



Provider Handbook 2024

P.O. BOX 1870 Portland, ME 041064
P: 800-640-7200 | F: 207-799-8346
www.alphaonenow.org

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Introduction

Alpha One is contracted with the Department of Health and Human Services (DHHS) Office of Aging and Disability Services (OADS) for Section 63: In-home and Community Support Services for Elderly and Other Adults (HBC) to provide care coordination services and process claims for the HBC program.

Alpha One maintains a network of providers across the state of Maine to provide community based, Long Term Services and Supports clients a choice of who will deliver their in-home services. Those who wish to provide services to consumers participating in this state funded program, and be reimbursed according to program terms, must enter into a Provider Agreement with Alpha One.

Contact Information

Address: Alpha One
P.O. Box 1870
Portland, ME 04104

Telephone: 800-640-7200

Fax: (207) 799-8346

Use of Email

Providers are responsible for ensuring that Alpha One has an accurate email address on file for their designated provider contact. Alpha One will use the email address supplied as the official address for notification and communication sent to providers within the network.

Provider Handbook

The Provider Handbook is a binding part of the Provider Agreement. The Handbook will inform you of important business practices related to a variety of topics. Please review the Handbook and become familiar with the contents, as providers are accountable for compliance with this information. The Handbook is also available on the provider website.

Provider Website

Alpha One maintains a provider website that includes news postings, the client staffing search, and other important resources. The site can be accessed through the link and login information below:

Website: <https://alphaonenow.org/agency-staffing-needs>

Password: @lphaOne

Revisions to the Provider Agreement and Handbook

Revisions will be posted on the provider website as they are completed. Providers are responsible for monitoring the website for notice of changes and for distributing the information to appropriate individuals within their organization. If you have trouble accessing the provider website, please contact the Alpha One Director of Communications, Jaclyn Dube, at jdube@alphaonenow.org.

Courtesy Notifications via the Distribution List

Alpha One maintains an email distribution list to send courtesy notices when there is information that needs to be distributed to providers. If you wish to be on the distribution list to receive notices, please email the Alpha One Director of Communications, Jaclyn Dube, at jdube@alphaonenow.org. There is no limit to the number of contacts a provider can have on the distribution list. It is the provider's responsibility to notify Alpha One of any email addresses that need to be removed from the list. Please be advised that failure to receive a notice does not eliminate the provider's responsibility for compliance with the Provider Agreement, Handbook, or program regulations. Please regularly check your Spam folder to ensure that there are no missed communications from Alpha One.

Contract Process

Maintaining a Provider Agreement

Providers who are currently contracted with Alpha One must maintain appropriate agency and staff qualifications for the duration of the term of the Agreement. Providers must maintain current liability and workers' compensation insurance coverage in the amount deemed sufficient by Alpha One and provide proof of current coverage upon request. Refer to page 20 for information regarding insurance requirements by provider type. Providers must also maintain a current license and/or registration, as applicable, and submit copies of renewals to the Policy and Contracts Manager prior to the expiration date. Providers must abide by the False Claims Act requirements. For more information regarding the False Claims Act, go to <http://www.mainelegislature.org/legis/statutes/22/title22sec15.html>.

Revising a Provider Agreement

Providers are responsible for notifying Alpha One of any changes to organizational information or services. Revisions must be submitted in writing via email, fax, or U.S. Mail to the Policy and Contracts Manager. Providers are required to update Alpha One regarding organizational information such as mergers, acquisitions, restructuring, name changes, county changes, contact information, address changes, or any other changes that are pertinent to the Provider Agreement. The notification must include the information to be changed, the reason for the change, and the requested effective date of the change. If possible, changes should be submitted at least 30 days in advance of the effective date. Changes in ownership may require a new application in order to become contracted with Alpha One. The contract application

process may take more than 30 days. Substantial changes may affect the approval of an agreement.

Terminating a Provider Agreement

Providers must give a minimum of a 30-day written notice to terminate their Provider Agreement with Alpha One. Providers are expected to continue to serve consumers during this period, if necessary, to allow care coordination staff the opportunity to find replacement staffing. Alpha One has the right to terminate contracts immediately for cause.

