

# **INTELLECTUAL DISABILITIES (ID) WAIVER SERVICES CATALOGUE**

## **1915(C) HOME AND COMMUNITY-BASED SERVICES WAIVER**

**ALABAMA DEPARTMENT OF MENTAL HEALTH  
Division of Developmental Disabilities**

**Serve · Empower · Support**



**Promoting the health and well-being of Alabamians with mental illness,  
developmental disabilities and substance use disorders.**

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# ID Waiver Services – Effective 10/1/19

## DAY HABILITATION SERVICES

Category	Sub-Category
04 Day Services	04020 Day Habilitation
04 Day Services	04070 Community Integration

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### Service Definition:

Day Habilitation services are services which involve the provision of regularly scheduled activities in non-residential settings, separate from the member's residence or other residential living arrangement. Activities focus on assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that enhance social integration and outcomes. The service also provides assistance that supports community participation including achievement of valued social roles that reflect a member's individualized interests and desires with regard to type(s) of community involvement and community contributions the member prefers. Activities build on the strengths and gifts that each member has to offer to the wider community, identified through individualized strengths-based assessment, and enable the member to broaden horizons and develop/pursue adult learning and personal enrichment goals.

Activities are designed to foster the acquisition of positive social skills and interpersonal competence, greater independence and ability to exercise and communicate personal choices and preferences.

Day Habilitation services shall support and enhance, rather than supplant, an individual's involvement in public education, post-secondary education/training and competitive integrated employment (or services designed to lead to competitive integrated employment).

Day habilitation services focus on enabling the member to attain and maintain his or her maximum potential and shall be coordinated with any needed therapies in the member's person-centered services and support plan, such as physical, occupational, or speech therapy. For members with documented degenerative medical conditions, day habilitation activities in both facility and integrated community settings may include training, supports and community involvement opportunities that are designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills.

Day habilitation services may also be used to provide retirement activities. As some members get older, they may no longer desire to work and may need supports to assist them in meaningful retirement activities in their communities.

Day habilitation services are expected to be furnished in a variety of settings in the community, except for the member's residence, that may utilize a provider-owned or controlled setting as a hub or base. Day Habilitation settings must comply fully with the HCBS Settings Rule, therefore ensuring each member's Day Habilitation service plan includes opportunities to participate a variety of community-based activities that are consistent with the purpose and intended outcome of the service and that facilitate the member's interactions with people from the broader community. This includes opportunities for career exploration and career planning activities specific to pursuing competitive integrated employment for working-age members not already engaged in competitive integrated employment.

When Day Habilitation is authorized, four levels of Day Habilitation can be used for authorization, based on participant characteristics:

- Level one day habilitation is for consumers whose ICAP service score is 61 to 99. Minimum staffing ratio for Facility-Based is 1:15; minimum staffing ratio for Community-Based is 1:4
- Level two day habilitation is for consumers whose ICAP service score is 36 to 60. Minimum staffing ratio for Facility-Based is 1:12; minimum staffing ratio for Community-Based is 1:3
- Level three day habilitation is for consumers whose ICAP service score is 1 to 35. Minimum staffing ratio for Facility-Based is 1:8; minimum staffing ratio for Community-Based is 1:2

- Level four day habilitation is for consumers who need one to one support. Minimum staffing ratio for Facility-Based is 1:1; minimum staffing ratio for Community-Based is 1:1.

Reimbursement rates are associated with each level, based on the associated minimum staffing ratios needed to support persons with different ICAP scores and whether the service is delivered in a facility-based (provider controlled) setting or an integrated community setting, taking account of the more intensive staffing ratios and different costs that are applicable for services delivered in integrated community settings.

Transportation between the Day Habilitation facility and one or more integrated community sites for integrated service delivery time is always included in the service and accounted for in the rate for the service. Transportation between the member's place of residence and the Day Habilitation facility, or site where the member starts and ends Day Habilitation services each day, shall either be included as a component part of Day Habilitation or arranged for the member in another way. If this transportation is provided by the Day Habilitation provider, the cost of this transportation shall be included and accounted for in the rate paid to the provider. All providers of transportation shall ensure that the provider qualifications for specialized (community) transportation are met.

Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

A member's care plan may include two or more types of non-residential services; however, different types of face-to-face non-residential services may not be billed for the same unit of time. Members who receive Day Habilitation services may also receive supported employment individual, group, assessment/discovery, job development, PT, oT or any combination of these services

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Day Habilitation may not provide for the payment of services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services).
- Day Habilitation services may not be used to provide activities involving paid work, including any situation where work done by a member is required to be paid under state and federal labor laws.
- Volunteering cannot involve volunteering for the provider of the service or volunteering in situations where a member must be paid under existing state and federal labor laws
- Day habilitation services cannot exceed 5 hours per day.

#### **Provider Specifications for Services**

**Service Type:** Statutory Service

**Service Name:** Day Habilitation

**Provider Type:** Certified Day Habilitation Program

**Service Delivery:** Provider Managed

**Al. Administrative Code Chapters 580-3-23 and 580-5-33.**

#### **Provider Qualifications:**

##### **Other Standards:**

Day Habilitation providers must demonstrate:

- Ability and capacity to offer members regular (daily) opportunities to access the broader community.
- Use of an individualized service planning process that ensures individual member goals are identified and used to guide service delivery and opportunities offered both in the facility and in the broader community.
- Understanding and use of community mapping strategies to identify opportunities for community involvement and participation that align with each member's individualized interests and desires with regard to type(s) of community involvement and community contributions they prefer.

Day Habilitation training services will be delivered by a habilitation aide in coordination with the individual's person-centered plan.

The Aide will work under supervision and direction of a QIDP and/or Supervisor having experience working with people with ID, but a QIDP must ensure individual plans are implemented as prescribed. Documentation of the supervision received, training provided, and evaluation of Aide must be present in the personnel record. Supervision must assist the Aide as necessary as they provide individual Habilitation services as outlined by the person-centered plan.

**Minimum Qualifications of the Day Habilitation Aide:**

- a) Must have at least two references from work and/or school, and one personal, which have been verified by the provider agency
- b) Must have background checks required by law and regulation
- c) Must be at least 18 years of age
- d) Must be able to read and write and follow instructions
- e) Must be able to follow the plan of care with minimal supervision unless there is a change in the person's condition
- f) Must have no physical or mental impairment that would prevent providing the needed assistance to the person
- g) If providing transportation, must have valid driver's license and insurance as required by State Law

**Training Requirements:**

Prior to assignment, each Habilitation Aide will be required to be certified by the provider agency as having completed a course of instruction provided or approved by the DMH which will minimally include:

- 1. Recipient rights and grievance procedures.
- 2. Overview of intellectual and developmental disabilities.
- 3. Concepts of human development.
- 4. CPR, first aid, medical emergencies.
- 5. Management of challenging behavior.
- 6. Physical management techniques.
- 7. Health observation, including hygiene, medication control/ universal precautions.
- 8. Recipient abuse, neglect and mistreatment.
- 9. Habilitation training programs.

Retraining will be conducted as needed, but at least annually for training requirements 1, 5, 6, 7 & 8 above.

**Verification of Provider Qualifications Entity Responsible for Verification:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

## COMMUNITY EXPERIENCE SERVICES

**Category**

**04 Day Services**

**Sub-Category**

**04070 Community Integration**

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**Service Definition:**

Community Experience has two distinct categories: Individual and Group Community Experience services are non-work-related activities that are customized to the individual(s) desires to access and experience community participation.

Community Experience is provided outside of the person's residence and can be provided during the day, evening, or weekends. The intent of this service is to engage in activities that will allow the person to either acquire new adaptive skills or support the person in utilizing adaptive skills in order to become actively involved in their community.

Community Experience Individual services are provided to an individual participant, with a one-to-one staff to participant ratio which is determined necessary through functional and health risk assessments (ICAP) prior to approval and include only those receiving Day Hab level 4. Additionally, a behavioral assessment will need to support this specialized staffing if related to behavioral challenges prior to approval. Community Experience Group services are provided to groups of participants, with a staff to participant ratio of one to two or more, but no greater than four (4) participants.

CEI and CEG services are directly linked to goals and expectations identified in the person-centered plan. The intended outcome of these services is to improve access to the community through increased skills, increased natural supports, and/or less paid supports. CEI and CEG services are designed to be teaching and coaching in nature. These services assist the participant in acquiring, retaining, or improving socialization and networking, independent use of community resources and community participation outside the place of residence. CEI and CEG services are not facility-based and is provided by those providers who have closed facilities and are providing services totally in the community.

