Department of Health and Social Services
Chart of Long Term Services and Supports Targeted Case Management Services Rates

With 2.5% inflation effective XXX xx, 2018

The following are Medicaid payment rates for Long Term Services and Supports Targeted Case Management Services.

Targeted Case Management – 7 AAC 128.010 & 7 AAC 145.290			
Service	**Service Unit and Limit**	**Service Rate**	**Procedure Code**
Application for Waiver or Community First Choice	One Initial (one additional as approved)	$92.59	T1023 SE
Initial Support Plan and Annual Renewal Support Plan for Waiver or Community First Choice	One Annual	$394.43	T2024 SE
Case Management (Community First Choice Only)	Per Month	$121.98	T2022 TS

Service rates on this chart will be adjusted to reflect regional differences in the cost of doing business based on the region in which the provider is located. These regional factors are based upon the designated planning regions described in Table I-1 of the *Alaska Geographic Differential Study*, Dated April 30, 2009. Rate adjustments are as follows:

• Anchorage Region	No adj.	1.00
• Fairbanks	3%	1.03
• Parks/Elliott/Steese Highways	No adj.	1.00
• Glennallen Region	N/A	1.00
• Delta Junction/Tok Region	4%	1.04
• Roadless Interior	31%	1.31
• Mat-Su	N/A	1.00
• Kenai Peninsula	1%	1.01
• Prince William Sound	8%	1.08
• Kodiak	12%	1.12
• Arctic Region	48%	1.48
• Bethel/Dillingham	49%	1.49
• Aleutian Region	50%	1.50
• Southwest Small Communities	44%	1.44

Regional factors are weighted for all southeast communities for a 9% factor

• Juneau	N/A	1.09
• Ketchikan/Sitka	N/A	1.09
• Southeast Mid-Size Communities	N/A	1.09
• Southeast Small Communities	N/A	1.09

Department of Health and Social Services
Chart of Personal Care Services, Community First Choice Services and Waiver Services Rates

With 2.5% inflation effective XXX, 2018

The following are Medicaid payment rates for specified Personal Care Services, Community First Choice Services, and Waiver Services. This Chart does not cover all services reimbursed by Medicaid for Waiver Services. For services not covered here, the controlling regulation should be consulted (example: Specialized Medical Equipment, Environmental Modifications, or specialized Private Duty Nursing).

Waiver Programs:

Alaskans Living Independently	**ALI**
Adults with Physical and Developmental Disabilities	**APDD**
Children with Complex Medical Conditions	**CCMC**
Intellectual and Developmental Disabilities	**IDD**
Intellectual and Development Disabilities Individualized Service Waiver	**IDD-ISW**

Note: Regulatory payment restrictions such as payment limits, coverage limitations, or mutually exclusive restrictions are not addressed in this rate chart.

Personal Care Services – 7 AAC 125.010 – 7 AAC 125.199 & 7 AAC 127.010 – 7 AAC 127.190 & 7 AAC 145.500 & 7 AAC 145.520				
Service	**Service Unit**	**Service Rate**	**Procedure Code**	**Waiver Program**
Personal Care--Agency-Based	Per 15 Minute	$6.25	T1019	N/A
Personal Care – Consumer-Directed	Per 15 Minute	$6.25	T1019 U3	N/A
Personal Care--Agency-Based Community First Choice	Per 15 Minute	$6.25	S5125	N/A
Personal Care – Consumer Directed - Community First Choice	Per 15 Minute	$6.25	S5125 SE	N/A
Skills Building Personal Care Community First Choice[1]	Per 15 Minute	$8.39	S5108	N/A

[1]Skills Building Personal Care – Community First Choice can only be billed as noted in 7 AAC 127.040 (b).

Care Coordination – 7 AAC 130.240 & 7 AAC 145.520				
Service	**Service Unit and Limit**	**Service Rate**	**Procedure Code**	**Waiver Program**
Care Coordination Monthly	Per Month	$246.79	T2022	ALI, APDD, CCMC, IDD
Care Coordination Monthly	Per Month	$152.47	T2022 CG	IDD-ISW

Residential Supported Living (RSL) – 7 AAC 130.255 & 7 AAC 145.520- State Government owned and operated provider				
Service	**Service Unit**	**Service Rate**	**Procedure Code**	**Waiver Program**
RSL	Per day	$162.70	T2031 CG	ALI, APDD
RSL - Acuity Add-on[2]	Per day	$359.58	T2031 TG	ALI, APDD

[2]Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

Residential Supported Living (RSL) – 7 AAC 130.255 & 7 AAC 145.520 - Non- State Government owned and operated provider				
Service	**Service Unit**	**Service Rate**	**Procedure Code**	**Waiver Program**
RSL - 5 or fewer beds per EIN[3]	Per day	$148.08	T2031 UR	ALI, APDD
RSL - 6 to 16 beds per EIN[3]	Per day	$152.45	T2031 US	ALI, APDD
RSL - 17 or more beds per EIN[3]	Per day	$162.70	T2031	ALI, APDD
RSL Acuity Add-on[2]	Per day	$359.58	T2031 TG	ALI, APDD

[3]EIN is the provider's Employer Identification Number as issued by the Internal Revenue Service. The provider's licensed assisted living beds (for all locations) must be added together to determine the code used for billing the service.

[2]Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

Residential Habilitation – 7 AAC 130.265 & 7 AAC 145.520				
Service	**Service Unit**	**Service Rate**	**Procedure Code**	**Waiver Program**
Family Home Habilitation – Adult	Per Day	$122.93	S5140	APDD, CMCC, IDD Must be 18 or over
Family Home Habilitation – Child	Per Day	$153.76	S5145	CCMC, IDD Must be 17 or younger
Group Home Habilitation	Per Day	$324.78	T2016	APDD, CMCC, IDD Must be 18 or over
Group Home Habilitation Acuity Add-on[3]	Per Day	$359.58	T2016 TG	APDD, CMCC, IDD Must be 18 or over
Supported Living Habilitation	Residential - 15 Minute	$10.93	T2017	APDD, CMCC, IDD, IDD-ISW Must be 18 or over
In-Home Habilitation	In home – 15 Minute	$10.93	T2017 U4	CCMC, IDD, IDD-ISW Must be 17 or younger

[3]Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

Respite (unskilled) – 7 AAC 130.280 & 7 AAC 145.520				
Service	**Service Unit**	**Service Rate**	**Procedure Code**	**Waiver Program**
Respite	Per 15 Minute	$6.42	S5150	ALI, APDD, CCMC, IDD, IDD-ISW
Respite – Family Directed	Per 15 Minute	$4.33	S5150 U2	CCMC, IDD, IDD-ISW
Respite	Per Day	$307.27	S5151	ALI, APDD, CCMC, IDD, IDD-ISW
Respite – Family Directed	Per Day	$207.75	S5151 U2	CCMC, IDD, IDD-ISW

Intensive Active Treatment – 7 AAC 130.275 & 7 AAC 145.520				
Service	**Service Unit**	**Service Rate**	**Procedure Code**	**Waiver Program**
Time limited intervention, treatment, or therapy	Per 15 minute – **local** (recipient within 200 miles of provider)	$22.94	H2011 CG	APDD, CMCC, IDD, IDD-ISW
Time limited intervention, treatment, or therapy	Per 15 minute – **non-local**[4] (recipient greater than 200 miles from provider)	$45.89	H2011TN	APDD, CMCC, IDD, IDD-ISW

Note: Intensive Active Treatment does not include services for routine and on-going behavioral challenges or services related to administration of care through training of staff.

[4]Non-local (greater than 200 miles) means the provider must travel to the recipient in excess of 200 miles.

Nursing Oversight and Care Management – 7 AAC 130.235 & 7 AAC 145.520				
Service	**Service Unit**	**Service Rate**	**Procedure Code**	**Waiver Program**
Oversight and Care Management	Per 15 minute – **local** (service within 200 miles of provider)	$22.94	T1016 CG	CCMC, IDD
Oversight and Care Management	Per 15 minute – **non-local**[4] (recipient greater than 200 miles from provider)	$91.17	T1016 TN	CCMC, IDD

[4]Non-local (greater than 200 miles) means the provider must travel to the recipient in excess of 200 miles.

Various - 7 AAC 145.520 & as listed				
Service	**Service Unit**	**Service Rate**	**Procedure Code**	**Waiver Program**
Day Habilitation - Individual 7 AAC 130.260	15 Minute	$10.98	T2021	APDD, CMCC, IDD, IDD-ISW
Day Habilitation - Group 7 AAC 130.260	15 Minute	$7.69	T2021 HQ	APDD, CMCC, IDD, IDD-ISW
Supported Employment - Individual 7 AAC 130.270	15 Minute	$12.42	T2019	APDD, CMCC, IDD, IDD-ISW
Supported Employment - Group 7 AAC 130.270	15 Minute	$8.70	T2019 HQ	APDD, CMCC, IDD, IDD-ISW
Pre-Employment - Individual 7 AAC 130.270	15 Minute	$12.42	T2019 CG	APDD, CMCC, IDD, IDD-ISW
Pre-Employment - Group 7 AAC 130.270	15 Minute	$8.70	T2019 TT	APDD, CMCC, IDD, IDD-ISW
Adult Day Service 7 AAC 130.250	Per Half Day[5]	$86.21	S5101	ALI, APDD
Adult Day Service 7 AAC 130.250	15 Minute	$5.38	S5100	ALI, APDD
Meals 7 AAC 130.295	Home Delivered Per Meal	$22.31	S5170	ALI, APDD, CMCC, IDD
Congregate Meals 7 AAC 130.295	Per Meal	$21.68	T2025	ALI, APDD, CMCC, IDD

[5]Service period must be at least one hour with coverage up to four hours per day. This service unit is limited to one unit per day. Adult Day services in excess of one Per Half Day unit must be billed using the 15 minute unit. unit per day. Adult Day Services in excess of one Per Half Day unit must be billed using the 15 Minute service units.