Access to Section 63 (HBC) Regulations

<http://www.maine.gov/sos/cec/rules/10/chaps10.htm#149regulations>

Alpha One will make reasonable efforts to notify providers of changes in state regulations or Alpha One policies and procedures. Alpha One may post notice of such changes on the provider website or send notices by U.S. mail. Providers are responsible for reviewing the OADS (Office of Aging and Disability Services) website for notice of proposed regulatory changes.

Availability of Training for Providers

A provider may request training for their staff in areas that relate to doing business with Alpha One. Training may be offered to providers when there are changes in policies and/or regulations. Upon request, Alpha One will provide training to assist individual providers in achieving or maintaining compliance with their Provider Agreement, billing, quality assurance, or other areas related to community based Long Term Services and Supports. To inquire about or schedule training, please contact our Alpha One Director of Communications, Jaclyn Dube, at jdube@alphaonenow.org.

Legal and Accounting Advice

Alpha One strongly encourages providers to seek legal and accounting advice regarding compliance with all regulatory requirements, including mandatory reporting of abuse, neglect, and exploitation; wage and labor laws; tax laws; and any other pertinent laws or standards of practice which may be appropriate.

Mandatory Reporting

As mandatory reporters, providers are required to carry out their obligations for reporting to the appropriate state agencies. Issues requiring mandatory reporting include abuse, neglect, exploitation, fraud, etc. Providers and their staff are encouraged to complete the online Mandated Reporter training available through the Office of Aging and Disability Services – Adult Protective Services.

<https://www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect/mandated-reporter-information>

Influencing a Consumer's Choice of Provider

A provider is prohibited from influencing consumers to change providers. If a provider believes it would be in the best interest of a consumer to change providers for any reason, the provider should contact the consumer's care coordinator. The care coordinator will initiate communication with the consumer regarding any change in provider agency. Influencing consumers to change providers is grounds for termination of the Provider Agreement. If it becomes necessary to make a change in the consumer's provider agency, Alpha One will give advance notice to the provider except when the consumer refuses to have the provider return; in cases where there is no staffing; or in other unusual circumstances that make advance notice inappropriate or unreasonable.

Reducing, Suspending, or Terminating Services

If a provider finds it necessary to reduce, suspend, or terminate services to a consumer, the provider must notify the client and Alpha One care coordinator in writing.

Requirement to Provide Services as Authorized

Providers are obligated to deliver services as authorized by Alpha One. If a provider develops a pattern of failure to implement services as authorized, or failure to notify the consumer and Alpha One of the inability to provide services, this may be cause for termination of the Provider Agreement. Providers are also required to notify Alpha One if services authorized are duplicative, fail to meet consumer needs, or exceed consumer needs. Provider concerns regarding discrepancies between the service plan and their opinion of the consumer's needs should be discussed with the care coordinator or care coordination manager.

Alpha One will only pay for services that are part of the consumer's authorized care plan and authorized by Alpha One in advance. Authorization for services are made in the form of a service plan (see page 8). The service plan is the mechanism used by Alpha One to authorize the type of service and tasks, the unit of service, the frequency, and the pattern for the delivery of service. The service plan also provides instructions to the staff delivering the services and to staff preparing the invoices. **Providers are required to implement the service plan as written.** If a provider does not understand or disagrees with the service plan, they must contact the care coordinator. Failure to carry out authorized tasks while billing for time authorized to complete tasks or carrying out tasks which require significant time but are not authorized, may result in an audit of services.

Consumer Confidentiality

Alpha One utilizes best practices regarding the privacy of our consumers by adhering to the HIPAA (Health Insurance Portability and Accountability Act of 1996) and all Office of Aging and Disability Services rules. For specifics regarding these rules, please refer to the Section 63 Regulations.

Providers agree to safeguard the confidentiality of consumer information and medical records. Providers are responsible for maintaining compliance with the Federal laws relating to HIPAA. Alpha One requests that providers do not use consumer names, social security numbers, MaineCare numbers, or other identifying information in the subject line of emails to protect client confidentiality.

Secure Email

Alpha One utilizes encrypted email through an external vendor, Logically. It is the provider's responsibility to ensure that they address any email issues that may prevent them from accessing secure email from Alpha One.