Transportation to and from activities and settings is a component of this service. Transportation is provided by the agency responsible for the service or by staff/family/or other natural support. Transportation provided through Community Experience Services is included in the cost of doing business and incorporated in the rate.

All Community Experience Services do not include educational services otherwise available through a program funded under 20 USC Chapter 3, section 1400 of the Individuals with Disabilities Education Act (IDEA). Community Access services must not duplicate or be provided at the same period of the day as Prevocational Service, Day Habilitation, Employment Small Group, or Job Coach and cannot be utilized at the same time a person is receiving Residential Habilitation services.

**Limitations:**

Community Experience services cannot be provided in the participant's home or during the same time the participant is receiving Residential Habilitation since community integration is part of that service. Community Experience is designed to be provided for individuals involved in day services as long as it is specified in the person-centered plan. Additionally, Community Experience cannot overlap other Day Services including Pre-vocational, Day Habilitation, Personal Care, Employment Small Group, or Job Coach. CEI/CEG can only be billed by providers of Day Habilitation during the normal day hab hours and cannot overlap residential service hours. Community Experience Group should only be used by those providers who closed facilities to become community-based providers totally.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Community Experience services cannot be provided in the participant's home or during the same time the participant is receiving Residential Habilitation since community integration is part of that service. Community Experience is designed to be provided for individuals involved in day services as long as it is specified in the person-centered plan. Additionally, Community Experience cannot overlap other Day Services including Pre-vocational, Day Habilitation, Personal Care, Employment Small Group, or Job Coach. CEI/CEG can only be billed by providers of Day Habilitation during the normal day hab hours and cannot overlap residential service hours. Community Experience Group should not be used to facilitate group activities that normally would be provided by the Day Habilitation provider.

**Provider Specifications for Services**

**Service Type: Other Service**

**Service Name: Community Experience**

**Provider Type: Certified Day Habilitation Program**

**Provider Managed**

**Provider Qualifications:**

**Certificate:**

Alabama Administrative Code Chapters 580-3-23 and 580-5-33

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

ADMH/DD Certification Surveyors

**Frequency of Verification:**

Prior to contract approval, annually or biennially based on survey score.

## SUPPORTED EMPLOYMENT SERVICES

Category	Sub-Category
03 Supported Employment	03022 Ongoing Supported Employment, Group 03021 Ongoing Supported Employment, Individual 03010 Job Development
17 Other Services	17990 Other

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### Service Definition:

The setting in which the individual is receiving Supported Employment services comports fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, and to specific the individual's choice and assessed need as set forth in the person-centered POC. Freedom of choice also includes the right to select any provider with an active provider agreement with the Department of Mental Health Division of Developmental Disabilities if the provider is available, willing, and able to provide the services needed, and choice of the setting in which services and supports are received which shall be integrated in, and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. The person-centered plan and the plan of care describes all the supports and services necessary to support the person to achieve their desired outcomes and attain or maintain a quality life as defined by them, including services that may be provided through natural supports, the Medicaid State Plan or any other applicable plans and should include a choice of non-disability specific options.

There are three variations of Supported Employment covered within this waiver: Individual Assessment/Discovery, Small Group and Individual.

Assessment/Discovery is a one-time, time-limited and targeted service designed to help an individual, who wishes to pursue individualized, integrated employment or self-employment, to identify through person-centered assessment, planning and exploration: strong interests toward one or more specific aspects of the labor market, skills, strengths and other contributions likely to be valuable to employers or valuable to the community if offered through self-employment and conditions necessary for successful employment or self-employment. Discovery may involve a comprehensive analysis of the person's history, interviews with family, friends and support staff, observing the person performing work skills, and career research in order to determine the person's career interests, talents, skills, support needs and choice, and the writing of a Profile, which may be paid for through waiver funds in order to provide a valid assessment for Vocational Rehabilitation (VR) services which begin with the development of an Employment Plan through VR.

The second, Employment Small Group, most often consists of groups of individuals being supported in enclave or mobile work crew activities. This is reimbursed per 15 minutes unit of service. There are two level of staffing for Employment Small Group. Each level has its own individual to staff ratio. Employment Small Group are services and training activities provided in regular business, industry, and community settings for groups. Group size 1:2-3 and 1:4 have a ratio of one provider staff for each and reimbursement is made based on the group size. Examples of Small Group Employment include mobile crews and other business-based workgroups employing small groups of workers. Employment Small Group services must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. The outcome of this service is sustained paid employment and work experience leading to further career development and community-based individual employment for which the compensation is at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

The third is Employment Individual. Employment Individual includes two distinct levels of services: 1)Job Developer and 2)Job Coach and is reimbursed per 15 minutes unit of service. Both Job Development and Job Coaching services must be provided in integrated settings where the participant is paid at minimum wage (or better).Employment Individual services are the ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above

minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals. Two procedure codes under this heading are specifically intended to support the provision of supported employment at competitive wages in an integrated worksite: Job Coach and Job Developer. These are different roles and are performed, normally, by different staff. However, some providers may choose to utilize one staff to perform the two distinct services so long as documentation supports the differing activities. The provider agency must also have a QIDP. Supported Employment (both group and individual) services do not include facility based, or other similar types of vocational services furnished in specialized facilities that are not part of the general workplace.

Transportation accommodations to the worksite or supported employment provider's home-base should be a component of the planning process and integrated into the person-centered plan. While developing the plan which will reflect employment goals; transportation issues, concerns, and access should be addressed. All avenues of possible sources of transportation should be considered including public transportation and natural supports such as family. If training is needed in order for a person to access transportation, then that training should be outlined in the plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The following limitation (A) applies to both (Supported) Employment Small Group and Individual services. Additional limitations regarding (Supported) Employment Individual are listed in (B) below.

(A) Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that:

- a) The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94- 142.
- b) FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
- c) Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
- d) Payments that are passed through to users of supported employment programs; or
- e) Payments for vocational training that is not directly related to an individual's supported employment program.

Supported Employment, individual and group, does not include facility based or other similar types of vocational services furnished in specialized facilities not a part of the general workplace. Supported Employment, individual and group does not include volunteer work. Such volunteer learning and training activities that prepare a person for entry into the paid workforce are addressed through prevocational services. The Individualized Job Coach and Employment Small Group cannot overlap traditional services; these services cannot be provided during the same hours of the day as Day Habilitation or Prevocational Habilitation. It is expected that the job coach will fade his or her support as the individual becomes more integrated into the employer's workforce. Also, personal care on worksite can be used to supplant some of the job coach's faded hours. Thus, the maximum hours for an individual will be presumed to be 836 or 3344 units per year. The optimal support for waiver participants is natural supports in the work environment. However, for those participants who require on-going paid support after the 836 hours are exhausted, a request can be made to the RO Employment Specialists for increased time. Request should justify the need for an extension. The Employment Coordinator will forward the approval to the CSD for approval and addition onto the POC. The Individualized Job Developer can overlap traditional services, up to the maximum 40 hours per year. An employment plan is required initially, and subsequent updates can request modifications to the above limitations based on the observations of the professionals involved and approved by the RO Employment Specialist/Coordinator. The Employment Specialist/Coordinator will forward his approval to the CSD for approval and addition onto the POC. Detailed explanation and rationale will be required.

Discovery/Assessment is limited to no more than a ninety (90) day time period and should not overlap other services and is available for individual participants interested in employment. The expectation is that the majority of the process be performed outside of a facility, so a true assessment is completed per individual. Discovery shall be limited to no more than 100 units (25 hours) of service. The provider shall document each date of service, the activities performed that day, and the duration of each activity completed. Reimbursement for Assessment/Discovery should be billed at three distinct intervals during the process. The first billing for services occurs after one third, no more than 8 hours or 32 units, of the assessment/discovery process and requires documentation of activities performed that support the billing during the first

period of the assessment process. The second billing for services occurs at the two thirds, no more than 8 hours or 32 units, of assessment/discovery process and also requires documentation of activities performed that support the billing during the second period of assessment process. The information developed through Discovery allows for activities of typical life to be translated into possibilities for integrated employment. Discovery results in the production of a detailed written Profile summarizing the process, learning and recommendations for next steps. The written Profile is due no later than ninety (90) days after the service commences. The final payment for assessment/discovery is billed after the completion of the report and can include no more than 9 hours or 36 units of service. This service is limited to two assessments per each waiver participant, with the second assessment being conducted only if the participant changes service providers. To exceed the capped amount, documented justification should be sent to the Employment Coordinator at the Central Office, or the Employment Specialist at the Regional office. Approvals will then follow the established request for service procedures. No waiver participant can receive more than four assessment/discovery services over the lifetime of the waiver.