Various – Continued - 7 AAC 145.520 & as listed				
Service	**Service Unit**	**Service Rate**	**Procedure Code**	**Waiver Program**
Chore 7 AAC 130.245	15 Minute	$6.87	S5120	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip – Attendant or Escort	$15.11	T2001 SE	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip up to 20 miles - Recipient	$15.11	T2003	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip greater than 20 miles - Recipient	$30.22	T2003 TN	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Paratransit provider Per Trip – Recipient[6]	$30.22	T2003 CG	ALI, APDD, CMCC, IDD, IDD-ISW
Specialized private duty nursing 7 AAC 130.285	15 minute Registered Nurse	Per 7 AAC 145.250	T1002 U2	ALI, APDD, IDD Must be 21 or over
Specialized private duty nursing 7 AAC 130.285	15 minute LPN/LVN	Per 7 AAC 145.250	T1003 U2	ALI, APDD, IDD Must be 21 or over

[6]Paratransit providers defined under 49 CFR 37 Subpart F.

Service rates on this chart will be adjusted to reflect regional differences in the cost of doing business based on the region in which the provider is located. These regional factors are based upon the designated planning regions described in Table I-1 of the *Alaska Geographic Differential Study*, Dated April 30, 2009. Rate adjustments are as follows:

• Anchorage Region	No adj.	1.00
• Fairbanks	3%	1.03
• Parks/Elliott/Steese Highways	No adj.	1.00
• Glennallen Region	N/A	1.00
• Delta Junction/Tok Region	4%	1.04
• Roadless Interior	31%	1.31
• Mat-Su	N/A	1.00
• Kenai Peninsula	1%	1.01
• Prince William Sound	8%	1.08
• Kodiak	12%	1.12
• Arctic Region	48%	1.48
• Bethel/Dillingham	49%	1.49
• Aleutian Region	50%	1.50
• Southwest Small Communities	44%	1.44

Regional factors are weighted for all Southeast communities for a 9% factor

• Juneau	N/A	1.09
• Ketchikan/Sitka	N/A	1.09
• Southeast Mid-Size Communities	N/A	1.09
• Southeast Small Communities	N/A	1.09

Senior and Disabilities Services • Community First Choice Personal Care Services • Service Level Computation

7 AAC 127.040, 7 AAC 125.030 (b), **Activities of Daily Living (ADLs)**

Allow time for ADLs, if the recipient scores as follows:

Self-performance score CAT section	Support score
Section E	2 or 3 *(No score required for locomotion in multi-level house or to access appointments)*
	1 *(For supervised eating only)*

Computation table for allowable minutes for ADLs				
ADL	Maximum Daily Frequencies	Limited Assistance (2)	Extensive Assistance (3)	Total Dependence (4)
		Minutes	Minutes	Minutes
Bed mobility				
positioning	*Allow every two hours as needed, up to 12 x daily, reduced by frequencies for the ADLs of transferring, locomotion, toileting, and bathing.*			
	12	2.5	3.75	5
Transferring				
non-mechanical	6	2.5	3.75	5
mechanical	6	7.5	11.25	15
Locomotion				
single level	6	5	7.5	5
multi-level	2	5	7.5	5
access med appt.	2	5	7.5	5
Dressing				
clothing/prosthesis	2	7.5	11.25	15
Eating and drinking				
oral intake	3	7.5	11.25	15
CD only ~ tube feeding				
manual	6	20	20	20
device	6	5	5	5
supervised eating	*~Allow only if CAT Section E indicates a support score of 1 <u>and</u> CAT Section K 3 is checked for chewing or swallowing problem that is confirmed by a swallow study.* *~If time for oral eating/drinking is authorized, do not authorize time for supervised eating.*			
	3	15 minutes per occurrence		
Toileting				
toilet use	8	6	9	12
Personal hygiene				
activities	1	10	15	20
hair washing	*Allow maximum of 3 times per week and only if no bathing occurs on the same day.*			
	1	7.5	11.25	15
Bathing				
bath/shower/sponge	1	15	22.5	30

Senior and Disabilities Services • Community First Choice Personal Care Services • Service Level Computation

7 AAC 127.040, 7 AAC 125.030 (c), **Instrumental Activities of Daily Living (IADLs)**

Allow time for IADLs, if the recipient scores as follows:

Self-performance score CAT section	Support score
Section R	3 or 4

Computation table for allowable minutes for IADLs			
IADL	Independent w/difficulty (1)	Assistance/help (2)	Dependent (3)
	Minutes	Minutes	Minutes
Meal Preparation			
~ If time for tube feedings is authorized for the recipient, do not authorize time for the IADLs of meal preparation. *~ If a recipient receives home-delivered meals or eats in a congregate setting once a day, reduce time allowed by main meal for that day; if twice a day, reduce time allowed for one main meal and one light meal.*			
light meal	7.5 per meal, 1 or 2 per day	11.25 per meal, 1 or 2 per day	15 per meal, 1 or 2 per day
main meal	12.5 per meal, one per day	18.75 per meal, one per day	25 per meal, one per day
Housework			
light or routine	*Compute time based on higher score for either light or routine housework.*		
	45 per week	67.5 per week	90 per week
Shopping			
shopping	30 per week	45 per week	60 per week
Laundry			
If a recipient scores 3 or 4 in Section L for bladder or bowel incontinence, allow time for 2 loads per week.			
in home	*If washer/dryer available in the recipient's residence, allow only "in home" time; a second load may not be allowed (except as indicated for incontinence) by designating it as "out of home."*		
	15 per week	22.5 per week	30 per week
out of home	*Allow only if washer/dryer not located in the recipient's residence.*		
	30 per week	45 per week	60 per week

Senior and Disabilities Services • Community First Choice Personal Care Services • Service Level Computation

7 AAC 127.040, 7 AAC 125.030 (d), **Other covered activities**

I. Allow time for other covered activities, except medication reminders and minor maintenance of respiratory equipment (see separate table below for minor maintenance), if the recipient scores as follows:

Self-performance score CAT section	Support score
"Personal" section	2 or 3

II. Allow time for minor maintenance of respiratory equipment if the recipient scores as follows:

Self-performance score CAT section	Support score
Section R ~ routine housework	3 or 4

Minor maintenance of respiratory equipment			
Activity	Independent w/difficulty (1)	Assistance/help (2)	Dependent (3)
maintenance	7.5 minutes weekly	9 minutes weekly	11.25 minutes weekly

Computation table for allowable minutes for other covered activities			
Activity	Limited Assistance (2)	Extensive Assistance (3)	Total dependence (4)
	Minutes	Minutes	Minutes
Medications			
~ If a need for help is indicated in the CAT "Medication" section, allow minutes on table for assistance multiplied by the times per day and days per week indicated in that section. *~ Allow 1 minute per frequency if recipient needs only a reminder to take medication.*			
CD only ~ assistance	2	3	4
AB and CD ~ reminder	*Allow if CAT section C Cognition, question 1, indicates memory problems (score of 1).*		
	1	1	(NA for score of 4)
Dressing changes and wound care			
AB and CD ~ assistance	2.5	3.75	5
CD only ~ prescription medication/aseptic change	*Allow time only if prescription medication and/or aseptic techniques required.*		
	7.5	11.25	15
Escort			
Allow only if indicated in "Medical Providers" section and recipient has a self-performance score of 2, 3, or 4 for the ADL of locomotion to access medical appointments.			
escort time	Maximum of 45 minutes per appointment x number of appointments (divided by) 52 weeks		
Passive range of motion (PROM)			
Allow only if recipient has a written plan, developed in accordance with 7 AAC 125.030 (d)(7), for PCA to follow.			
PROM	Maximum of 15 minutes per day for each affected extremity indicated in PROM plan.		

III. Allow time for supervision and cueing if the recipient scores as follows:

Supervision and Cueing

To receive time for supervision and cueing, the recipient needs to have a cognition score of at least 5 on section C4B of the CAT assessment and have a frequency score of 1, 2 or 3 and a score of 1 on alterability of any one of the five behaviors in section D: Problem Behavior of the CAT assessment.

Allow three hours per week when recipient has a self-performance score and support score of 1 or 5 OR self-performance score and support scores of 1 or 2 on at least two of the following ADLs or IADLs: bed mobility, transferring, locomotion, dressing, eating, toileting, bathing, personal hygiene, light housework, routine housework, light meal preparation, main meal preparation, laundry, or shopping.

Allow six hours per week when recipient has a self-performance score and supervision score of 1 or 5 OR self-performance score and supervision scores of 1 or 2 on at least four of the following ADLs or IADLs: bed mobility, transferring, locomotion, dressing, eating, toileting, bathing, personal hygiene, light housework, routine housework, light meal preparation, main meal preparation, laundry, or shopping.