Protected Diagnosis Release of Information

Alpha One requires a Medical Release of Information (ROI) for the release of health information regarding HIV/AIDS, mental health, and substance abuse. If Alpha One does not have a Medical ROI on file, we will not discuss or release protected diagnosis information to providers. Providers are encouraged to secure their own Medical ROI that specifically lists Alpha One. **As a reminder, email communication is considered legal documentation under HIPAA regulations.**

Alpha One discourages providers from maintaining consumer information in their email accounts. To ensure that email communication is not stored in our provider email accounts, we require that all email communication containing consumer Protected Health Information and personal information be sent through secure email. This includes any information that would identify that a consumer receives services coordinated by Alpha One. For more information regarding our secure email, please refer to Attachment A located at the end of the Handbook.

Care Coordination

Care Coordinator Role

Alpha One's Independent Living Specialists provide care coordination services for consumers throughout the state of Maine. The care coordinators work closely with consumers to support their independent living goals and provide the following supports:

- ▶ Coordination of community based long term care services under the consumer's authorized program and plan of care
 - Collaborating with contracted providers to ensure consumer needs are met
- ▶ Information and Referral- Connecting consumers with appropriate organizations, services, and resources
- ▶ Advocacy - Teaching consumers how to advocate for themselves and advocating for consumers and programs at the legislative level
- ▶ Skills Training – Assisting consumers in skill development that will help them achieve or develop independence

- ▶ Transition – Diverting consumers from a more restrictive setting back into the community
- ▶ Peer Counseling – Connecting consumers with peers who can provide information and support

Care Coordination Manager Role

Care coordination managers function as a support to the care coordinators for clinical and regulatory compliance issues, and as a liaison to bring issues to the Office of Aging and Disability Services, the Assessing Services Agency, and other agencies. In addition, they monitor care plan delivery to ensure compliance with state regulations and contract requirements and provide staff direction and development.

Working with Alpha One Consumers

A consumer staffing search list will be posted on the provider website and updated regularly. The staffing search list includes all consumers who are currently without services or are partially staffed. The list does not include consumer names or addresses, but details may be included in the notes section regarding the consumer's preferences. A care coordinator may directly email or call providers to inquire about staff availability for a particular consumer, or a provider with available staff can send an email to the care coordinators.

If a provider sees a case on the staffing search **and** has an **available** worker to provide services, a call may be placed to the care coordinator listed for that consumer to discuss available hours, frequency of services, and gather any other important information about the consumer's needs. Once the care coordinator confirms the available services from the provider for the hours and schedule, the following steps will occur:

1. The care coordinator will contact the consumer to offer choice of available providers and obtain permission to send a referral to the provider chosen
2. The care coordinator will send the referral to the provider
3. The care coordinator will contact the provider to review official referral information, which will include authorization of hours and services, frequency of services, tasks authorized, health maintenance tasks (when applicable), and other important information
4. The care coordinator will send the official referral information to the provider
5. The provider will schedule a home visit to open the consumer's case
 - It is expected that a provider can implement staffing within five days. If a provider has agreed to staff a case and does not have the staffing available to begin covering the requested hours, the care coordinator must be notified so that the consumer can be offered other options.
6. The provider will contact the care coordinator to report the start date and finalized schedule

7. The provider will inform the care coordinator of any discrepancies between the consumer's needs and the tasks on the referral or other concerns

Service Plans

A service order is a document created and issued by Alpha One that provides authorization to the provider to deliver a specific service and receive payment for that service. The service order includes the number of units approved per week/month/year, the schedule of service, and any health maintenance tasks or special instructions.

The care coordinator will create a service order once the provider reports the start date and schedule of services. A copy of the service order will be sent to the provider via email within one business day.

Respite Usage

Some services such as respite or nursing can be authorized on an as needed basis. Respite services include nursing facility, residential care, CNA, PSS, and adult day services.

- ▶ Respite can be authorized on a regular basis (e.g., weekly). The care coordinator will contact the provider to discuss the ongoing respite schedule.
- ▶ Respite can also be authorized as needed. When a client or family member contacts the provider to request the use of respite, the provider should contact the care coordinator prior to authorizing the respite service to ensure payment. Failure to obtain prior authorization for the use of respite will result in denial of claims.
- ▶ Care coordinators and providers should track the amount of respite used in the fiscal year (July 1st through June 30th) to ensure the respite cap has not been exceeded. The care coordinator can provide this information to the provider as needed.
- ▶ Respite is authorized on a separate service plan.