**Expectations and Outcomes:**

Once an Assessment/Discovery is complete, the job development should begin with job placement as the expected outcome. Providers must expect to submit reports requested and designed by the DMH/DDD (and the Alabama Medicaid Agency and CMS, should the requests be made). Reports will support the measurement of outcomes.

**Provider Specifications for Services**

**Service Type:** Statutory Service

**Service Name:** Employment Support

**Provider Type:** Certified Day Habilitation Program

**Service Delivery:** Provider Managed

Al. Administrative Code Chapters 580-3-23 and 580-5-33

**Provider Qualifications:**

**Other Standard:**

(Supported) Employment Small Group providers must meet the same standards as the Day Habilitation provider. The Department of Mental Health, Division of Developmental Disabilities requires certification of programs delivering Supported Employment services. Standards are in Alabama Code, Chapters 580-3-23 and 580-5-33. There are base standards for the traditional, day habilitation model listed at (A) below; additional or modified requirements apply for the Individualized Employment model (Job Coach and Job Developer) and are listed under the Provider Type Certified Hourly Supports Program.

An applicant wishing to provide these services must provide written statements of the program facility's compliance with fire and health standards and submit these and other documentation to the Division of Developmental Disabilities.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certification certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Supported Employment services shall have written mission statements for dissemination to prospective clients and their families. The mission statement shall address:

- a) Program philosophy and purpose; Geographical area served;
- b) Range of services provided; and
- c) Population served, including criteria for service eligibility, program admission and program discharge.

The staffing pattern shall be appropriate to the type and scope of program services and shall include staff members who meet the experiential and educational qualifications set forth in the approved job descriptions. The program shall develop and maintain appropriate, up-to-date staffing schedules. Staff to client daily ratio shall not be more than specified in the service description. No client shall ever be left unsupervised unless the activity is part of a structured activity or plan of care.

In addition to certification, the following requirements apply to the providers staff:

- a) Employment Small Group personnel will meet the same requirements as basic direct care staff: Qualifications:

- b) High School diploma or equivalent
- c) Minimum 1-year experience working with persons with ID Background check; drug testing.
- d) Training in career development planning and vocational assessment, in addition to what the DMH/DDD standards require. Assessment Discovery: ADMH/DDD approved Employment Training completion is necessary for the provision of this service.

#### Supported Employment Individual: Job Coach

The minimal requirement for this position is graduation from high school or its equivalent and two years of work experience. A Bachelor's Degree, preferable with a major concentration in rehabilitation, industrial arts, vocational education, psychology or a related field is preferred. Work experience of a supervisory or training nature as well as knowledge of persons with disabilities would be particularly desirable.

The Job Developer, in addition to the Job Coach Qualifications, will complete a minimum of one certificate-based job development and placement curriculum. The Supported Employment Coordinator for the Division of Developmental Disabilities will provide an approved listing of such curriculums.

#### Benefits and Limitations

Job Coach hours must be flexible in order to meet needs as they arise.

Individuals who are more capable may need less support over the long term, while individuals who are less capable may need more support, therefore the number of units authorized should be based on the person-centered plan and placed on the individual plan of care.

Furthermore, it is expected that the job coach will fade his or her support as the individual becomes more integrated into the workplace.

Thus, the maximum hours for an individual will be presumed to be 836 or 3344 units per year.

An employment addendum is required as part of the person-centered plan, and any updates can request modifications to the above limitations. All changes should be reflected on the individual plan of care. Detailed explanation and rationale will be required.

#### Job Specification:

The Job Coach is responsible to the Program Director for the training and associated support services necessary to ensure the successful employment of individuals involved in Supported Employment. The Job Coach works under the direction of a QIDP/program manager. The provider must have a QIDP to ensure the plan is implemented as prescribed.

The specific duties of the Job Coach include:

- a. Training of individuals in supported work to perform specific jobs consistent with their abilities;
- b. Working with employers to modify or adapt job duties or work stations so individuals in supported work can have the maximum opportunity for job success. This may involve job and task analysis, employer interviews, and actual job performance to insure a thorough understanding of the specific job and general job rules prior to placement of the client;
- c. Teaching individuals associated work skills, responsibilities and behaviors not related to the specific job being performed, such as how to complete a time card, when and where to take bathroom and lunch breaks, safety precautions, etc.;
- d. Assisting each individual placed in a job-training program to become an integrated member of the work force. This may happen in the general course of the job but could require activity such as encouragement of the individual worker or other employees to communicate with each other, or the provision of disability awareness training to workers of the company;
- e. Working with individual to be placed in employment and/or with family or service provider to insure that the individual has reliable transportation to and from work, adequate housing, and emotional support for his or her job efforts;
- f. Making every effort to insure that the individual in supported work and the job are appropriately matched through comprehensive vocational assessment (Situational Assessment and/or Discovery) prior to job placement. Part of the assessment may include reviewing current progress notes in individual's present placement, studying referral information, and working with the individual to assess work skills;

- g. Communicating through written and oral reports on progress of individual's in supported work to Program Director and other program staff; follow oral or written instructions (such as the care plan or rehabilitation plan);
- h. Providing continued ongoing support to individual's in supported work;
- i. Performing other job duties necessary to ensure the success of individual's in supported work as well as any additional tasks assigned by the Program Director that will be of benefit to other individuals in the program.

Individualized Job Coach:

- a. Performing a vocational assessment such as Situational Assessment or Discovery (prior to job development) which will be utilized for job development and placement.
- b. Development of plan for employment as part of the person-centered planning process but with distinct employment outcomes.
- c. On the job training and skill development
- d. Facilitating job accommodations and use of assistive technology
- e. Job site analysis (matching job site needs with needs of the person), job carving
- f. Educating the person and others on the job site regarding rights and responsibilities,
- g. accommodations needed, natural supports and the role of self-advocacy in the work place.
- h. Participation with the interdisciplinary team to support the person to achieve chosen employment outcomes.
- i. Facilitate transportation arrangements with team.
- j. Documentation: progress on training goals and documentation of training; progress notes on a per day basis rather than a per unit basis.

Individualized Job Developer:

- a. Marketing the service and person's skills
- b. Employer Negotiation
- c. Job Structuring (negotiating hours or location to meet the abilities of the person)
- d. Job Carving
- e. Placement: once placement is arranged, the job coach enters, and when a need is obvious and documented to transition the individual, there may be a cross-over (transfer) period to total no more than 5 hours for the two services

The supported employment provider agency should also have a QIDP.

Training Requirements:

The training program for Supported Employment personnel will reinforce the responsibility to insure successful employment of recipients involved in supported employment. The personnel must be certified by a QIDP as having completed training approved by DMH/DDD. This certification must be documented and is subject to review by DMH/DDD and Alabama Medicaid.

Minimum training requirements shall include the following areas:

- a. Overview of intellectual and developmental disabilities
- b. Skills to identify recipient abuse, neglect and mistreatment and reporting procedures
- c. Recipient rights and grievance procedures
- d. Ability to read, write and follow the individualized plan of care.
- e. Planning and conducting appropriate activities to support the person in finding and maintaining employment.

Ongoing training will be conducted as needed but at least annually for training requirements b and c above.

**Service Type: Statutory Service**

**Service Name: Employment Support**

**Provider Type: Certified Waiver Hourly Services Provider**

**Provider Managed**

**Provider Qualifications:**

Al. Administrative Code Chapters 580-3-23 and 580-5-33 Supported Employment (Individual) Service Provider Qualifications:

Job Coach and Job Developer workers may be employed by, or under contract with, any agency that qualifies to provide

hourly services under the waiver. Any agency or individual undertaking the provider on this service must employ or contract with a QIDP to provide the required supervision and must meet the other requirements in this addendum related to training, plans of care, documentation, and reporting. The primary requirements for the provider agency are to:

- a. Handle all payroll taxes required by law
- b. Provide training and supervision as required by this scope of services
- c. Maintain records to assure the worker was qualified, the service was provided, and provided in accordance with the plan of care
- d. Implement a plan and method for providing backup at any time it is needed
- e. Implement and assure the person and his or her family are and remain satisfied with the service

**Other Standard:**

Assessment Discovery: ADMH/DDD approved Employment Training completion is necessary for the provision of this service.

