

- **Description of how the state’s oversight systems (licensure and certification standards, provider manuals, person-centered plan monitoring by case managers, etc.) have been modified to embed the regulatory criteria into ongoing operations;**

SDS is required by Statute AS 47.05.010 and 7 AAC 160.140 to regularly monitor providers certified for personal care services or home and community-based waiver services. All settings will be reviewed for settings compliance every two years at a minimum. Reviews will verify that providers continue to meet all of the settings criteria under 441.301(c)(4)(i)-(v). The State will ensure ongoing compliance by using a coordinated approach that includes SDS Provider Certification and Compliance, DHCS Residential Licensing, advocacy groups, and care coordinators.

- **Description of how the state assesses providers for initial compliance and conducts ongoing monitoring for continued compliance; and**

Alaska regulations and policies require compliance with settings. Providers must demonstrate their initial and ongoing comprehension of Medicaid regulations and readiness to provide the service(s) they seek certification in. SDS Provider Certification and Compliance Unit reviews all settings at the time of initial application and then at each renewal. HCBW providers must develop policies and procedures that inform the State how they will operationalize person-centered practices and compliance with settings requirements, and all services must have designated Program Administrators (PA) trained in settings compliance and demonstrate their knowledge by passing a test.

SDS has also partnered with the Division of Health Care Services Residential Licensing (RL) staff to ensure that critical settings compliance indicators are observed and documented while their staff conducts onsite inspections and investigations. Once an investigation/inspection is complete, RL uploads their findings into Harmony, SDS’ database, and or forwards their findings with supporting evidence to the Provider Certification and Compliance team for a more in-depth review by a compliance reviewer.

The recipient’s support plan provides another avenue for ongoing monitoring. Support plans are reviewed annually by SDS staff. Under Alaska regulation 7 AAC 130.218, the recipient leads the planning process that results in the support plan and its revisions, and the plan must identify the individuals responsible for monitoring it. Typically, a care coordinator or case manager facilitates this process unless otherwise directed by the recipient. Care coordinators are trained on settings compliance and work with individuals and their families on strategies for identifying and mitigating risks, restrictions in settings, and documenting goals through the person-centered plan.

Issues with settings would require submission of a report to central intake, and providers failing to participate or cooperate with any of the mandated requirements for continued compliance with certification will be subject to the decertification and sanction process, up to and including disenrollment from the Medicaid program per 7 AAC 130.220.

- **Description of a beneficiary’s recourse to notify the state of provider non-compliance (grievance process, notification of case manager, etc.) and how the state will address beneficiary feedback.**

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Care coordinators will be trained on settings compliance and will work with individuals and their families on strategies for identifying and mitigating risks, restrictions in settings, and documenting goals through the person centered plan. (See SDS Training Resources web page). Issues with settings would require submission of a report to central intake.

Annually, recipients receive, review with their Care Coordinators, and sign the SDS' Recipient Rights and Responsibilities form, which informs recipients of their right to submit complaints through an established grievance procedure and identifies multiple methods for submitting a report to central intake. Care coordinators are trained on settings compliance and work with individuals and their families on strategies for identifying and mitigating risks and restrictions in settings and documenting goals through the person-centered plan. Issues with settings would require submission of a report to central intake using the critical incident management system and are addressed through established investigative teams such as Adult Protective Services, Quality Assurance, or Provider Certification and Compliance. All providers are required to have Critical Incident Training.