In-Home PSS Respite Services

Providers authorized to provide respite care in the home must document and clearly identify these services as distinct and separate from other Alpha One authorized or private pay services to be provided in the client's home.

Facility Respite Services

Alpha One may authorize respite services in a facility for short periods of time. While in the facility, a consumer is to receive the services that are appropriate to his or her needs. The facility is required to provide respite consumers with the same services it would provide to any other resident. During respite stays, the facility can only bill the Alpha One the approved daily rate. The facility may not bill the consumer for the difference between its usual and customary rate and the approved rate with Alpha One.

PRN Usage

The plan of care may authorize RN services on an as needed (PRN) basis by the hourly rate.

- ▶ Use of PRNs will be authorized by the care coordinator in the service plan.
- ▶ Providers will notify the care coordinator when they use the PRN and provide the reason for the extra service. PRNs are not to be used unless necessary.

Home Delivered Meals Services

Providers authorized to provide Home Delivered Meals must be a qualified vendor as approved by DHHS, be a licensed eating establishment by the State of Maine and meet the requirements of Maine DHHS-Centers for Disease Control, Environmental Health Division and local municipalities. The provider must have a Maine-licensed dietician on staff or available on a consultant basis and be able to provide meals to participating members' special dietary needs. The provider must be able to produce and deliver meals to members' homes; this includes meals that are either hot, cold, shelf stable, or frozen.

Multidisciplinary Team Meetings (MDT)

Alpha One or a provider may request an MDT meeting, either in person or by telephone, to review a consumer's case and discuss a plan for follow-up.

Communication with Alpha One

Providers are expected to communicate with the care coordinator regarding any changes in a consumer's services, caregiver status, or location within 24 hours. Examples of information that should be communicated include the following:

- ▶ The health or welfare of a client is at risk
- ▶ Consumer is hospitalized or admitted to a facility
- ▶ Changes occur in a consumer's needs or condition
- ▶ Caregiver ability or availability changes
- ▶ Consumer requests discharge, suspension, or reduction in services
- ▶ Provider is unable to carry out authorized services for any reason (e.g., consumer refuses services, agency is unable to staff services, etc.)
- ▶ Consumer changes place of residence
- ▶ Any complaint against the worker staffing the consumer
- ▶ Provider staff is disallowed by program rules (e.g., disallowed family, criminal background, annotations on the registry, etc.)

The provider must also notify the care coordinator if a consumer develops a pattern of refusing personal or nursing care as soon as the pattern becomes evident. Failure to report such information may result in termination of the Provider Agreement.

Suspension of Services

The provider must notify the care coordinator as soon as possible if a consumer is away from home or is asking for services to be discontinued for a certain timeframe. Services can be

suspended for up to 60 days. The provider will suspend all services (except for emergency response services) during the suspension period. Providers and care coordinators should notify each other when a consumer is admitted to a facility, away from home, or does not want or need services. Providers must notify the care coordinator on the first business day possible if a consumer returns home and services are resumed. If the client has gone past the 60th day out of the home, the provider cannot be reimbursed for resuming services.

Other Service Involvement

Part of the care coordination role is to ensure there is no duplication of services. If the provider or the care coordinator becomes aware another agency or funding source providing services to a consumer, there will be a discussion regarding the purpose of each service to determine if there is any overlap. Section 63 HBC funds are funds of last resort; therefore, services may need to be put on hold or suspended while a consumer is receiving other duplicative services.

Provider Claims and Billing for HBC

Prohibition against Billing Consumers

Providers may not bill consumers for any portion of the cost for services authorized by Alpha One. Rate differences or having consumers sign separate agreements stating the consumer is responsible for any part of the service authorized by Alpha One is strictly prohibited. This does not prohibit a consumer from privately paying for services that were not authorized by Alpha One. If a consumer privately pays for services, the documentation must clearly identify the services paid privately and these must be distinctly identifiable from those services paid for by Alpha One.

Payment Process

Generally, the Office of Aging and Disability Services makes a payment to Alpha One within three weeks of receiving an invoice from Alpha One. Claims are paid to providers based upon monies received. Alpha One will send out checks within five business days of receiving the funds from OADS. Please be advised that there may be unexpected delays in receipt of payments from the State.