**Supported Employment Individual: Job Coach**

The minimal requirement for this position is graduation from high school or its equivalent and two years of work experience. A Bachelor's Degree, preferable with a major concentration in rehabilitation, industrial arts, vocational education, psychology or a related field is preferred. Work experience of a supervisory or training nature as well as knowledge of persons with disabilities would be particularly desirable.

The Job Developer, in addition to the Job Coach Qualifications, will complete a minimum of one certificate-based job development and placement curriculum. The Supported Employment Coordinator for the Division of Developmental Disabilities will provide an approved listing of such curriculums.

**Benefits and Limitations**

Job Coach hours must be flexible in order to meet needs as they arise.

Individuals who are more capable may need less support over the long term, while individuals who are less capable may need more support, therefore the number of units authorized should be based on the person-centered plan and placed on the individual plan of care.

Furthermore, it is expected that the job coach will fade his or her support as the individual becomes more integrated into the workplace.

Thus, the maximum hours for an individual will be presumed to be 836 or 3344 units per year.

An employment addendum is required as part of the person-centered plan, and any updates can request modifications to the above limitations. All changes should be reflected on the individual plan of care. Detailed explanation and rationale will be required.

**Job Specification:**

The Job Coach is responsible to the Program Director for the training and associated support services necessary to ensure the successful employment of individuals involved in Supported Employment. The Job Coach works under the direction of a QDDP/program manager. The provider must have a QIDP to ensure the plan is implemented as prescribed.

The specific duties of the Job Coach include:

- a. Training of individuals in supported work to perform specific jobs consistent with their abilities;
- b. Working with employers to modify or adapt job duties or work stations so individuals in supported work can have the maximum opportunity for job success. This may involve job and task analysis, employer interviews, and actual job performance to insure a thorough understanding of the specific job and general job rules prior to placement of the client;
- c. Teaching individuals associated work skills, responsibilities and behaviors not related to the specific job being performed, such as how to complete a time card, when and where to take bathroom and lunch breaks, safety precautions, etc.;
- d. Assisting each individual placed in a job-training program to become an integrated member of the work force. This may happen in the general course of the job but could require activity such as encouragement of the individual worker or other employees to communicate with each other, or the provision of disability awareness training to workers of the company;
- e. Working with individual to be placed in employment and/or with family or service provider to ensure that the individual has reliable transportation to and from work, adequate housing, and emotional support for his or her job efforts;

- f. Making every effort to ensure that the individual in supported work and the job are appropriately matched through comprehensive vocational assessment (Situational Assessment and/or Discovery) prior to job placement. Part of the assessment may include reviewing current progress notes in individual's present placement, studying referral information, and working with the individual to assess work skills;
- g. Communicating through written and oral reports on progress of individual's in supported work to Program Director and other program staff; follow oral or written instructions (such as the care plan or rehabilitation plan);
- h. Providing continued ongoing support to individual's in supported work;
- i. Performing other job duties necessary to ensure the success of individual's in supported work as well as any additional tasks assigned by the Program Director that will be of benefit to other individuals in the program.

**Individualized Job Coach:**

- a. Performing a vocational assessment such as Situational Assessment or Discovery (prior to job development) which will be utilized for job development and placement.
- b. Development of plan for employment as part of the person-centered planning process but with distinct employment outcomes.
- c. On the job training and skill development
- d. Facilitating job accommodations and use of assistive technology
- e. Job site analysis (matching job site needs with needs of the person), job carving
- f. Educating the person and others on the job site regarding rights and responsibilities, accommodations needed, natural supports and the role of self-advocacy in the work place.
- g. Participation with the interdisciplinary team to support the person to achieve chosen employment outcomes.
- h. Facilitate transportation arrangements with team.
- i. Documentation: progress on training goals and documentation of training; progress notes on a per day basis rather than a per unit basis.
- j. Individualized Job Developer:
- k. Marketing the service and person's skills
- l. Employer Negotiation
- m. Job Structuring (negotiating hours or location to meet the abilities of the person)
- n. Job Carving
- o. Placement: once placement is arranged, the job coach enters, and when a need is obvious and documented to transition the individual, there may be a cross-over (transfer) period to total no more than 5 hours for the two services
- p. The supported employment provider agency should also have a QIDP.
- q. Training Requirements:
- r. The training program for Supported Employment personnel will reinforce the responsibility to insure successful employment of recipients involved in supported employment. The personnel must be certified by a QIDP as having completed training approved by DMH/DDD. This certification must be documented and is subject to review by DMH/DDD and Alabama Medicaid. Minimum training requirements shall include the following areas:
- s. Overview of intellectual and developmental disabilities
- t. Skills to identify recipient abuse, neglect and mistreatment and reporting procedures
- u. Recipient rights and grievance procedures
- v. Ability to read, write and follow the individualized plan of care.
- w. Planning and conducting appropriate activities to support the person in finding and maintaining employment.

Ongoing training will be conducted as needed but at least annually for training requirements b and c above.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on services monitoring concerns.

## SUPPORTED EMPLOYMENT TRANSPORTATION SERVICES

**Category**

**15 Non-Medical Transportation**

**Sub-Category**

**15010 Non-Medical Transportation**

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**Service Definition:**

Employment transportation is the provision of service to permit waiver participants access to and from their place of employment in the event that the support team is unable to facilitate transportation through other means. The Team's efforts to secure transportation must be documented in the case record. The provision of this service must be necessary to support the person in work related travel and cannot be reimbursed for merely transportation. This service shall not duplicate or replace the Medicaid non-emergency medical transportation program. In addition, this does not preclude other arrangements such as transportation by family or friend. It is the expectation that, as part of the person-centered planning process and employment outcomes, that long term transportation to and from the worksite will be facilitated and arranged.

Payments for this service will be reimbursed based on the IRS mileage rate and requires documentation (i.e. vendor receipt or travel log) of service or by mile. The unit of service is a mile.

Transportation must be provided by public carriers (i.e. charter bus or metro transit bus) or private carriers (i.e. Taxicab). Commercial transportation, including day or residential provider agency - Must have a business license. All drivers must have a valid driver's license of appropriate type (e.g. commercial) for transport in Alabama. A list of transportation resources by county is posted on the Department of Mental Health's website.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The unit of service is a mile, to be reimbursed at the IRS federal mileage rate and is based on adequate documentation.

Documentation for reimbursement includes actual receipts from public or private transportation providers or mileage logs and should also include progress toward obtaining long term transportation as part of measuring the employment outcomes.

Payment made for mileage includes the provider's cost of an insurance waiver to cover any harm that might befall the participant as a result of being transported. The attendant must have a valid Alabama driver's license and his/her own insurance coverage as required by State law. The provider agency shall assure the attendant has a good driving record and receives in-service training on safety procedures when transporting a participant. It shall not replace transportation that is already reimbursable under day or residential habilitation nor the Medicaid non-emergency medical transportation program. This service is reserved for only those waiver participants who are employed. The planning team must also assure the most cost effective means of transportation, which would include public transport where available. Employment Transportation is not intended to replace generic transportation or to be used merely for convenience.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Supported Employment Transportation

**Provider Type:** Certified Waiver Hourly Services Provider

**Provider Category:** Certified Waiver Hourly Services Provider

Certified Day Habilitation Program

Public Mass Transit

Taxi or Common Carrier (Uber, Lyft)

Residential Providers

**Service Delivery:** Provider Managed

**Provider Qualifications:**

**Certificate:**

Al. Administrative Code Chapters 580-3-23 580-5-33.

**Other Standard:**

Must have valid driver's license and insurance as required by State Law.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or Bi-Annually for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Supported Employment Transportation

**Provider Type:** Certified Waiver Hourly Services Provider

**Provider Category:** Certified Waiver Hourly Services Provider

Certified Day Habilitation Program

Public Mass Transit

Taxi or Common Carrier (Uber, Lyft)

Residential Providers

**Service Delivery:** Provider Managed

**Provider Qualifications:**

**Certificate:**

Al. Administrative Code Chapters 580-3-23 580-5-33.

**Other Standard:**

If providing transportation, must have valid driver's license and insurance as required by State Law.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or Bi-Annually for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Supported Employment Transportation

**Provider Type:** Certified Waiver Hourly Services Provider

**Provider Category:** Certified Waiver Hourly Services Provider

Certified Day Habilitation Program

Public Mass Transit

Taxi or Common Carrier (Uber, Lyft)

Residential Providers

**Service Delivery:** Provider Managed

**Provider Qualifications:**

**Certificate:**

CDL License

**Other Standard:**

Those who want to drive school buses, church buses, shuttles or charter buses carrying 16 or more passengers, must get a Commercial Driver's License Endorsement Class C on their regular driver's license.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

AL Department of Public Safety: Commercial Driver's License Office

**Frequency of Verification:**

Every four years.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Supported Employment Transportation

**Provider Type:** Certified Waiver Hourly Services Provider

**Provider Category:** Certified Waiver Hourly Services Provider

Certified Day Habilitation Program

Public Mass Transit

Taxi or Common Carrier (Uber, Lyft)

Residential Providers

**Service Delivery:** Provider Managed

**Provider Qualifications:**

**License:**

Valid driver's license (called a Class D).