Date Stamp Here:

APPLICATION for ALI/APDD/CCMC/CFC

(NEW and RENEWAL)

Completed by Care Coordinator:

Recipient Name:_____

CC Name:_____

CC Agency Name:_____

Waiver Type (choose one):

[ ] ALI - Alaskans Living Independently

☐ **APDD - Adults with Physical & Developmental Disabilities**

☐ **CCMC - Children with Complex Medical Conditions**

Community First Choice (choose one):

☐ **CFC – Community First Choice**

☐ **Waiver and CFC – Waiver and Community First Choice**

☐**New Application**

Note: If you do not qualify for Waiver or CFC services would you like to be considered for State Plan Personal Care Services? ☐Yes ☐No

If yes, please state your preferred Personal Care Services Agency

_____

☐ **Renewal Application**

Note: Re- application is required for the ALI/APDD/CCMC Waivers and the CFC Program annually per 7AAC 130.213 and 7 AAC 127.030

Legal Name (Last, First):

If Renewal: SDS ID#: **POC Start Date:** **POC End Date:**

Section I ~ Demographic Information

POC Type (Select one): ALI ☐ APDD ☐ CCMC ☐ CFC only ☐ Waiver and CFC ☐

Medicaid#: **DOB:**

Male ☐ Female ☐ Married ☐ Single ☐ Height:_____Weight:_____

Primary Language:

If non-verbal-primary mode of Communication:

If a communication barrier exists, please provide an English speaking contact for scheduling:

Contact name:_____Contact Phone:_____ Relationship:_____

Applicant's Physical Address or directions to home in rural areas (No P.O. Boxes)

Address:
City: **State:** **Zip:**

Work-Phone: **Home-Phone:** **Cell-Phone:**
Email:

Mailing address (if different than physical)

Address:
City: **State:** **Zip:**

Applicant's Legal Representative

Does the applicant want SDS documents mailed to the Power of Attorney (POA)? **Yes ☐** **No ☐**

Name: **Role/Relationship:** **Guardian ☐** **POA ☐**

Mailing Address:
City: **State:** **Zip:**

Work-Phone: **Home-Phone:** **Cell-Phone:**
E-Mail:

Care Coordinator

Name: **Cell-Phone:** **Email:**

Agency: **Work-Phone:** **Fax#:**

Address:
City: **State:** **Zip:**

Provider ID#: **Provider Group ID#:**

Legal Name (Last, First):

If Renewal: SDS ID#: **POC Start Date:** **POC End Date:**

Section II ~ Diagnosis & Medical

Primary Diagnosis from the Verification of Diagnosis (VOD):

Secondary Diagnosis(es) from the VOD:

Source(s) for diagnostic information (including the medical professional from the VOD):

Health Summary- **Specify and attach appropriate supporting documentation.**
Summarize the applicant's health over the past 12 months.

Document emergency room visits, hospitalizations, surgeries/ or treatments:

Describe significant changes in the applicant's health or behavior in the last year.

If a renewal application:
Has the applicant received a new primary diagnosis?

Has the applicant been diagnosed with any new health problems, mental health issues, or other problems that might affect his/her functional abilities?

Legal Name (Last, First):

If Renewal: SDS ID#: **POC Start Date:** **POC End Date:**

Section III ~ Current Medical Data

Medical and/or Psychiatric Contacts *(Highlight, right-click & insert additional rows as needed)*

Include a fax number for a primary physician as well as a contact phone number for all providers listed.

Full Name	Address	Phone & Fax	Reason for visits and frequency

Current Medications *(Highlight, right-click & insert additional rows as needed)*

Medication	Dosage	Prescriber	Reason Prescribed	Administered how?

Legal Name (Last, First):

If Renewal: SDS ID#: **POC Start Date:** **POC End Date:**

Adaptive Medical Equipment (DME/SME)

List all adaptive medical equipment currently in use/available to the applicant regardless of funding source:

☐	Bath Bench	☐	Gait Belt	☐	Lift/Hoyer
☐	Braces/AFOs	☐	Grab Bars	☐	Stair Glide
☐	Cane	☐	Hand Held Shower	☐	Wheelchair
☐	Commode	☐	Hospital Bed	☐	Walker
☐	Elevated Toilet	☐	P.E.R.S/Lifeline		
☐	Other:_____				

List adaptive medical equipment needed:

Environmental Modifications (EMOD's)

List all environmental modifications completed for this applicant regardless of funding source:

List environmental modifications needed:

Legal Name (Last, First):

If Renewal: SDS ID#: **POC Start Date:** **POC End Date:**

Statement of Reasonable Expectation of the Need for Long Term Care

I believe that there is reasonable indication the applicant might need services at a level of care provided in a hospital, nursing facility, or ICF/MR in 30 or fewer days unless the applicant receives home and community-based waiver services under 7 AAC 130 or Community First Choice services under 127.

I have provided appropriate and contemporaneous documentation that addresses each medical and functional condition and indicates the applicant's need for home and community-based waiver services.

7 AAC 127.020, 7 AAC 130.217 and 7 AAC 130.240 protect you from conflict of interest by putting definitions around who can serve you as Care Coordinator. Has your Care Coordinator informed you of any employment or family relationship to a certified provider agency? ***Applicant please initial***

Yes _____ No _____(there are no known relationships)

Section IV ~ Signatures:

By signing below, I certify that the information included in this application is true and accurate to the best of my knowledge.

Recipient Signature	Date	Parent or Legal Representative	Date
Care Coordinator	Date	Other Natural Support	Date

Two witnesses are required if recipient signs with an X or a stamp. The Care Coordinator may not serve as a witness.

Witness Printed Name	Signature	Relationship	Date
Witness Printed Name	Signature	Relationship	Date

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Care Coordination Services and Long Term Services and Supports Targeted Case Management Conditions of Participation

Care coordinators assist individuals to gain access to home and community-based waiver services under 7 AAC 130; Community First Choice services under 7 AAC 127; and other state plan services, as well as medical, social, educational, and other services with funding sources other than Medicaid. Care coordinators do this through a person-centered process led by the recipient and the planning team of the recipient's choosing.

Care coordinators also perform targeted case management services, which include helping recipients to complete an application and then submitting the application for home and community-based waiver services, Community First Choice services, or both. Once an applicant is determined eligible, care coordinators assist applicants with identifying goals, planning for services and selecting service providers. Care coordinators then assist the recipient-directed team to develop an initial support plan. Finally, care coordinators assist recipients to direct the team in reviewing goals and renewing the support plan annually.

On-going care coordination is a home and community-based waiver service that includes monthly monitoring of services in the support plan. Care coordinators remain in contact with the recipient throughout the support plan year, in manner and with a frequency appropriate to the needs of the recipient.

For a recipient receiving only Community First Choice services, a care coordinator provides case management services during the recipient's support plan year.

To offer care coordination services, a provider must be certified as a provider of care coordination services under 7 AAC 130.220 (a)(2); meet the requirements of 7 AAC 130. 238 and 7 AAC 130.240; and operate in compliance with the Home and Community-based Waiver Services Provider Conditions of Participation. *To offer long term services and supports targeted case management, the provider must be certified under 7 AAC 128.010(b), and comply with the following standards:*

I. Program Administration

A. Personnel.

1. Care coordination services/targeted case management program administrator.
   a. The provider must designate a care coordination services program administrator who is responsible for the management of the program including the following:
      i. orientation, training, and supervision of care coordinators;
      ii. implementation of policies and procedures;
      iii. intake processing and evaluation of new admissions to the services;
      iv. participation in the development of support plans in collaboration with other providers of services;
      v. ongoing review of the delivery of services, including
         (A) monitoring the amount, duration, and scope of services to assure delivery as outlined in the support plan;
         (B) assessing whether the services assist the recipients to attain the goals outlined in the support plan and recommending changes as appropriate,
         (C) evaluating the quality of care rendered;
      vi. development and implementation of corrective action plans for identified problems or deficiencies in delivery of care coordination services; and
      vii. submission of required reports to Senior and Disabilities Services, including critical incident reports.
   b. The provider may use a title other than program administrator for this position, (e.g., program director, program manager, or program supervisor).
   c. The provider must ensure that the individual in the program administrator position is certified as a care coordinator, and renews that certification as required under 7 AAC 130.238.

d. The program administrator must
   i. be at least 21 years of age;
   ii. meet the following experiential requirements: one year of full-time or equivalent part-time experience providing services to individuals in a human services setting in a position with responsibility for planning, development, and management or operation of programs involving service delivery, fiscal management, needs assessment, program evaluation, or similar tasks.
   iii. meet the following education requirements:
      (A) Bachelor of Arts or Bachelor of Science degree from an accredited college or university in social work, psychology, rehabilitation, nursing or a closely related human services field; or
      (B) Associate of Arts degree from an accredited college or university in psychology, rehabilitation, nursing or a closely related human services field, and two years of full-time or equivalent part-time experience working with human services recipients, in addition to the required one year of experience as a supervisor; or
      (C) four years of full-time or equivalent part-time experience working with human services recipients in social work, psychology, rehabilitation, nursing, or a closely related human services field or setting, in addition to the required one year of experience as a supervisor; or
      (D) certification as a rural community health aide or practitioner, and one year of full-time or equivalent part-time experience working with human services recipients, in addition to the required one year of experience as a supervisor.

e. In addition to meeting education and experience requirements, the administrator must possess the knowledge base and skills necessary to carry out the care coordination services program.
   i. The administrator knowledge base must include:
      (A) the medical, behavioral, habilitative, and rehabilitative conditions and requirements of the population to be served; and
      (B) the applicable laws and policies related to Senior and Disabilities Services programs.
   ii. The administrator skill set must include:
      (A) the ability to evaluate and develop a support plan to meet the needs of the population to be served; and
      (B) the ability to supervise professional and support services staff.