Provider Billing for HBC Services

The Alpha One-Billing department has developed a billing template that is supplied to all providers. It is the only form that will be accepted for HBC billing purposes. Paper spreadsheets or CMS billing forms are not acceptable. The email address used to submit billing is HBC-Billing@alphaonenow.org.

Billing spreadsheets must be submitted electronically by secure email and cannot be accepted through the U.S. postal service or by fax. If billing arrives in any form other than email, it will be returned to the provider for electronic re-submission. Your spreadsheets must be submitted to billing no later than 45 days after the end of the service month.

Billing Spreadsheet Instructions

Upon completion of the contract, each Alpha One contracted provider will be emailed a billing spreadsheet template. Completed billing spreadsheets will be saved as an Excel spreadsheet and emailed to the billing address above. Instructions for using the template are included on the "Instructions" tab on the bottom left-hand corner of the spreadsheet. Instructions also include how to make changes to a previously submitted billing spreadsheet.

ALPHA ONE HBC BILLING SPREADSHEET																										
PROVIDER																										
BILLING MONTH & YEAR																										
INVOICE #																										
DATE																										
LAST NAME	FIRST NAME	CHANGE	DOB (MM/DD/YYYY)	PROGRAM	LEVEL	SERVICE CODE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
				HBC																						
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Billing Reminders and Time Frames

Providers are responsible for billing within the specific timeframes indicated by Alpha One or reimbursement will be subject to non-payment. An exception to this timeframe may be when the service plan/referral was issued to the provider late by Alpha One (see section on Billing with Late Service Plans/Referrals). When questions arise about the invoicing process, please review the instruction found on the "instructions" tab of the billing spreadsheet.

Billing with Late Service Plans/Referrals

Alpha One makes every effort to send service plans and referrals within five business days of authorization. If a provider does not receive a service plan/referral within seven days of verbal authorization, the provider is responsible for reporting the missing service plan/referral to Alpha One. The provider is also responsible for documenting the date(s) and person(s) notified. The provider may report missing service plan/referral to the Billing Team, appropriate care coordinator or manager by email or phone.

If a provider has reported the late service plan/referral and is unable to bill within the 45-day limit for original claims because of this, the provider may send an e-mail to HBC-Billing@alphaonenow.org asking for additional time. A reply will be sent by Alpha One confirming the date by which the provider must submit billing for the consumer in question. Generally, the provider will be granted 15 days from the date Alpha One issues the late service plan/referral. Allowed late billings must be submitted via a billing spreadsheet with the late billing only.

Inquiries about Invoices

Should you have questions about billing, please email inquiries to HBC-Billing@alphaonenow.org.

Quality Assurance

Consumer record requirements are outlined in the Section 63, In Home and Community Support Services (HBC) Regulations.

Per program rules, the provider must maintain and retain financial, employee, and professional records sufficient to fully and accurately document the nature, scope, and details of care provided to each consumer served under the Provider Agreement. Providers must assure accuracy and completeness of the consumer record. Lack of documentation or inaccuracies in documentation, which results in billing for inappropriate services or overbilling of services, may be grounds for termination of the Agreement and/or recoupment of funds.

Consumer records shall be retained for the minimum period required by law, regulation, and/or best practice. If an audit or review of records is initiated within the required period, the records must be retained until the audit or review is completed, a settlement has been made if necessary, and any subsequent audits by the appropriate oversight agency are completed. Copies of consumer records or parts thereof must be made available to Alpha One or its designee upon request, at no cost, and within the timeframe documented. All documentation submitted to Alpha One must be legible.

In addition to all other regulatory requirements, Alpha One requires that all services provided must be documented with description of the services and tasks provided, the signature of the person providing services, their title and date. All in home services must document time in, time out, and total time in the home for each visit.

Quality Assurance Activities

Per requirements of Section 63 program regulations, Alpha One will conduct quality assurance activities to measure the provider's quality of service, compliance with program rules, and compliance with the requirements of the Provider Agreement. Results of these activities will be shared with the provider.

- ▶ Client Satisfaction Surveys – Alpha One may survey the consumers of selected providers. Usually, these surveys are done in conjunction with a provider audit, or because of a complaint.
- ▶ Staff Feedback – Alpha One care coordinators regularly provide input on working with providers in all aspects of consumer care. Concerns from the staff may result in other quality assurance measures being taken.
- ▶ Provider Audits
 - Selection – Periodically, Alpha One selects a percentage of active Alpha One providers to be audited. A sample of consumers with services authorized by Alpha One will be reviewed.