**Other Standard:**

Taxi drivers and chauffeurs in Alabama are required only to have a regular current, valid driver's license (called a Class D) and a business license, to operate.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

AL Department of Public Safety: Local Driver's Licensing Office or Probate Court

**Frequency of Verification:**

Every four years.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Supported Employment Transportation

**Provider Type:** Certified Waiver Hourly Services Provider

**Provider Category:** Certified Waiver Hourly Services Provider

Certified Day Habilitation Program

Public Mass Transit

Taxi or Common Carrier (Uber, Lyft)

Residential Providers

**Service Delivery:** Provider Managed

**Provider Qualifications:**

**Certificate:**

Al. Administrative Code Chapters 580-3-23 580-5-33.

**Other Standard:**

Person's providing transportation to individuals receiving services must have a valid driver's license and insurance as required by state law

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or Bi-Annually for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

## PREVOCATIONAL SERVICES

Category	Sub-Category
04 Day Services	04010 Prevocational Services
04 Day Services	04070 Community Integration

**Service Definition:**

Prevocational services are designed to create a path to competitive integrated employment, which includes competitive integrated self-employment and customized employment or customized self-employment that otherwise meets the criteria for being competitive and integrated. Competitive integrated employment is employment that meets all of the following criteria: (1) ensures compensation is at least the locally established minimum wage where the member works; (2) occurs in a location typically found in the community; (3) enables the member to interact with co-workers and customers to the same extent as a person without a disability filling a similar position; (4) for wage employment, ensures the employer of record is the business or organization benefitting from the work done by the member; and (5) offers the member an individualized position.

Prevocational services involve the provision of learning and skill-building experiences, including community-based volunteering for an organization other than the service provider, where a member can develop general, non-job-task- specific strengths and skills that contribute to employability in competitive integrated employment. Services are intended to develop and teach general skills for competitive integrated employment, including but not limited to: ability to communicate effectively with supervisors, coworkers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety and mobility training. Services are expected to specifically involve strategies that enhance a member's desire for, and employability in, competitive integrated employment.

Prevocational services, regardless of how and where they are delivered, are expected to help members make reasonable and continued progress toward participation in at least part-time competitive integrated employment.

Individuals receiving prevocational services must have a competitive integrated employment goals in their person- centered plan and prevocational services must be designed to support such employment goals.

Prevocational services are expected to be furnished in a variety of settings in the community, except for the member's residence or other waiver-funded residential settings. While a provider may utilize a provider-owned or controlled setting as a hub or base for service delivery, and that setting may include individuals without disabilities who are not receiving HCBS, prevocational services must be delivered consistent with all of the requirements of the HCBS Settings Rule, therefore ensuring each individual's Prevocational service plan includes opportunities to participate a variety of community-based activities that are consistent with the purpose and intended outcome of the service and that facilitate the individual's access to the broader community and interactions, in the broader community, with people not receiving HCBS. This includes opportunities for career exploration specific to pursuing competitive integrated employment.

Participation in prevocational services is not a required pre-requisite for individual or small group supported employment

services under the waiver. Prevocational services differ from vocational services (actual employment) in that prevocational services, regardless of setting, are delivered for furthering habilitation goals that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage.

Individuals receiving prevocational services may pursue competitive integrated employment opportunities while receiving prevocational services at any time to enter the general workforce.

An individual's care plan may include two or more types of day and employment services; however, different types of day and employment services may not be billed for the same unit of time. Prevocational services may be provided to supplement, but may not duplicate, services available and provided to the individual as part of an approved Individualized Plan for Employment (IPE) funded by ADRS or under an approved Individualized Education Plan (IEP) funded under the Individuals with Disabilities Education Act (IDEA).

Individuals participating in prevocational services that involve work shall be compensated in accordance with applicable Federal and State laws and regulations. Compensation at sub-minimum wage shall comply with the Fair Labor Standards Act and the Workforce Investment and Opportunity Act (WIOA) including WIOA provision for youth with disabilities under age 26.

Reimbursement rates are associated with the minimum staffing ratios needed to support persons based on whether the service is delivered in a facility-based (provider controlled) setting or an integrated community setting, taking account of the different staffing ratios and different costs that are applicable for services delivered in integrated community settings. There are four reimbursement rate levels based on four acuity tiers. An individual's acuity tier is based on his/her ICAP score. Staffing ratios for both facility-based and community-based service provision vary based on acuity tier. For facility, the staffing ratios vary from a low of 1:15 to a high of 1:1. For community, the staffing ratios vary from a low of 1:3 to a high of 1:1.

Transportation between the individual's place of residence and the provider facility, or site where the individual starts and ends Prevocational services each day, is included as a component part of the service or arranged for the individual in another way. Transportation during the service is always a component part of the service

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service cannot be authorized or reauthorized for an individual who does not desire and document an outcome of competitive integrated employment in his/her individual plan.

To ensure effectiveness of service delivery models, reimbursable service models shall be those that do not limited weekly service delivery only to participation in paid facility-based work. This activity alone is not sufficient to constitute a prevocational service consistent with the approved definition.

If authorized for an individual already working in competitive integrated employment, the service must be focused on goals related to ensuring the individual's success in, and ability to sustain, competitive integrated employment, and the individual's competitive integrated employment must be sufficient enough to warrant the authorization of this service as a support for sustaining successful participation in competitive integrated employment (i.e. at least twelve (12) hours per week).

Waiver funding is not available for the provision of vocational services delivered in facility based or sheltered work settings, where individuals are supervised for the primary purpose of producing goods or performing services.

Prior to authorizing this service, the member's record documents this service is not otherwise available to the member, in a timeframe that is otherwise typical, through a program funded by ADRS under the section 110 of the Rehabilitation Act of 1973 or, for individuals ages 18-22, through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq).

Prevocational services are limited to a total 2470 hours. The hours of service cannot exceed over 5 hours per day and are usually provided during the time the day facility is operational. Authorization of units beyond this limit may only be approved if the individual is actively engaged in obtaining competitive integrated employment either through ADRS services, waiver supported employment-individual services or another verifiable funding source.

The expectation is that, before the 2470 unit limit is exhausted, a referral will be made to the AL Department of Rehabilitation Services to begin the Milestone program for job placement and short term follow up or the individual would utilize the individual supported employment job development services under the waiver, if ADRS services are not timely available to the

individual. If units beyond the 2470-hour limit are needed, and a person is not actively engaged in obtaining competitive integrated employment, the support coordinator must submit a justification for continuing this service to the Central Office Supported Employment Coordinator or the Employment Specialist working in the RO. The Employment Coordinator/Specialists will notify the Support Coordinator of the approval who will begin the RFA process to the Regional Office.

**Provider Specifications for Services**

**Service Type:** Statutory Service

**Service Name:** Prevocational Services

**Provider Type:** Certified Prevocational Program

**Service Delivery:** Provider Managed

Al. Administrative Code Chapters 580-3-23 and 580-5-33

**Provider Qualifications:**

**Other Standard:**

An applicant wishing to provide these services must provide written statements of the program facility's compliance with fire and health standards and submit these and other documentation to the Division of Developmental Disabilities.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Prevocational services shall have written mission statements for dissemination to prospective clients and their families. The mission statement shall address:

Program philosophy and purpose; Geographical area served;

Range of services provided; and

Population served, including criteria for service eligibility, program admission and program discharge.

The staffing pattern shall be appropriate to the type and scope of program services and shall include staff members who meet the experiential and educational qualifications set forth in the approved job descriptions. The program shall develop and maintain appropriate, up-to-date staffing schedules. Staff to client daily ratio shall not be more than 1:15 in facility based prevocational. The ratio for community based prevocational service is 1:3 No client shall ever be left unsupervised unless the activity is part of a structured activity or plan of care.