2. Care coordinators.
   a. Care coordinators shall be at least 18 years of age, and qualified through experience and education in a human services field or setting.
   b. Required education and additional experience or alternatives to formal education:
      i. Bachelor of Arts, Bachelor of Science, or Associate of Arts degree from an accredited college or university in social work, psychology, rehabilitation, nursing or a closely related human services field, and one year of full-time, or equivalent part-time experience working with human services recipients; or
      ii. two years of course credits from an accredited college or university in social work, psychology, rehabilitation, nursing or a closely related human services field, and one year of full-time, or equivalent part-time experience working with human services recipients; or
      iii. three years of full-time or equivalent part-time experience working with human services recipients in social work, psychology, rehabilitation, nursing, or a closely related human services field or setting; or
      iv. certification as a rural community health aide or practitioner and one year of full-time or equivalent part-time experience working with human services recipients.
   c. In addition to meeting education and experience requirements, care coordinators must possess, or develop before providing program services, the knowledge base and skills necessary to carry out the care coordination process.

i. The care coordination knowledge base must include:
(A) an understanding of person-centered planning, including how this applies not only to the development of the support plan but also to the on-going monitoring of services;
(B) the medical, behavioral, habilitative, and rehabilitative conditions and requirements of the population to be served by the care coordinator;
(C) the laws and policies related to Senior and Disabilities Services programs;
(D) the terminology commonly used in human services fields or settings;
(E) the elements of the care coordination process; and
(F) the resources available to meet the needs of recipients.

v. The care coordination skill set must include:
(A) the ability to support a recipient in directing the development of a support plan, based on his/her strengths and abilities, that leads to a meaningful life at home, at work, and in the community;
(B) the ability to effectively assist the recipient in communicating the recipient's choices and decisions and collaborating with supporters such as family members, guardians, or other decision-making assistants;
(C) the ability to organize, evaluate, and present information orally and in writing; and
(D) the ability to work with professional and support staff.

c. Senior and Disabilities Services may certify as care coordinator under 7 AAC 130.238 an applicant whose education was completed in a country other than the United States if the applicant can show that his/her foreign education is comparable to that received in an accredited educational institution in the United States.
i. Applicants licensed under AS 08 may submit a copy of a State of Alaska license to show the applicant's foreign education is comparable to education in the United States.
ii. Applicants not licensed under AS 08 are responsible for providing to Senior and Disabilities Services the following with an initial application for certification:
(A) a foreign educational credentials evaluation report from an evaluation service approved by the National Association of Credential Evaluation Services that includes, at a minimum, a description of each course and semester or quarter hour credits earned for that course, and a statement of degree equivalency to education in the United States; and
(B) certified English translations of any document submitted as part of the application, if the original documents are not in English.

B. **Training.**

1. An individual who seeks certification to provide care coordination services or targeted case management services
   a. must enroll in the Senior and Disabilities Services Beginning Care Coordination course;
   b. demonstrate comprehension of course content through examination; and
   c. provide proof of successful completion of that course not more than 365 days prior to the date of submission of an application for certification.
2. A certified care coordinator who wishes to renew his or her certification
   a. must successfully complete
      i. at least one Senior and Disabilities Services care coordination training course during the individual's one or two year period of certification;
      ii. 16 hours annually of continuing education that is relevant to a care coordinator's job responsibilities; and
   b. when submitting an application for recertification, provide proof of successful completion of the Senior and Disabilities Services training course and 16 hours annually of continuing education.
3. The provider agency must document attendance and successful completion by a care coordinator of 16 hours of continuing education annually in the care coordinator's personnel file; the provider agency's in-service training may qualify as continuing education if the training increases the knowledge, abilities, or skills of the care coordinator and the content of the in-service training, date, and time in attendance is documented.

II. Program operations

A. **Quality management.**

1. The provider agency must develop a system to monitor support plan development and implementation to ensure that support plans for recipients
   a. are developed and implemented as directed by the recipient;
   b. are complete and submitted within required timeframes;
   c. address all needs identified in the recipient's assessment;
   d. include the personal goals of the recipient; and
   e. address recipient health, safety, and welfare.
2. The provider agency must implement
   a. a protocol for analysis, annually at a minimum, of the data collected through its tracking system;
   b. a procedure for correcting problems uncovered by the analysis; and
   c. a process for summarizing the annual analysis and corrective actions for inclusion in a report to be submitted to Senior and Disabilities Services with the provider's application for recertification or to be made available upon request.
3 At a minimum, the provider agency must determine whether
   a. services meet the needs of the recipients;
   b. services are effectively coordinated among the various providers;
   c. recipients and their informal supports are encouraged to participate in the care coordination process;
   d. recipients make choices regarding their care; and
   e. services are integrated with informal care and supports.

B. **Billing for services.**

1. The provider agency may not submit a claim for reimbursement for
   a. development of an initial or renewal support plan for a recipient until the plan has been approved by Senior and Disabilities Services; or
   b. care coordination services or targeted case management until the services have been rendered.
2. The provider agency may not submit claims for monthly care coordination services or targeted case management, other than for program application, support plan development or support plan renewal, for recipients until the first day of the month following the month in which services were rendered.

C. **Conflicts of interest.**

1. The care coordinator must
   a. afford to the recipient the right to choose to receive services from any certified provider;
   b. inform the recipient in writing of any employment relationship or any other relationship with other provider personnel or owners who could be selected by the recipient to provide services; and
   c. facilitate the transfer process when the recipient chooses to receive care coordination services from another care coordinator.
2. The care coordinator may not
   a. solicit as clients any recipients known to be receiving services from another care coordinator or provider agency;
   b. after deciding to leave a provider agency for employment at another agency, attempt to influence any recipient to retain him or her as care coordinator or to initiate the process of transferring any recipient to the hiring agency for care coordination services or targeted case management; or
   c. offer, promote, or sell products or non-program services to, or engage in any commercial transaction with, recipients, their families, or their representatives.
3. The provider agency must develop a process for resolution of conflicts regarding needs, goals, or appropriate services that might arise between the care coordinator and the recipient, family, or informal supports.

D. **Backup care coordination/targeted case management.**

1. The provider agency must
   a. develop a plan for back-up care coordination services or targeted case management in collaboration with the recipient, and give a copy of the plan to the recipient; and
   b. ensure that a care coordinator identified as the backup care coordinator is currently and continues to be
      i. certified by Senior and Disabilities Services; and
      ii. associated with a certified provider agency in accordance with 7 AAC 10.900 (b).
2. The back-up plan must include
   a. the extent to which the primary care coordinator or the recipient is responsible for obtaining care coordination services or targeted case management if the primary care coordinator will be unavailable for a period that exceeds 72 hours;
   b. a contingency plan that defines the primary care coordinator's responsibilities to educate therecipient regarding a plan of action to ensure the health, safety, and welfare of the recipient if the primary care coordinator will be unavailable for a period that exceeds 30 days; and
   c. information about the potentials risks involved if back-up care coordination services are not secured.
3. The backup care coordinator may provide services to no more than the number of recipients, including that of the primary care coordinator's usual case load, for which service coordination and response to any recipient needs can be managed effectively.
4. The provider must inform each recipient affected by the end of the provider's association with a care coordinator employee, of the name and contact information for a care coordinator who will serve as backup until the recipient chooses another care coordinator to provide services.

E. **Care coordinator appointment and transfer.**

1. The care coordinator must notify Senior and Disabilities Services, on a form provided by Senior and Disabilities Services, of
   a. the care coordinator's appointment when selected by a recipient to provide services; and
   b. the transfer of care coordination services or targeted case management to another care coordinator.
2. The provider agency must send to each recipient affected by the end of the provider's association with a care coordinator employee, written notice that includes the name of the care coordinator endingemployment and statements indicating
   a. the recipient's right to choose to receive care coordination services or targeted case management from any certified care coordination provider; and
   b. the provider agency will facilitate the transfer process if the recipient chooses to receivecare coordination services or targeted case management from another provider agency.
3. The care coordinator must send to the new care coordinator, within five working days of noticeof appointment of that care coordinator, the following materials:
   a. current support plan and amendments to the plan;
   b. most recent assessment;
   c. case notes for the past 12 months; and
   d. additional documents or information necessary for a safe transition.
4. The former and the new care coordinator must cooperate to ensure that all services outlined in the recipient's support plan continue during a transfer of care coordination services or targeted case management.
5. The newly appointed care coordinator must send a copy of the appointment form to all providers listedin the support plan to notify them of the change in care coordination services.

III. The care coordination/targeted case management process.

A. Care coordination goals.

The provider must operate its care coordination services and targeted case management program for the following purposes:

1. to assist the recipient in accessing and directing the support needed to live the life that the recipient chooses at home, at work, and in the community;
2. to foster the greatest amount of independence for the recipient;
3. to encourage the development of meaningful relationships and natural (unpaid) supports;
4. to assist the recipient with access to community-based services as directed by the recipient;
5. to enable the recipient to remain in the most appropriate environment in the home or community;
6. to build and strengthen family and community supports;
7. to treat recipients with dignity and respect in the provision of services;
8. to secure for recipients appropriate, comprehensive, and coordinated services that will promote rehabilitation and maintenance of current abilities;
9. to serve as a link to increase access to community-based services; and
10. to improve the availability and quality of services.

B. Person-centered planning process.

1. Recipient orientation. The care coordinator must
   a. ensure the planning process is timely and at a time and in a place determined by the recipient;
   b. orient the recipient, the recipient's family, and informal supports to the care coordination or targeted case management process;
   c. advise the recipient of and support the recipient's right to lead the planning process where possible and to define the role of other individuals that the recipient chooses for participation in the process;
   d. provide information about home and community-based service settings and options for medical, social, educational, employment, and other services;
   e. affirm the recipient's right to choose to receive services from any qualified provider and offer assistance in identifying potential providers for the recipient;
   f. discuss conflict-of-interest guidelines and develop strategies for resolving disagreements among planning participants; and
   g. if providing targeted case management for Community First Choice recipients, discuss the right of the recipient to contact the care coordinator when the recipient feels contact is necessary, and a method for such contact.
2. Comprehensive needs assessment. The care coordinator must complete a comprehensive needs assessment that includes
   a. the recipient's history;
   b. the recipient's strengths, preferences, goals, and interest; and
   c. identification and documentation of the recipient's needs.
3. Planning team.
   a. The care coordinator must
      i. facilitate the recipient's role as the leader of the planning process to the maximum extent possible;
      ii. with direction from the recipient, identify, meet with, and consult each member of the planning team for the purposes of developing an individualized, person-centered support plan;
      iii. provide an opportunity for the recipient and family
         (A) to express outcomes they wish to achieve,
         (B) to request services that meet identified needs, and
         (C) to explain how they would prefer the services to be delivered.

b. The planning team must identify
   i. the recipient's strengths, and focus on understanding needs in the context of those strengths;
   ii. risk factors and measures to minimize those risks;
   iii. cultural considerations to be included in the planning process;
   iv. the overarching purpose of the support plan; and
   v. strategies for solving disagreements during the planning process.