- Methods – Providers may be audited on-site by Alpha One personnel, or they may be asked to submit documentation to Alpha One for review.
 - Records to be audited - Compliance with regulatory requirements and the terms of the Provider Agreement will be verified during audits. The audit will usually include a review of the provider’s license or registration, consumer records, personnel qualifications, appropriateness of services provided, implementation of service plans, utilization of services, as well as other information that is pertinent to the Provider Agreement, program requirements, or ethical standards of practice.
 - Notification - Providers are generally notified 20 days prior to an audit except in situations where the audit is triggered by a complaint. Documentation must be submitted to Alpha One within the timeframes requested. Failure to provide information requested within specified timeframes may result in termination of the Provider Agreement.
 - Audit Findings - Audit outcomes will normally be provided in writing within 30 days of the audit date, or within 30 days of receipt of the audit packet for audits that are mailed to Alpha One. If there is a delay in completing the audit, Alpha One will attempt to notify the provider. The written report will identify deficiencies found and any corrective action that may be required. Failure to comply with the corrective action within the specified timeframe may result in termination of the Provider Agreement, and/or recoupment/withholding of funds. Alpha One reserves the right to make corrections or revisions to the audit report. A provider may be re-audited if there is sufficient question as to the compliance of the provider to any aspect of the Handbook, program regulations, or Provider Agreement. If re-audited, the provider will be notified at the time the initial audit is completed. Several months may be allotted between audits so the provider can implement any Plans of Correction submitted before being re-audited.
- ▶ Complaints – Alpha One assesses each complaint as they are received. Complaints against a provider may trigger an audit.

Failure to cooperate during the audit process or failure to resolve problems or to respond within specified timeframe, may be grounds for termination of the Provider Agreement and/or withholding or recoupment of payment for services in question. Some deficiencies may result in recoupment/withholding of funds, with or without a Plan of Correction.

Please note that copies of audit materials will **not** be returned. Providers should always keep original documents and provide copies to Alpha One upon request.

Quality and Standards of Practice

Proof of agency certification, licensure, or registration must be supplied at the time the Provider Agreement is initiated and prior to expiration date of these documents. Proof may also

be required at the time of an audit or at any time, upon request from Alpha One. Providers are obligated to notify Alpha One within one business day if the status of their license has changed. Failure to provide proof of certification, licensure, registration, or current certificate of insurance demonstrating required coverage may result in termination of the Provider Agreement.

Owners of agencies who personally provide direct hands-on care may be required to obtain supervision from an outside entity. They may be required to provide evidence of an independently certified demonstration of competency. Such demonstration will be certified by another agency staff person or outside medical professional. Alpha One also reserves the right to request an independent certification of competency from any provider who is also a caregiver.

Providers are responsible for misrepresentations of their employees and contractors in performing services under the scope of the Provider Agreement. Providers are required to report instances to Alpha One in which their employees or contractors have made misrepresentations while rendering services to Alpha One clients.

Providers found to be using disallowed caregivers to provide services to clients of Alpha One must immediately remove the staff person from providing services and may not bill for their services. Agencies using disallowed caregivers or providing non-covered services will be required to repay all funds received for those services. Alpha One reserves the right to recoup funds by withholding from monies owed to the provider. Providers are required to take prudent steps to prevent billing of duplicate, non-covered, or disallowed services. If an agency becomes aware of any of these occurrences, they must notify the Policy and Contracts Manager immediately and initiate corrective actions to reimburse the funds that were paid.

[Recoupment of Funds by Alpha One](#)

Recoupment is the collecting of funds paid by program funds to a provider for services billed, which are subsequently deemed not eligible for payment. Recouped funds are returned to the program funding source. Recoupment may occur for failure to comply with the terms of the Provider Agreement and/or failure to comply with the requirements of program policy/rules or other pertinent State or Federal laws. Examples of failure to comply may include:

- ▶ Lack of documentation
- ▶ Falsified documentation
- ▶ Using staff who have not met training requirements
- ▶ Using CNAs that are not active on the CNA Registry
- ▶ Using staff that are disallowed due to criminal backgrounds, substantiations of abuse or neglect, or annotations on the CNA Registry
- ▶ Billing errors

If a provider bills Alpha One for services and then discovers that those services were disallowed or non-covered, the provider is responsible for notifying Alpha One for the services billed in error. Alpha One will recoup funds against future payments and the funds will be reimbursed to the State program from which the funds originated.