Day Habilitation providers must also demonstrate:

- a. Ability and capacity to offer members regular (daily) opportunities to access the broader community.
- b. Use of an individualized service planning process that ensures individual member goals are identified and used to guide service delivery and opportunities offered both in the facility and in the broader community.
- c. Understanding and use of community mapping strategies to identify opportunities for community involvement and participation that align with each member's individualized interests and desires with regard to type(s) of community involvement and community contributions they prefer.
- d. In addition to certification, the following requirements apply to the provider's staff:

**Activity Program Aide: Job Specifications**

- a. Must have at least two references from work and/or school, and one personal, which have been verified by the provider agency
- b. Must have background checks required by law and regulation
- c. Must be at least 18 years of age
- d. Must be able to read and write and follow instructions
- e. Must be able to follow the plan of care with minimal supervision unless there is a change in the person's condition
- f. Must have no physical or mental impairment that would prevent providing the needed assistance to the person

- g. If providing transportation, must have valid driver's license and insurance as required by State Law

Training Requirements:

Prior to assignment, each Habilitation Aide will be required to be certified by the provider agency as having completed a course of instruction provided or approved by the DMH which will minimally include:

- a. Recipient rights and grievance procedures.
- b. Overview of intellectual and developmental disabilities.
- c. Concepts of human development.
- d. CPR, first aid, medical emergencies.
- e. Management of challenging behavior.
- f. Physical management techniques.
- g. Health observation, including hygiene, medication control/ universal precautions.
- h. Recipient abuse, neglect and mistreatment.
- i. Habilitation training programs.

Retraining will be conducted as needed, but at least annually for training requirements 1, 5, 6, 7 & 8 above. Specific Duties: The Job Coach is responsible to the Program Director for the training and associated support services necessary to ensure the successful employment of individuals involved in Supported Employment. The Job Coach works under the direction of a QDDP/program manager. The provider must have a QDDP to ensure the plan is implemented as prescribed.

The duties of the Activity Program Aide (Pre-Vocational) include:

- a. Instructs/demonstrates/interacts with clients concerning a variety of education, personal care, pre-vocational training, job safety, and social behaviors, in accordance with the individual's assessed needs and plan requirements. Uses sound judgment and abides by supervisor's instructions, minimum standards and other applicable regulatory standards in order to foster client self-sufficiency and independence.
- b. Converses with/listens to clients concerning personal needs, responsibilities, expectations, aspirations, privileges, and personal/behavioral problems in a supportive and understanding manner.
- c. Participates in developing, modifying, and adapting instruction and training to individual client needs.
- d. Interacts often and appropriately with clients using both verbal and nonverbal methods (gestures, modeling, sign language, etc.) to provide information to clients about expected behavior, duties, and activities.
- e. Observes the quality of production and integrates efficiency concepts in the work process.
- f. Provides/receives information to/from peers, supervisors, other professional staff, support personnel, and clients pertaining to care plan, schedules, programs, and progress using personal contacts, meetings, memorandums, reports, records and filing systems in accordance with established schedules in order to facilitate client training, record maintenance and the exchange of other pertinent information.
- g. Assists in computing data for programs such as behavior management, speech, token reinforcement, vocational, and social in order to assess client progress.

Training Requirements

The Activity Program Aide (Pre-Vocational) training should demonstrate interaction with recipients concerning education, personal care, pre-vocational training, job safety and social behaviors, in accordance with the recipient's habilitation plan and care plan. The minimum training requirements:

- a. Planning and coordinating all activities according to the individual habilitation and care plan.
- b. Leadership with recipients doing therapeutic or rehabilitative activities programs.
- c. Conferring with other professional personnel concerning the progress and needs of the recipients.
- d. Providing individual instruction when needed.
- e. Health observation including hygiene medication control/universal precautions.
- f. Recipient abuse, neglect and mistreatment.
- g. Knowledge of equipment and supplies needed for assigned activities.
- h. Recipients rights and grievance procedures.
- i. CPR first aid, medical emergencies.
- j. Training on how to read and comprehend written materials, such as the care plan, habilitation plans and policy and procedures manuals.

Ongoing training will be conducted as needed but at least annually for above training requirements 6 and 8.

Additional Provider Requirements The provider of service

- a. Must have required training prior to providing service;
- b. Must keep record of required training in the personnel folder; and
- c. Must maintain a service log that documents specific days on which services were delivered
- d. Consistent with the recipient's individual plan of care.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on services monitoring concerns.

## **BENEFITS AND CAREER COUNSELING**

<b>Category</b>	<b>Sub-Category</b>
<b>03 Supported Employment</b>	<b>03030 Career Planning</b>
<b>17 Other Services</b>	<b>17990 Other</b>

**Service Definition:**

Benefits and Career Counseling is two distinct services: Benefits Reporting Assistance and Benefits Counseling:

The Benefits Reporting Service (BRS) is designed to assist waiver participants/families to understand general information on how SSI/SSDI benefits are affected by employment. The BRS will be employed by a provider agency. The BRA will receive referrals from a variety of sources, including Support Coordinators, families, service providers, and CWIC housed in each region of the state. Once the participant enters employment, the BRS will be available to answer questions, assist in the execution the work incentive plan, and assist with the submission of income statement and/ or Impairment Related Work Expenses (IRWE) to SSA as required to the extent needed as indicated by the individual. The BRS must document services and activities.

The second service is Benefits Counseling is a more intensive service provided by a Community Work Incentives Coordinator (CWIC) who will receive referrals from the BRA, case managers, family and/or service providers.

CWICs will provide intensive individualized benefits counseling, benefits analysis, develop a work incentive plan and ongoing benefits planning for a participant changing jobs or for career advancement. The CWIC will work in conjunction with the BRA to develop trainings and webinars based on SSA information provided and may assist or provide trainings and education as needed. The CWIC will be available to work with waiver participants to provide information on waiver benefits and employment and may also assist with the submission of income statement and/ or Impairment Related Work Expenses (IRWE) to SSA as required to the extent needed as indicated by the individual.

BRA services and CWIC services must be documented and billed in 15 minute increments.

These positions require proactive, well organized professionals who work well independently and as effective team members. They must have the ability to manage multiple high priority tasks, possess and use excellent time management skills and have good verbal and written communication skills.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Both services are billed in 15 minute increments. BRS is limited to 12 units/3 hours per month per waiver participant per year (144 units or 36 hours per year). CWIC service is limited to 60 units/15 hours per year per waiver participant. Documentation of service provided is required.

**Provider Specifications for Services****Service Type:** Other Service**Service Name:** Benefits and Career Counseling**Provider Type:** Supported Employment Provider**Service Delivery:** Provider Managed**Provider Qualifications:****Certificate:**

Providers must meet ADMH standards and requirements as outlined in the service description to provide supported employment Services. BRA must meet the same requirements as a job coach and must be certified through completion of approved specialized SSA training program (ADRS SSA Boot Camp).

**Verification of Provider Qualifications****Entity Responsible for Verifications:**

ADMH/DD Certification Surveyors

**Frequency of Verification:**

Initially and biennially or more frequently based on certification review scores.

**Provider Specifications for Services****Service Type:** Other Service**Service Name:** Benefits and Career Counseling**Provider Type:** DMH or DVRS Certified Work Incentives Counselors**Service Delivery:** Provider Managed**Certificate:**

The individual(s) must be a Certified Work Incentives Counselor (CWIC) through a recognized training by the Social Security Administration for the delivery of service. This may include a Level 5 security clearance from Social Security Administration/Department of Homeland Security due to Personally Identifiable Information (PII).

**Other Standard:**

CWICS must be organized and able to communicate effectively with families, providers, case managers, and participants

**Verification of Provider Qualifications****Entity Responsible for Verifications:**

AL Department of Mental Health

AL Department of Rehabilitation Services

**Frequency of Verification:**

As needed to remain certified per the Social Security Administration

**PERSONAL CARE SERVICES****Category****08 Home-Based Services****Sub-Category****08030 Personal Care****Service Definition:**

Personal Care Services include assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Assistance for ADLs includes bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, routine care of adaptive equipment primarily involving cleaning as needed, meal preparation, assistance with eating, and incidental household cleaning and laundry. IADLs include assistance with shopping, budgeting, using public

transportation, social interaction, recreation, and leisure activities. Assistance with IADLs includes accompaniment, coaching and minor problem-solving necessary to achieve the objectives of increased independence, productivity and inclusion in the community.

Personal Care can also include supporting a person at an integrated worksite where the individual is paid a competitive wage. There is a separate code for this service, to distinguish it from other personal care activities.