4. Integrated program of services. The planning team must
   a. incorporate the findings of the most recent evaluation or assessment in the support plan;
   b. recommend services that support and enhance, but do not replace, unless necessary, care and support provided by family and other informal supports;
   c develop an integrated program, including
      i. individually-designed activities, experiences, services, or therapies needed to achieve goals and objectives or identified, expected outcomes;
      ii. supports that will assist the recipient to become gainfully employed in the general workforce in an integrated workplace; and
   d. write a support plan that meets program requirements and specifies the responsibilities of the care coordinator, the recipient, and the recipient's informal and formal supports.

C. Support plan implementation.

The care coordinator must

1. deliver a copy of the approved support plan to the recipient and to each provider of services for the recipient within 10 business days of receiving the support plan from Senior and Disabilities Services;
2. arrange for the services and supports outlined in the support plan and coordinate the delivery of the services as directed by the recipient;
3. support the recipient's independence by encouraging the recipient, family, and informal supports to be responsible for care to the greatest extent possible;
4. teach the recipient and family how to direct the services, including evaluating the quality and appropriateness of services; and
5. if necessary, write and submit an amendment to the support plan.

D. Recipient and provider contacts.

1. Recipient contacts for the Adults Living Independently Waiver, Children with Complex Medical Conditions Waiver, Adults with Physical and Developmental Disabilities Waiver and the People with Intellectual and Developmental Disabilities Waiver:

   The care coordinator must
   a. contact each waiver recipient in person at least once a month, and contact the recipient or the recipient's representative in person or by phone at least once a month and as frequently as necessary, to evaluate whether
      i. services are furnished in accordance with the support plan and in a timely manner;
      ii. services are delivered in a manner that protects the recipient's health, safety, and welfare;
      iii. services are adequate to meet the recipient's identified need; and
      iv. changes in the needs or status of the recipient require adjustments to the support plan or to arrangements with providers;
   b. meet in-person with the recipient at least once in each setting during the plan year; and
   c. document the content of each contact with the recipient, including
      i. the method used to make that contact meaningful in terms of monitoring the health, safety, and welfare of the recipient;
      ii. a summary of the meeting and the names of those in attendance;
      iii. whether services are adequate, delivered safely, respectfully, and acceptably to the recipient; and
      iv. whether the support plan should be amended.

2. Recipient contacts: Individualized Support Waiver
The care coordinator must
   a. contact the waiver recipient in person at least once every three months, and contact the recipient by telephone at least once in each month in which in-person contact is not made, to evaluate whether
      i. services are furnished in accordance with the support plan and in a timely manner;
      ii. services are delivered in a manner that protects the recipient's health, safety, and welfare;
      iii. services are adequate to meet the recipient's identified need; and
      iv. changes in the needs or status of the recipient require adjustments to the support plan or to arrangements with providers;
   b. ensure that at least one of the in-person contacts made according to 2(a) above is accomplished in one of the settings where Individualized Supports Waiver services are provided; and
   c. document the content of each contact with the recipient as required in this subsection, including:
      i. the method used to make that contact meaningful in terms of monitoring the health, safety, and welfare of the recipient;
      ii. a summary of the meeting and the names of those in attendance;
      iii. whether services are adequate, delivered safely, respectfully, and acceptably to the recipient; and
      iv. whether the support plan should be amended.

3. Recipient contacts: Community First Choice.
The care coordinator providing targeted case management must provide the following:
   a. assistance with an individual's Community First Choice application;
   b. pre-enrollment counseling to discuss the range of services and supports available to the individual;
   c. with the recipient and planning team, development of an initial support plan and annual renewal support plan;
   d. monitoring the recipient and services received by the recipient on a schedule that is approved in the support plan; monitoring may occur more frequently when requested by the recipient or when an issue is identified by the care coordinator, a service provider, or the state.

4. Provider contacts: All Waivers and Community First Choice.
The care coordinator must
   a. contact each provider of services for a recipient as needed to
      i. ensure coordination in the delivery of multiple services by all providers;
      ii. address problems in service provision or goal achievement;
      iii. consult regarding need to alter support plans;
      iv. intervene to make providers more responsive to the recipient's needs; and
      v. verify service utilization in the amount, duration, and frequency specified in the support plan.
   b. Within one business day of learning of a recipient's death, termination of a service, or move to another residence, the care coordinator must notify every provider affected by such change in recipient status.

V. Environmental modification projects for Home and Community-based Waiver Services recipients

A. Environmental modification evaluation

1. The care coordinator must review the need for physical adaptations to the recipient's residence with the recipient and the home owner, and obtain preliminary permission from the home owner to proceed with the environmental modification project.
2. The care coordinator must verify that the environmental modification project can be accommodated within the funding limits set by 7 AAC 130.300(c).

B. Request for cost estimates

1. The care coordinator must notify all certified and enrolled environmental modification service providers of the proposed project by electronic mail in a format provided by Senior and Disabilities Services.
2. The care coordinator's notification to environmental modification providers must include
   a. the care coordinator's name and contact information;
   b. the location of the proposed project, and a statement indicating providers may arrange with the care coordinator for on-site viewing of the area to be modified;
   c. the *Request for Cost Estimate* form or forms appropriate to the type of physical adaptation included in the environmental modification project;
   d. photographs of the area to be modified with sufficient detail for provider review; and
   e. notice of a time limit of at least 14 days for submission of estimates, unless different timeframe was approved by Senior and Disabilities Services.
3. The care coordinator may not disclose, except to Senior and Disabilities Services, financial information regarding the project or competing estimates, or the identity or number of providers expressing interest in the project.

C. Selection of the project provider

1. The care coordinator must
   a. review all *Request for Cost Estimate* forms received by the date specified for submission to determine
      i. which environmental modification provider submitted the lowest cost estimate for the project; and
      ii. whether that provider can complete the project in time to meet the recipient's needs; and
   b send to Senior and Disabilities Services
      i. a support plan that includes
         (A)a description of proposed physical adaptations with a photograph of the area to be modified, and any measurements, sketches, or other relevant representations developed by the environmental modifications provider to show the project plan;
         (B) justification for the project based on the recipient's functional or clinical needs;
         (C) the name of the environmental modification provider recommended for the project;
         (D) if applicable, a *Waiver of Requirement for Provider Selection* form with an explanation regarding the need to select an environmental modification provider other than the one submitting the lowest cost estimate; and
         (E) the *Property Owner's Consent to Environmental Modification* form; and
      ii. all *Request for Cost Estimate* forms received in regard to the project.
2. Upon written notice of approval by Senior and Disabilities Services, of selection of the environmental modification provider, the care coordinator must notify
   a. the provider selected of that provider's approval for the project; and
   b. any other providers that submitted estimates of that provider's selection.

D. Collaboration with interested parties

1. The care coordinator must advise the environmental modification provider of any recipient conditions or needs to ensure that the health, safety, and welfare of the recipient are protected throughout the project.
2. The care coordinator must review, with the environmental modification provider, any proposed changes for equivalent facilitation to ensure that the needs of the recipient will be met; the care coordinator may contact Senior and Disabilities Services regarding questions.
3. The care coordinator must work with the recipient, the home owner, and the environmental modification provider to resolve any disagreements regarding dissatisfaction with the project or work performance.
4. The care coordinator may contact Senior and Disabilities Services if unable to resolve any issues that remain after discussion with the parties.

State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Personal Care Services and Community First Choice Personal Care Services Provider Conditions of Participation

Personal Care Services may be authorized for a Medicaid recipient who experiences functional limitations, resulting from a physical condition, that cause the recipient to be unable to perform activities of daily living (ADLs), instrumental activities of daily living (IADLs), and other activities covered under 7 AAC 125 Personal Care Services and 7 AAC 127 Community First Choice. Personal care services authorized under 7 AAC 125 or 7 AAC 127 may be provided in the recipient's residence; at the recipient's workplace, if necessary to prevent job loss; and at other locations specified in regulations.

Following an assessment to determine the level of assistance needed to enable a recipient to perform covered activities, SDS prepares a service level authorization specifying the activities for which physical assistance may be provided by personal care assistants. Some activities may be performed entirely by a personal care assistant for a recipient dependent on another for performance.

Provider agencies certified by SDS to offer personal care services and Community First Choice personal care services may provide both agency-based and consumer-directed programs. Agencies are responsible for hiring, training, scheduling, and supervising personal care assistants in agency-based programs. In consumer-directed programs, agencies have administrative responsibilities regarding the personal care assistants that are chosen by the recipients. The recipient is responsible for training, scheduling, and supervising the personal care assistant in a consumer-directed program.

The provider that chooses to offer personal care services must be certified as a provider of Personal Care Services under 7 AAC 125.060 or as a provider of Community First Choice personal care services under 7 AAC 127.050, and operate in compliance with the following standards.

