilities

A. The **department** is responsible for

1. Receiving the providers request for exemption;
2. Reviewing the providers request and support if any, requesting additional information if necessary; and
3. Notifying the provider of approval or denial of exception.

B. The **provider** is responsible for

1. Timely request of an exemption from annual reporting requirements by contacting the Office of Rate Review by email or writing and providing any appropriate support. Timely in this case is at least 30 calendar days prior to the filing due date;
2. Timely provision of additional support if any is requested by the department. Timely in this case is within 30 calendar days of the issue of the request; and
3. Keeping a copy of the email or written exemption approval from the department.