Personal care attendants may transport consumers in their own (the attendant's) vehicles as an incidental component of this service. For this component to be reimbursed, the personal care attendant must be needed to support the consumer in accessing the community, and not merely to provide transportation. The attendant must have a valid Alabama driver's license and his/her own insurance coverage as required by State law. The provider agency shall assure the attendant has a good driving record and is in-serviced on safety procedures when transporting a consumer. This service will provide transportation into the community to shop, attend recreational and civic events, go to work and participate in People First and other community building activities. It shall not replace transportation that is already reimbursable under day or residential habilitation nor the Medicaid non-emergency medical transportation program. The planning team must also assure the most cost-effective means of transportation, which would include public transport where available. Transportation by a personal care attendant is not intended to replace generic transportation or to be used merely for convenience.

Personal care under the waiver may also include general supervision and protective oversight reasonable to accomplishing of health, safety and inclusion. The worker may directly perform some activities and support the client in learning how to perform others; the planning team (composed at minimum of the person and family, and support coordinator) shall determine the composition of the service and assure it does not duplicate, nor is duplicated by, any other service provided to the individual. A written description of what the personal care worker will provide to the person is required to be submitted to the state as part of or in addition to the plan of care and will require approval by the Division of Developmental Disabilities and be subject to review by the Single State Agency for Medicaid.

#### Self-Directed Personal Care Services

This definition of Personal Care Services is intended to allow participants and their families to recruit, hire, train, supervise, and if necessary, to discharge, their own personal care workers. The workers will be paid by a fiscal intermediary, also known as a FMSA (Financial Management Service Agency).

The definition of Self-Directed Personal Care Services includes assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Assistance for ADLs includes bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, routine care of adaptive equipment primarily involving cleaning as needed, meal preparation, assistance with eating, and incidental household cleaning and laundry. IADLs include shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance with IADLs includes accompaniment, coaching and minor problem-solving necessary to achieve the objectives of increased independence, productivity and inclusion in the community.

Self-Directed Personal Care may also include general supervision and protective oversight reasonable to ensure the health, safety and inclusion of the client. The worker may directly perform some activities and support the client in learning how to perform others; the planning team (composed at minimum of the person and family, and a case manager or community specialist) shall determine the composition of the service.

Self-Directed Personal Care may include supporting the participant at an integrated worksite where the participant is paid a competitive wage. There is not a separate rate or service code for this support when it is self-directed.

Self-Directed personal care attendants may transport consumers in their own (the attendant's) vehicles as an incidental component of this service. For this component to be reimbursed, the personal care attendant must be needed to support the consumer in accessing the community, and not merely to provide transportation. Additional payment will be made to the worker for mileage. The attendant must have a valid Alabama driver's license and insurance coverage as required by State law. This service may provide transportation into the community to shop, attend recreational and civic events, go to work and participate in People First and other community building activities. It shall not replace transportation that is already reimbursable under day or residential habilitation nor the Medicaid non-emergency transportation program. Transportation by a personal care attendant is not intended to replace generic transportation or to be used merely for convenience.

The plan of care or an addendum shall specify any special requirements for training, more than basic training, which may be needed to support the individual. Consumers and their families shall be key informers on the matter of special training and will be responsible for providing such training to their workers.

There is no restriction on the place of service as long as the person is eligible for the waiver in that setting and no duplication of payment occurs. Payment is for a 15-minute unit of service delivered to the individual and does not include the worker's time of travel to and from the place of work.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Personal care is limited to no more than 12 hours/48 units each day for individuals living in the home with relatives or caregivers. The number of hours provided may exceed 12 hours/48 per day for those individuals who live independently and assessed needs indicate the need for additional support and/or for participant whose hours need to exceed the 12 hours can be provided, but the approval should be based on the emergent need (i.e. illness or death of the primary caregiver). The plan of care or an addendum shall specify any special requirements for training, more than the basic training, which may be needed to support the individual. Parents and other caretakers shall be key informers on the matter of special training and will be encouraged to participate in the training and supervision of the worker.

When this service is provided to participants living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities. The number of hours/units provided to the individual documents assessed need for the service as an alternative to institutional care and the reasonable cost effectiveness of his or her plan.

There is no restriction on the place of service so long as the person is eligible for the waiver in that setting and no duplication of payment occurs. Payment is for a 15-minute unit of service delivered to the individual, not including worker's time of travel to and from the place of work.

Agency provided Personal Care Workers shall not be members of the immediate family (parents, spouses, children) of the person being supported, nor may they be legally obligated in any other way to provide the service. Any other relatives, or friends, who are employed to provide services shall meet the qualifications for providers of care and, as for all other personal care workers, payment shall only be made for services actually rendered.

Employment of a relative or friend shall be noted and justified in the consumer's record by the provider agency. While in general personal care will not be approved for a person living in a group home or other residential setting, the Division of Developmental Disabilities may approve it for specific purposes that are not duplicative.

Self-Directed Personal Care may not be provided to participant's who lack the necessary support systems to ensure the responsibilities of employing staff are carried out and that the participant's security and well-being is maintained. Thus, this service would typically be provided to participants who live in their own homes with family members or other responsible relatives who can assist with the responsibilities of administering a self-directed services program. Self-Directed Personal Care may also be provided in settings where the individual lives in his own house or apartment alone or with others, with the assistance of family or a circle of support, but the Regional Community Service Office must review and approve this arrangement before it can be reimbursed. The purpose of this review is to assure the support is near and frequent enough to carry out the needed tasks and also to assure there is no conflict of interest.

When this service is provided to individuals living with their family/guardians, it shall not supplant the cost and provision of support ordinarily provided by family/guardians without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities. Otherwise, the only limitation on hours provided is the individual's documented need for the service as an alternative to institutional care and the reasonable cost effectiveness of his or her plan.

Personal care services are not available for persons under the age of 21 as this service is covered through EPSDT.

**Provider Specifications for Services**

**Service Type:** Statutory Service

**Service Name:** Personal Care

**Provider Type:** Certified Waiver Hourly Services Provider

**Service Delivery:** Participant-directed

Provider Managed

Services May be Provided by Relative

Al. Administrative Code Chapters 580-3-23 and 580-5-33

**Provider Qualifications:**

**Other Standard:**

Personal Care Services Provider Qualifications:

Personal care workers may be employed by, or under contract with, any agency qualified to provide services under the waiver, and by home health and other home care agencies, and individuals that may not otherwise be waiver providers. Any agency or individual undertaking the provision of this service must employ or contract with a QIDP to provide the required supervision and must meet the other requirements of this addendum related to training, plans of care, documentation and reporting. The primary requirements for the provider agency are to:

- a. Handle all payroll taxes required by law
- b. Provide training and supervision as required by this scope of services
- c. Maintain records to assure the worker was qualified, the service was provided and provided in accordance with the plan of care
- d. Implement a plan and method for providing backup at any time it is needed
- e. Implement and assure the person and his or her family are and remain satisfied with the service
- f. Exclusion lists are checked monthly by the employer. Employer documentation of verification is required.

Personal Care Workers:

- a. Must have at least two references from work and/or school, and one personal, which have been verified by the provider agency
- b. Must have background checks required by law and regulation
- c. Must be at least 18 years of age
- d. Must be able to read and write and follow instructions
- e. Must be able to follow the plan of care with minimal supervision unless there is a change in the person's condition
- f. Must have no physical or mental impairment that would prevent providing the needed assistance to the person
- g. If providing transportation, must have valid driver's license and insurance as required by State Law

Personal Care Workers shall not be members of the immediate family (parents, spouses, children ) of the person being supported, nor shall they be in any other way legally obligated for the individual. Any other relatives, or friends, who are employed to provide services shall meet the qualifications for providers of care and, as for all other personal care workers, payment shall only be made for services actually rendered. Employment of a relative or friend shall be noted and justified in the individual's record by the provider agency.

Training Requirements

This service is intended to promote self-determination of waiver participants. To the extent practical, safe and cost effective, the individual and his family are encouraged to exert choice in planning, and in the selection and hiring of staff, and are encouraged to provide training and supervision to the worker(s). Agencies are encouraged to partner with individuals and families in this endeavor, while providing a safe and effective backup system to meet contingencies.

Training shall be provided prior to the worker delivering services and includes:

Procedures and expectations related to the personal care worker including following the Personal Care Plan of Care, the rights and responsibilities of the provider and the consumer, reporting and record keeping requirements, procedures for arranging backup when needed, and who to contact within the provider agency or regional office.

- a. Information about the specific condition and needs of the person to be served, including his or her physical, psychological or behavioral challenges, his or her capabilities, and his or her support needs and preferences related to that support.
- b. Training in CPR and first aid and, if administration of ordinarily self-administered medication is required by the consumer, training in medication administration. As needed due to challenging behavior by the consumer, the worker will also be

trained in behavioral intervention techniques appropriate to the consumer. Training in medication administration and behavior intervention techniques may be waived if not required to support the person.