I. Program operations

A. Certification requirements.

1. The provider must demonstrate, through documents describing provider operations, readiness to provide services and comprehension of Medicaid regulations, Personal Care Services regulations, Community First Choice regulations as applicable, and these Conditions of Participation.
2. The provider must submit to the department
   a. policies and procedures addressing the following:
      i. financial accountability;
      ii. confidentiality of protected health information, including a Notice of Privacy Practices;
      iii. conflicts of interest;
      iv. complaint management;
      v. emergency response planning;
      vi. acceptance of new recipients for program services termination and transfer of provider services;
      vii. training of employees;
      viii. evaluation of employees;
      ix. background checks for potential and current employees;
      x. quality improvement;
      xi. critical incident reporting;
      xii. restrictive interventions;
      xiii. assistance with self-administration of medication;
      xiv. backup plans for personal care assistants;
      xv. cooperation with CFC care coordinators regarding support plans and amendments;
   b. documentation showing compliance with state or local regulations, including
      i. State of Alaska business license;
      ii. Certificate of Insurance or similar documentation of insurance coverage;

c. personnel information, including
   i. organization chart;
   ii. personnel lists;
d. a quality improvement report for renewal of the provider's certification.

3. The provider must implement and abide by all policies and procedures that were submitted for the purposes of gaining certification.
4. The provider must grant to Senior and Disabilities Services, for certification and oversight purposes, access to all service locations and to locations where provider records are stored.

B. **Operations requirements.**

1. The provider must
   a. utilize the Senior and Disabilities Services secure electronic interface to submit confidential and protected health information;
   b. maintain records required under 7 AAC 105.230, 7 AAC 125.120, and 7 AAC 127.060 in English;
   c. comply with the criminal history checks requirements of 7 AAC 10.900 – 7 AAC 10.990;
   d. comply with all regulatory training requirements;
   e. when required by the department, implement a corrective action plan approved by the department under 7 AAC 125.080 (c) or 7 AAC 127.055 (b); and
   f. practice open communications and cooperate with other providers of services.
2. The provider must employ a program administrator who is responsible and accountable for the day-to-day management of the personal care services program, including
   a. orientation, training, and supervision of personal care assistants;
   b. implementation of policies and procedures;
   c. intake processing and evaluation of new admissions to services;
   d. review of services to
      i. assure services in the amount, duration and scope specified in the recipient's service level authorization are provided;
      ii. evaluate whether personal care services provide the physical assistance needed by the recipient to perform ADLs, IADLs, and other covered activities specified in the service level authorization; and
      iii. evaluate the quality of care provided by individual personal care assistants;
   e. if the recipient is also a home and community-based waiver services recipient, coordinate services with the recipient's care coordinator and other service providers;
   f. submission of required reports to SDS.
3. An individual newly hired as program administrator for an existing personal care services program must attend the personal care services agency training course provided by the department not later than three months after the date of hire by the personal care services agency.
4. An individual may serve as program administrator for more than one location if
   a. necessitated by the location of the agency offices; and
   b. given the size of the recipient population served and the number of personnel supervised by that individual, the program administrator is capable of being actively engaged in the management of services at each location.
5. If the provider agency has been granted an exception under 7 AAC 130.220 (j), an individual may not supervise both personal care attendants and care coordinators.
6. The provider that operates an agency-based personal care services program must retain a supervising registered nurse to carry out the duties specified in 7 AAC 125.170 for an agency-based Personal Care Services program and 7 AAC 127.135 for an agency-based Community First Choice Personal Care Services program.
7. No individual may be associated with a personal care services agency or Community First Choice service provider as owner, executive director, board member, authorized agent, or employee, or be involved in the provision of services to recipients if that individual

a. has been convicted of Medicaid fraud;
b. has been sanctioned under Medicaid regulations, or has been suspended or terminated from the Medicaid program, because of program abuse or abuse of a recipient; or
c. has had a valid criminal history check or variance revoked under 7 AAC 10.945.

8. The provider may not allow an employee, volunteer, or contractor to provide any services to recipients or to have access to protected health information until the provider has
   a. notification of the employee's, volunteer's, or contractor's valid criminal history check, or of a variance or reconsideration, in accordance with 7 AAC 10.900 – 7 AAC 10.990; and
   b. confirmation that the individual's name does not appear on either of the following lists:
      i *Alaska Medical Assistance Excluded Provider List*, and
      ii. *List of Excluded Individuals and Entities* (LEIE) maintained by the U.S. Department of Health and Human Services, Office of Inspector General.

C. **Financial accountability**.

1. The provider must maintain insurance that
   a. includes coverage for comprehensive general liability and workers' compensation, as is appropriate to the services the provider seeks to offer recipients; and
   b. names Senior and Disabilities Services, Provider Certification Section, 550 W. 8th Ave., Anchorage, AK 99501, as a certificate holder for that insurance; a copy of the Certificate of Insurance or similar document showing insurance coverage must be submitted with its application for certification or recertification.
2. The provider may not charge fees for recipient services at a rate higher than those charged to private pay clients for comparable services.
3. The provider must
   a. maintain financial records to show the provider's capacity to meet at least three months of operating expenses, including sufficient funds to
      i. pay employee salaries and employee-related tax obligations timely;
      ii. maintain current general liability and workers' compensation insurance;
      iii. maintain operations in a physical office space; and
      iv. ensure service delivery to all recipients served by the provider;
   b. implement a financial system, based on generally accepted accounting principles, that ensures claims for payment are accurate;
   c. maintain, in accordance with 7 AAC 105.230, 7 AAC 125.120, and 7 AAC 127.060, records that support claims for services;
   d. cooperate with all required audits;
   e. report to the Medicaid fiscal agent, and voiding or adjusting, amounts identified as overpayments; and
   f. cooperate with investigation and remediation activities.
4. The provider may not submit a claim for reimbursement
   a. until services have been rendered;
   b. for services rendered by a personal care assistant who does not have documentation of a current, valid criminal history check or variance; or
   c. for services that are not specified on the recipient's service level authorization or documented in accordance with7 AAC 105.230 and 7 AAC 125.120 and 7 AAC 127.160.
   d. The provider must report suspected Medicaid fraud, abuse, or waste to the Medicaid Fraud Control Unit by calling 1-907-269-6279 or sending a message to FAX number 1-907-279-6202. .

D. **Quality management**.

1. Complaint process.
   a. The provider must implement a protocol for handling and resolving written and oral complaints about services or personnel
   b. The provider must analyze the complaints each calendar quarter to determine whether issues raised represent single incidents or a pattern, and take appropriate action to resolve issues brought to light by the quarterly analysis.

2. Quality improvement process.
   a. The provider must engage in monitoring and data collection activities related to the delivery of services and recipient satisfaction with the services, analyze findings, and identify problems and opportunities for improvement
   b. The provider must implement a process to remedy problems, whether the issues relate to a single individual or to systemic program operations.
   c. The provider must utilize its findings from data collection and analysis activities to engage in actions (e.g., policy development, management changes, staff training, or other system level interventions) that lead to continuous improvements in its delivery of services.
3. Self-assessment.
   a. The provider must conduct a self-assessment of its quality improvement process annually, at a minimum, for each year of its certification period.
   b. The process must include evaluation of the findings from, and corrective actions taken in regard to,
      i. written and oral complaints;
      ii. critical incident reports, including reports of harm;
      iii. analyses of medication errors;
      iv. analyses of the use of restrictive interventions;
      v. consumer satisfaction surveys; and
      vi. internal reviews of services rendered to determine that they were provided in accordance with recipient service level authorizations and met recipient needs.
4. Quality improvement report.
   a. The provider must summarize, in a quality improvement report data collection activities, findings, and resulting corrective actions and program improvements, and submit that report, with its application for recertification.
   b. The provider must be able to support the report submitted with data that must be made available to Senior and Disabilities Services upon request.

E. **Reporting changes in provider status.**
The provider must report the following changes in provider status in writing to the department within the timeframe specified:

1. one business day of
   a. an unplanned change of program administrator;
   b. learning that an agency owner or administrator has been charged with or convicted of a criminal offense;
2. ten days prior to a change of the provider's mailing address, email address, telephone number or fax number;
3 thirty days prior to a planned change of program administrator;
4. sixty days prior to
   a. a change of agency name;
   b. a change in physical location of an agency;
   c. a change in the form of organization of agency business;
   d. a change of agency ownership or percentage of agency ownership;
   e. an agency sale or closure.

II. Program administration

A. **Personnel.**

1. The provider must ensure that the employment and education history offered by a potential employee is verified, and resulted in the acquisition of the knowledge base and skills required for the position.
2. Program administrator.
   a. The provider must verify that the individual hired for a program administrator position meets the qualifications specified.
   b. The program administrator must be at least 21 years of age, and qualified through experience and education in a human services field or setting.

i. Required experience: one year of full-time or equivalent part-time experience providing services to individuals in a human services setting in a position with responsibility for planning, development, and management or operation of programs involving service delivery, fiscal management, needs assessment, program evaluation, or similar tasks.

ii. Required education and additional experience or alternatives to formal education:

A) Bachelor of Arts or Bachelor of Science degree from an accredited college or university in social work, psychology, rehabilitation, nursing, developmental disabilities, or a closely related human services field; or

B) Associate of Arts degree from an accredited college or university in psychology, rehabilitation, nursing, developmental disabilities, or a closely related human services field, and two years of full-time or equivalent part-time experience working with human services recipients; or

C) four years of full-time or equivalent part-time experience working with human services recipients in social work, psychology, rehabilitation, nursing, developmental disabilities, or a closely related human services field or setting; or

D) certification as a rural community health aide or practitioner, and one year of full-time or equivalent part-time experience working with human services recipients.

b. An individual that does not have documentation of successful completion of training equivalent to that specified in 7 AAC 125.160 and 7 AAC 127.135 must complete such training within three months of hire for the position of program administrator.

c. The provider may accept an applicant whose education was completed in a country other than the United States if the applicant can show that his/her foreign education is comparable to that received in an accredited educational institution in the United States.

i. The provider may accept a copy of a State of Alaska license issued under AS 08 as showing an applicant's foreign education is comparable to education in the United States.

ii. For applicants not licensed under AS 08, the provider must inform the applicant that the applicant is responsible for providing

A) a foreign educational credentials evaluation report, from an evaluation service approved by the National Association of Credential Evaluation Services, that includes, at a minimum, a description of each course and semester or quarter hour credits earned for that course, and a statement of degree equivalency to education in the United States; and

B) certified English translations of any document submitted as part of the application, if the original documents are not in English.

iii. The provider must keep documents showing a program administrator's foreign education comparability to that of the United States on file, and make them available to Senior and Disabilities Services upon request.

d. The provider may use a term other than program administrator for this position (e.g., program director, program manager or program supervisor), but the individual filling the position must meet the requirements for program administrator.