If a provider bills Alpha One for services and Alpha One discovers that non-covered or disallowed services were reimbursed to the provider, then Alpha One will notify the provider and will recoup funds for repayment to the State.

Recoupment may occur without the consent of the provider. Recoupment will be made for the entire rate of reimbursement for services and periods found to be non-compliant. Alpha One, based on its sole discretion, may choose to offset any recoupment amounts against amounts to be paid to the provider. Alpha One will give the provider notice that recoupment will occur. Alpha One, based on its sole discretion, may choose to make payment arrangements with a provider.

Provider Information

PSS/PCA Agency Registration

Providers furnishing Personal Support Specialist/Personal Care Assistant (PSS/PCA) services must register with the Department of Health and Human Services, Division of Licensing and Certification as a Personal Care Agency (PCA Agency) or become licensed as a Home Health Agency. A provider must submit a copy of the updated license or registration annually upon renewal. Alpha One may also require proof of current license or registration during provider audits or at other times upon request.

PSS/PCA Qualifications

PSS/PCA staff must meet all of the program funding source criteria for PSS/PCA services. Family members who work as PSS/PCAs must meet the program funding source definition for allowed family members, as well as specified training and all other requirements. Sole proprietors must meet all requirements, including appropriate certification of demonstration of competency in performing tasks, and may be required to obtain outside supervision from an unrelated, unbiased entity, to ascertain competency, quality of services, and consumer satisfaction with services provided. In addition to the Provider Agreement and Handbook, please refer to the regulatory requirements relating to rules governing PSS agency qualifications and obligations, funding source requirements, employer responsibilities (IRS laws, unemployment, workers' compensation, wage and labor laws, etc.), confidentiality, HIPAA, staff training, documentation, and other areas of importance.

Providers are expected to take prudent action in screening staff for assignment to Alpha One consumers. Providers must ensure that PSS/PCA staff assigned to Alpha One consumers have

received adequate and appropriate orientation, training, and have demonstrated competency in tasks to be performed for Alpha One consumers. Providers are expected to exercise due diligence in selecting staff to provide services to Alpha One consumers. Providers are also required to conduct criminal background and CNA Registry checks on all PSS/PCAs prior to the provision of services in conformity with the requirements of program regulations, the Provider Agreement, and the Handbook. It may be prudent to conduct background checks annually.

Providers must complete and/or maintain records of the following:

1. Proof of CNA registry checks and criminal background checks on all PSS/PCA staff prior to provision of services to consumers
2. Updated CNA registry checks for CNAs working as PSS/PCAs, prior to their expiration on the Registry
3. Proof of agency orientation will be required for all new PCA/PSS staff hired, prior to provision of services, including date of hire, training date(s), beginning/ending times of training, and topics covered. Proof of an 8-hour orientation pertaining to the role and responsibilities of a PCA/PSS for all untrained PCA/PSS, prior to the provision of services to Alpha One consumers. Documentation must include the name of the new employee, dates and times of training, name of person providing instruction, and the topics covered in the orientation
4. Proof of demonstration of competency for all PCA/PSS staff providing services to Alpha One consumers, prior to provision of services. Documentation must include the name of the employee, the name and title of the person certifying the competency, tasks demonstrated successfully, and date of competency demonstration. Competency certification from CNA or PCA/PSS class will be accepted if it covers all tasks PSS/PCA will be performing for the consumer
5. CNA registry check must document the date of the check, status on the registry (active or inactive), expiration date of registry listing, and a description of any annotations on the registry
6. Criminal background checks with the State of Maine must be completed upon hire, prior to the provision of services. Documentation must include proof of inquiry and date of inquiry, results, and date of receipt of results.

No individual providing PSS services may be reimbursed for more than 40 hours of care per week for an individual consumer. It is strongly recommended that providers train their staff regarding this HBC regulatory requirement. Some family members are disallowed from reimbursement for services provided to Alpha One consumers, per program funding source regulations.