3. Supervising Registered Nurse.

The provider that operates an agency-based personal care services program or a Community First Choice personal care service agency-based program must verify that the individual retained as the agency's supervising registered nurse

a. is licensed as a registered nurse under AS 08 or qualifies to practice under 7 AAC 105.200 (c);

b. is at least 21 years of age;

c. is qualified through the following experience

i. at least one year of full-time or equivalent part-time experience providing services to individuals in a human services delivery setting; and

ii. one year (which may be concurrent) of full-time or equivalent part-time experience as a supervisor of staff who worked full-time or equivalent part-time in a human services setting, in a position with responsibility for planning, development, and management or operation of programs involving service delivery, needs assessment, program evaluation, or similar tasks.

4. Personal care assistants.
   a. The provider must assure that only individuals who meet the requirements of 7 AAC 125.090 and 7 AAC 127.105 are associated with the agency as personal care assistants.
   b. The provider must implement a process to evaluate whether a personal care assistant provides quality care that meets the continuing needs of the recipient and to identify skills that need further development.
      i. For personal care assistants working in a consumer-directed program, the provider must review the recipient's satisfaction with the performance of the personal care assistants as provided in the process implemented under (b), but not less than every six months in connection with the review of recipient's services under 7 AAC 125.130 (a)(1) or 7 AAC 127.130.
      ii. For personal care assistants working in an agency-based program, the provider must evaluate performance as provided in the process implemented under (b), but not less than every six months in connection with the review of recipient's services under 7 AAC 125.170 (a)(2) and 7 AAC 127.135(a)(2).

B. **Training.**

1. CPR and first aid training.
   a. The provider must have on file, for each personal care assistant, documentation showing successful completion of
      i. cardiopulmonary resuscitation (CPR) training, within the previous two years, that
         A) was taught by an individual who holds a valid CPR instructor credential in accordance with 7 AAC 26.985; and
         B) includes hands-on demonstration to the instructor by the personal care assistant of skills learned during the course;
      ii. first aid training, within the previous two years, that was taught by an individual certified by the American Red Cross, the American Heart Association, or an equivalent organization approved by Senior and Disabilities Services.
   b. The provider must ensure that its personal care assistants provide documentation of attendance and successful completion of CPR and first aid training every two years; however, if that training is not periodically available within 100 miles of the workplace, the training requirement may be met by attendance and completion of the required course every three years.
2. Orientation and training.
   a. The provider that operates an agency-based personal care services or Community First Choice personal care services program, for all personal care assistants must provide, and have on file documentation of,
      i. orientation to the agency and its relationship to the department;
      ii. training necessary to render services to recipients;
      iii. coaching and feedback regarding performance of services, as needed; and
      iv. all information necessary to perform the services for which the individual is responsible, including pertinent health information and contact information for assistance and emergencies.
   b. The provider that operates a consumer-directed personal care services program or Community First Choice personal care services program must provide the following for all personal care assistants:
      i. orientation to the agency and its relationship to Senior and Disabilities Services; and
      ii. information regarding
         A) responsibilities of the recipient for training the personal care assistant and management of his/her personal care services program; and
         B) responsibilities of the personal care assistant in a consumer-directed program.

3. Critical incident reporting training.
   a. The provider must have on file, for each personal care assistant, documentation of attendance and completion of, at least every two years, training on how to report critical incidents to SDS.
   b. The provider may
      i. arrange for staff to attend SDS critical incident reporting training, or
      ii. appoint staff who have attended the SDS training to train other staff.
   c. At a minimum, the following agency employees must attend and complete, every two years, critical incident reporting training by attending and completing the course offered by SDS:
      i. the program administrator; and
      ii. the individuals who supervise personal care assistants.
4. Assistance with self-administration of medication training.
   a. The provider must develop and submit to Senior and Disabilities Services a training policy that includes
      i. the methods the provider will use to teach personal care assistants that assistance with self-administration of medication includes only the activities described in 7 AAC 125.030 (d);
      ii. training goals;
      iii. plans and activities to enable trainees to achieve those goals;
      iv. methods of assessing trainee achievement of the training goals; and
      v. processes for evaluating the effectiveness of the training methods.
   b. The provider must have on file, for each personal care assistant, documentation of successful completion of training on assistance with self-administration of medication.
5. Community First Choice personal care assistant training.
   Before submitting a claim for payment for the following activities provided by a personal care assistant, the provider must have on file documentation of successful completion of training of that personal care assistant:
   a. techniques for providing supervision and cueing of ADLs and IADLs; and
   b. methods for teaching recipients about the acquisition, maintenance, and enhancement of skills necessary to perform independently the activities specified in 7 AAC 125.030 (b) – (d), subject to the limitation described in 7 AAC 127.040(b).

C. **Supervision.**

1. The provider must monitor personal care assistants
   a. to ensure the health, safety, and welfare of recipients;
   b. to identify and report fraud, abuse, or waste; and
   c. to ensure training needed to render services to recipients is sufficient and completed as required.
2. When care is substandard, the provider must act to ensure that the care is improved or arrange for service delivery from other personal care assistants.
3. When a Report of Harm is made to Adult Protective Services (APS) or the Office of Children's Services (OCS) alleging abuse, neglect, or exploitation against a personal care assistant, the provider must bar that individual from contact with recipients until the investigation is complete or the allegation is found to be unsubstantiated.

III. Recipient relationships

A. **Conflicts of interest.**
No owner, executive director, board member, authorized agent, employee, or contractor of a provider agency may

1. exploit a relationship with any recipient for personal or business benefit;
2. allow or engage in any financial transaction with, or on the behalf of, any recipient if that transaction could result in personal or financial benefit to anyone other than the recipient;
3. offer, promote, or sell products or non-program services to, or engage in any commercial transactions with recipients or their representatives without the written consent of the department;

4. accept payment in any form from recipients, their families, or their representatives for personal care services or other services paid with Medicaid funds;
5. solicit as clients any recipients known to be receiving services from another provider;
6. seek to influence the eligibility determination process by providing false or misleading information about an applicant or recipient; or
7. represent a recipient during any hearing or appeal process.

B. **Recipient health, safety, and welfare.**

1. The provider must determine whether, given the recipient's diagnosis and needs, its personal care assistants have the capacity to provide services for that recipient.
2. The personal care assistant must report any material changes or concerns regarding a recipient
   a. to the individual who supervises the personal care assistant or the personal care services program administrator;
   b. to the recipient's representative or representative's designee; and
   c. to the appropriate authority, in accordance with the training provided under 7 AAC 125.100 (a)(2) and 7 AAC 127.115(a)(2).
3. If a recipient requires evaluation by or consultation with a medical professional because of a medical emergency, or an accident, incident, or injury, or the personal care assistant believes emergency assistance is needed because of circumstances that create a risk to the health, safety, and welfare of a recipient or others, the personal care assistant must
   a. contact the appropriate emergency responder, and provide emergency care and support, appropriate to the personal care assistant's skill and experience, until the responder arrives; and
   b. cooperate with the responder as requested, including providing current health, diagnostic, and medication information as needed and as available on-site or accessible through a data base or contact known to the personal care assistant.
4. The provider must communicate and cooperate with other providers to prevent placing recipients at risk; if disagreements or disputes regarding a recipient arise, the recipient's health, safety, and welfare must be the primary factor in reaching a resolution.

C. **Interactions with recipients.**

The provider must

1. treat all recipients respectfully;
2. encourage recipient involvement in planning care;
3. cooperate with recipients who elect to change service providers;
4. collaborate with other providers to deliver an integrated program of services;
5. provide information regarding fees for services to recipients;
6. address recipient complaints about services;
7. evaluate whether services are appropriate and effective for the recipient; and
8. render quality care by employing competent, trained staff.

D. **Termination of recipient services.**

The provider must implement, in accordance with 7 AAC 125.110 and 7 AAC 127.070 a termination or discharge procedure for ending involvement with a recipient that

1. considers the health, safety, and welfare of the recipient;
2. requires documentation that shows risks of physical injury to the personal care assistant, failure of the recipient to cooperate with the delivery of services, and financial risk for the agency;
3. includes supervisory review to determine whether
   a. reasonable accommodation measures have been considered and tried, and
   b. termination is appropriate;
4. provides written notice of the reasons for termination to the recipient and to Senior and Disabilities Services;
5. informs the recipient regarding the provider's process for appealing a decision to terminate services, and other possible sources to replace the services being terminated.

State of Alaska
Department of Health and Social Services
Senior and Disabilities Services (SDS)

Developmental Disabilities (DD) Registration and Review

Applicant/Person needing DD services

Name:_____ Male Female
Date of Birth:_____
Street address:_____ City/State/Zip: _____
Mail address:_____ City/State/Zip: _____
Phone: Home_____ Cell_____ Work_____
Email address:_____ Preferred contact: ◯ Mail ◯ Phone ◯ Email
Marital Status: ◯ Single ◯ Married
Racial/Ethnic Background: (Optional. Check more than one if applicable.)

- ☐ Alaska Native/American Indian
- ☐ Asian
- ☐ Black/African American
- ☐ Other_____
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

☐ Applicant eligible for Alaska Native/Indian Health Services benefits
☐ Applicant enrolled in Medicaid/Denali Kid Care/TEFRA. Medicaid Number: _____
In the next 12 months, applicant would accept:

- ☐ Individualized Supports Waiver Services
- ☐ People with Intellectual and Developmental Disabilities Waiver Services
- ☐ Both Programs

Legal Representative

Name:_____
Street address:_____ City/State/Zip: _____
Mail address:_____ City/State/Zip: _____
Phone: Home_____ Cell_____ Work_____
Email address:_____ Preferred contact: ◯ Mail ◯ Phone ◯ Email

State agency interest: Public Guardian (OPA) Office of Children's Services (OCS) Custody

Representative Type:

- ◯ Parent
- ◯ Delegated Parental Authority
- ◯ Full Guardian
- ◯ Partial Guardian
- ◯ Other: _____
- ◯ Conservator
- ◯ Power of Attorney
- ◯ Representative Payee
- ◯ Unknown

Contact/Person completing form for applicant (if other than representative)

Name:_____
Relationship to applicant/person needing services:_____
Street address:_____ City/State/Zip: _____
Mail address:_____ City/State/Zip: _____
Phone: Home_____ Cell_____ Work_____
Email address:_____ Preferred contact: ◯ Mail ◯ Phone ◯ Email

If you need help completing this form, please contact:
Anchorage (907) 269-3666, Toll Free 1-800-478-9996
Fairbanks (907) 451-5045, Toll Free 1-800-777-1672

Juneau (907) 465-3135, Toll Free 1-800-465-3165

Review of Current Life Concerns

Please review the following list of community participation, living situation, and caregiver concerns.

- Provide the additional information or description requested after each checked item. **Scoring will be based on the information provided. No points will be given if the required additional information or description has not been included.**
- Consider the level of need for supports and services for the problems created by each of the concerns checked. Show the level of need after each checked item by marking a number from 1 – 4.
- Use the following as a guide to help decide the level of need:

1 = No need/Not applicable: no services needed at this time, but possible need in the future.
2 = Minor need: manageable problems, but additional supports and services would help.
3 = Moderate need: some problems needing supports and services to manage.
4 = Major need: difficult problems needing extensive supports and services.

Community Participation Concerns — **Level of Need**

1. Behavior which causes physical harm to self or others. 1 2 3 4
   Injures self (scratches, bites, etc.) or physically assaults others.
   Behavior must be described on page 5; mark as Item 1.

2. Behavior which interferes with home and/or community life. 1 2 3 4
   Frequent, challenging behavior resistant to interventions.
   Behavior must be described on page 5; mark as Item 2.

3. Behavior leading to justice system involvement. No Yes
   Within the last five years, arrested, charged, jailed, or placed on probation; continues to engage in behaviors likely to result in further involvement in the juvenile or adult justice system.
   Date of most recent justice system contact _____
   Current status of applicant _____
   If in jail, anticipated date of release _____

4. Victim of psychological, physical, sexual, and/or financial abuse. 1 2 3 4
   Unable to make appropriate decisions regarding health and safety; finances, living situation or other life circumstances may be at risk.
   Circumstances must be described on page 5; mark as Item 4.

5. Complex, chronic medical condition. 1 2 3 4
   Requires on-going care and frequent attention by medical professionals, and routine supervision regarding medical needs.
   Condition must be described on page 5; mark as Item 5.

6. Applicant is caring for children or will be parent within eight months. 1 2 3 4
   Circumstances must be described on page 5; mark as Item 6; include names and ages of children, and/or estimated due date.

Use the following as a guide to help decide the level of need:

1 = No need/Not applicable: no services needed at this time, but possible need in the future.
2 = Minor need: manageable problems, but additional supports and services would help.
3 = Moderate need: some problems needing supports and services to manage.
4 = Major need: difficult problems needing extensive supports and services.

Living Situation Concerns	**Level of Need**
7. Death of primary caregiver within the past 12 months. ***Name of caregiver***_____ ***Date of death***_____	1 2 3 4
8. No long-term caregiver available to assist with daily care needs. ***Name of temporary caregiver***_____ ***Relationship to applicant***_____ ***End date of temporary care***_____	1 2 3 4
9. Homeless. No fixed, regular and adequate night-time residence. Spends nights at a supervised shelter providing temporary living, or at a public or private place not intended to be used as a night-time residence for humans; or is facing discharge from an institution within one week, but has no residence or resources to obtain shelter. ***Location of night-time residence***_____ ***Length of time applicant has been homeless***_____ ***Date of discharge from institution***_____	1 2 3 4
10. Discharge from foster care/Office of Children's Services within a year. Living in foster care, but will be 18 within a year, and is at risk of being homeless because no caregiver has been identified.	1 2 3 4
11. Current residence is a nursing home, psychiatric treatment facility/ hospital or intermediate care facility for the mentally retarded (ICF/MR). ***Name of treatment facility***_____ ***Date of admission***_____	No Yes

Caregiver Concerns	**Level of Need**
12. Caregiver unable to provide adequate care. Age, health, physical or psychological condition affects ability to continue providing care. ***Circumstances must be described on page 5; mark as Item 12; include caregiver's birth date if age is a factor.***	1 2 3 4
13. Caregiver unable to meet behavior or health needs of applicant. Supports, skills or training insufficient to meet applicant level of need. ***Circumstances must be described on page 5; mark as Item 13.***	1 2 3 4
14. Caregiver unable to get or hold a job. Needs of applicant interfere with caregiver ability to find or keep employment; resources and options for applicant care during work day have been exhausted.	1 2 3 4

Circumstances must be described on page 5; mark as Item 14.

Service Needs

SDS grants and programs make a variety of services available. The availability of a specific service will depend on the funding source. All services are subject to the limitations and requirements of state and federal regulations.

- Consider the service descriptions below, and determine which services are needed now, and which might be needed in the future.
- Check either the "*Now*" box or a multi-year box (*1-2, 3-4, or 5-10 years*) following the description.

Services coordination to gain access to, plan for, and monitor delivery of, medical, social, educational, and other services.

Now ☐ *1-2 yrs* ☐ *3-4 yrs.* ☐ *5-10 yrs.* ☐

In home supports: Services to help applicants acquire, retain, and/or improve self-help and social skills while living full time in the home of an unpaid caregiver.

Now ☐ *1-2 yrs.* ☐ *3-4 yrs* ☐ *5-10 yrs.* ☐

Family habilitation: Services in a family-like setting to help applicants acquire, retain, and/or improve self-help and social skills while living full-time in the licensed home of a paid caregiver.

Now ☐ *1-2 yrs* ☐ *3-4 yrs* ☐ *5-10 yrs* ☐

Shared care: Services in a family-like setting to help applicants acquire, retain and/or improve self-help and social skills while living part time in the licensed home of a paid caregiver.

Now ☐ *1-2 yrs* ☐ *3-4 yrs* ☐ *5-10 yrs.* ☐

Group home: Services in a group setting to help applicants, age 18 or older, acquire, retain and/or improve self-help and social skills while living full time in a licensed assisted living home.

Now ☐ *1-2 yrs* ☐ *3-4 yrs.* ☐ *5-10 yrs* ☐

Supported living: Services in an independent setting to help applicants, age 18 or older, acquire, improve, and/or retain self-help and social skills while living full time in their own residences.

Now ☐ *1-2 yrs* ☐ *3-4 yrs.* ☐ *5-10 yrs.* ☐

Day habilitation: Services (recreational and other activities) outside the home to help applicants acquire, improve, and/or retain self-help and social skills needed to participate in community life.

Now ☐ *1-2 yrs* ☐ *3-4 yrs* ☐ *5-10 yrs* ☐

Respite: Relief services for caregivers which offer occasional breaks from the stress of caring for people with developmental disabilities.

Now ☐ *1-2 yrs* ☐ *3-4 yrs* ☐ *5-10 yrs.* ☐

Supported employment: Services which provide training, support, and supervision to help applicants to find and keep a job, or to participate in subsistence activities.

Now ☐ *1-2 yrs.* ☐ *3-4 yrs.* ☐ *5-10 yrs* ☐

Transportation: Services to enable applicants to reach work sites and various resources, and to participate in community activities.

Now ☐ *1-2 yrs* ☐ *3-4 yrs.* ☐ *5-10 yrs.* ☐

Specialized medical equipment and supplies which help applicants to experience their surroundings, to communicate, and to perform daily activities.

Now ☐ *1-2 yrs* ☐ *3-4 yrs.* ☐ *5-10 yrs.* ☐

Nursing oversight: Services provided by a registered nurse to ensure that care of a medical nature is delivered in a manner that protects applicant health and safety.

Now ☐ *1-2 yrs* ☐ *3-4 yrs.* ☐ *5-10 yrs.* ☐

Intensive active treatment: Professional treatment/therapy to prevent behavior regression or to address a family, personal, social, mental, behavior, or substance abuse problem.

Now ☐ *1-2 yrs* ☐ *3-4 yrs* ☐ *5-10 yrs* ☐

Environmental modifications: Home modifications necessary for applicant health and safety.

Now ☐ *1-2 yrs* ☐ *3-4 yrs* ☐ *5-10 yrs* ☐

Chore: Regular cleaning and heavy household chores within a residence where no one else is available.

Now ☐ *1-2 yrs* ☐ *3-4 yrs* ☐ *5-10 yrs* ☐

Other: _____

_____

Now (1-2 yrs. (3-4 yrs. (5-10 yrs. (

Please provide additional information as required:

Item # ___

Item # ___

Item # ___

Item # ___

Item # ___

Item # ___