Documentation of IADL Activities

IADLs are to be provided per program guidelines and the authorized plan of care. IADLs can only be authorized in the consumer's plan of care if performed in conjunction with direct care to the consumer.

Regulatory Resources

State of Maine Department of Health and Human Services, Office of Aging and Disability Services, Division of Licensing and Certification, Rules and Regulations Governing In-Home Personal Care and Support Workers, Statutory Authority 22 MRSA 1717.

Home Based Care Funding Source (HBC) References:

- ▶ Office of Aging and Disability Services (OADS) Policy Manual, Section 40: General Administrative Requirements for All Parties
- ▶ Office of Aging and Disability Services (OADS) Policy Manual, Section 63: In-Home and Community Support Services for Elderly and Other Adults
- ▶ Other instructions or clarification of rules issued by the Office of Aging and Disability Service

Interpreter Services for Consumers with Limited English Language Proficiency

Alpha One employees utilize interpreter services when communicating with consumers who have limited English language proficiency. In doing so, Alpha One utilizes interpreters that meet the guidelines as outlined in Appendix A of the Department of Health Human Services Multicultural Resource Guide.

It is the responsibility of each provider to determine their agency's legal requirement to supply interpreter services to consumers they provide services to. Providers are responsible for covering the cost of interpreter services, as this is not a covered service under Section 63. For more information regarding interpreter guidelines and resources, go to

<https://www.maine.gov/doe/learning/englishlearners/translatorresources>. Alpha One is also able to provide interpreter resources upon request.

Interpreter Services for Consumers with Hearing and Speech Limitations

Alpha One employees utilize telecommunications relay services and sign language interpreters when communicating with consumers with hearing and speech limitations, as required by the Americans with Disabilities Act.

It is the responsibility of each provider to determine their agency's legal requirements in providing these interpreter services. For more information regarding available interpreters, visit https://www.maine.gov/rehab/dod/legal_interp.shtml.

You may access more information regarding communication methods for consumers with hearing and language limitations at <https://www.ada.gov/effective-comm.htm>.

Emergency Response Services

Providers may bill only one unit per month per consumer. When invoicing for ERS, the provider should indicate one unit of service for one date during the month of service. In the event that the service plan ends mid-month, do not split the invoice. Bill the unit on a date that falls within the effective dates for the service plan used to authorize the unit of service. Care coordinators will not issue more than one service plan for a single month of service. The HBC program allows providers to bill for ERS even if the consumer is out of the home for the whole month but does not allow for billing if the consumer is away from the home for more than 60 days. Consumer records are, at minimum, required to include personal demographic information, emergency response contacts, release of information, plan of response, installation date, and documentation of communications with the consumer.

Insurance Requirements

Insurance requirements by provider type are shown below. Please note that some types of providers are required to have different types of insurance coverage.

<u>Worker's Compensation</u> Required Limits: \$500,000 per employee	<u>General Liability</u> Required Limits: \$1million per occurrence	<u>Professional Liability</u> Required Limits: \$1million per occurrence
Home Health Agencies	Home Health Agencies	Home Health Agencies
Nursing Facilities	Nursing Facilities	Nursing Facilities
Residential Care Facilities	Residential Care Facilities	Residential Care Facilities
Adult Day Care Programs	Adult Day Care Programs	Adult Day Care Programs
Area Agencies on Aging	Area Agencies on Aging	Area Agencies on Aging
Personal Care Agencies	Personal Care Agencies	Personal Care Agencies
Emergency Response Providers	Emergency Response Providers	Emergency Response Providers
Homemaker Services	Homemaker Services	Homemaker Services
Transportation Services	Transportation Services	Transportation Services

Attachment A

Alpha One Office 365 Encrypted Messaging

Open an encrypted email using Outlook on Desktop/Browser (O365 Email)

If you're using an Office 365 or Microsoft 365 account in Outlook 2016 or Outlook on a web browser, you shouldn't have to do anything special to read your message.

Open an encrypted email with a single-use code (All Email Services)

Some email clients and services can't automatically open protected messages, in that case you'll need to obtain a single-use code to read the message.

1. Open the Message.html attachment.
2. Select **Use a one-time passcode**.
3. You'll be redirected to a page where you can sign in and receive a single-use code.
4. Check your email for the single-use code. Enter the code in the browser window, then select **Continue** to read your message.