- c. Training in communication skills; in understanding and respecting consumer choice and direction; in respecting the consumer's confidentiality, cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints and in responding to emergencies.
- d. Training in assisting with activities of daily living and instrumental activities of daily living, as needed by the individual
- e. The provider will maintain a record of training.

#### Supervision

A QIDP must visit the person, in person, at least every 60 days and must complete a supervisory visit to ensure the personal care worker is performing the job as expected. The visiting QIDP shall make an assessment of the effectiveness of the service, the consumer satisfaction with the service, and of any changes that may need to be made, including additional training or a change in the plan of care. The form must contain the original signature of the family member/legal guardian or individual and is dated the day the visit is made to the home. Payment for personal care that delivered after 60 days where no supervisory visit has been completed will not be made. This record must be sent to the Support Coordinator for placement into the individual file. The dates of the supervisory visits must be entered into the EVVM system by the due date or the worker's times cannot be billed. An exception to the 60 day requirement is when an attempted visit occurs. A attempted visit is when the QIDP has a visit scheduled and upon arriving at the home, the individual is not at home. The provider agency has 5 working days from the attempted visit to complete the 60 day supervisory visit.

#### Documentation

The direct service provider and/or billing provider must maintain documentation of the dates and hours of service provided, and of the service activities provided within each span of work, showing that services delivered are consistent with the recipient's plan of care. Daily or weekly logs are signed by the worker and by the consumer or family member, which identify the consumer and the consumer's Medicaid number, the worker providing the service, the date(s) of service, the time service began and the time service ended, and the specific activities provided within each span of work, will be acceptable as a minimum. The use of an Electronic Visit Verification Management system may alter the method in which service delivery is recorded and/or eliminate some of the above mentioned requirements for client/family signatures. Payment for the 60 day required supervisory visit may be electronically captured as well.

#### **Verification of Provider Qualifications Entity Responsible for Verifications:**

DMH Certification Surveyors

#### **Frequency of Verification:**

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on services monitoring concerns.

#### **PERSONAL CARE SERVICES**

**Provider Category:** Individual

**Provider Type:** Self- Directed Personal Care Employee

#### **Other Standard:**

Self-directed Personal Care Workers:

- a. Must have at least two references, one from work and/or school, and one personal, which have been verified by the consumer or family (with or without the support of a consultant).
- b. Must have background checks required by law and regulation
- c. Must be at least 18 years of age
- d. Must be able to read and write and understand instructions, as verified by the individual or family.
- e. If providing transportation, must have valid driver's license and insurance as required by State Law Training Requirements

This service is intended to promote self-determination of waiver participants. The individual and/or his family are to select and hire staff, and to provide training and supervision to the worker(s). The family must be trained on the types of incidents

to report, who to report to and the timeframes to report any incidents.

Basic elements of training shall be provided prior to the worker delivering services and includes:

Procedures and expectations related to the personal care worker including following the Plan of Care, the rights and responsibilities of the worker and the individual, reporting and record keeping requirements, procedures for arranging backup when needed, and who to contact within the FMSA, the case management agency and regional office. In addition, and as needed, training in the following areas will be provided by the family or others and recorded.

- a. Information about the specific condition and needs of the person to be served, including his or her physical, psychological or behavioral challenges, his or her capabilities, and his or her support needs and preferences related to that support.
- b. If administration of ordinarily self-administered medication is required by the consumer, training and ongoing supervision in medication administration.
- c. Training as needed in communication skills; in understanding and respecting individual choice and direction; in respecting the individual's confidentiality, cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints and in responding to emergencies.
- d. Training in assisting with activities of daily living and instrumental activities of daily living, as needed by the individual and identified by the plan of care.
- e. Training on the types of incidents and incident reporting is required.

#### Supervision

Supervision of the self-directed personal care workers is the responsibility of the family and/or the consumer.

#### Documentation

The family and consumer must maintain documentation of the dates and hours of service provided and provide this to the FMSA bi-weekly. These records are necessary for audits performed by CMS, Medicaid, and/or ADMH/DDD monitors and auditors. Daily or weekly logs, signed by the worker and by the consumer or family member, which identify the consumer, the worker providing the service, the date(s) of service, the time service began, and the time service ended, and the activities provided within each span of work, will be required. A form will be provided by the FMSA or may be collected by an electronic visit verification system as required by federal law.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verifications:**

##### Self-Directed Personal Care Services Financial Management Services

The self-directed personal care workers will be employed by the family and participant, who will be employers of record. The family and consumer will be supported by a Financial Management Service Agency (FMSA). The FMSA will pay the personal care workers employed by the family and participant, on a bi-weekly basis. Payment will be made on the basis of receipt of one time card per personal care worker, which will document the hours the worker has worked during the bi-weekly pay period with an indication of the service rendered for that time period (i.e. adult companion, personal care).

The FMSA will withhold the necessary tax amounts, including employer's share, and pay these amounts to the proper authorities on a quarterly basis. In addition to withholding FICA and Unemployment, the Fiscal Agent will withhold and submit income taxes for the workers. The primary requirements for the FMSA are to:

- a. Handle all payroll taxes required by law
- b. Assist with the documentation of training and other qualifications of workers as required by the waiver, including verification of citizenship.
- c. Maintain records to assure the worker was qualified, the service was provided in accordance with the plan of care
- d. Furnish background checks on prospective employees
- e. Provide the person and family with easy access to resolve problems with payroll and provide a notification route for any other issues that may arise. This means that the FMSA, if it hears that a change may be needed or that a backup plan needs to start, will notify the operating agency, the self-directed liaison and the case manager. The objective is to provide a network within which, no matter which contact the person or family makes, the information is shared and the reaction is comprehensive.
- f. Also, the FMSA will help to assure the person and his or her family are and remain satisfied with the service

**Frequency of Verification:**

Workers employed by consumers and families will have their qualifications verified initially by the FMSA, and no further verification is necessary unless a situation or qualification changes and the participant or family reports it to the FMSA. Exclusion lists are checked monthly by the FMSA.

## RESPITE SERVICES

Category	Sub-Category
09 Caregiver Support	09011 Respite, Out-Of-Home
09 Caregiver Support	09012 Respite, In-Home

**Respite Service Definition:**

Respite care is a service provided in or outside a family's home to temporarily relieve the unpaid primary caregiver. Respite care provides short-term care to an adult or child for a brief period of rest or relief for the family from day to day care giving for a dependent family member.

Respite is intended for participants whose primary caregivers typically are the same persons day after day (e.g. family members and/or adult family foster care providers), and is provided during those portions of the day when the caregivers typically provide care. Relief needs of hourly or shift staff workers will be accommodated by staffing substitutions, plan adjustments, or location changes, and not by respite care. Respite care typically is scheduled in advance, but it can also serve as relief in a crisis situation. As crisis relief, out of home respite can also allow time and opportunity for assessment, planning and intervention to try to re-establish the person in his home, or if necessary, to locate another home for him.

Some consumers are institutionalized because their community supports become exhausted, or because they don't know how to cope with an increasingly challenging behavior, or due to the loss/incapacitation of a caregiver. The scope of out of home respite will allow quick response to place the person in an alternate setting and provide intensive evaluation and planning for return, with or without additional intervention and supports. Planning will be made for alternate residential supports if return is not possible. The goal is to avoid institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Respite care is dependent on the individual's needs as set forth in the plan of care and requires approval by the Division of Developmental Disabilities, subject to review by the Alabama Medicaid Agency. The limitation on in home and out of home Respite Care in combination shall be 4320 15-minute units of service (equals 1080 hours or 45 days) per participant per waiver year. Respite care out of the home is typically provided in a certified group home.

**Provider Specifications for Services**

**Service Type:** Statutory Service

**Service Name:** Respite

**Provider Type:** Certified Waiver Hourly Services Provider (for In-Home Respite)  
Community Residential Facility

**Service Delivery:** Provider Managed

Al. Administrative Code Chapters 580-3-23 and 580-5-33

**Provider Qualifications:**

**Other Standard:**

Documentation

The billing provider must maintain documentation of the services provided each day. Logs signed by the worker and cosigned by the consumer or family member are acceptable.

**Respite Care Provider Qualifications**

Respite care workers may be employed by any agency qualified to provide services under the waiver, and by home health and other home care agencies, and individuals that may not otherwise be waiver providers. Any agency or individual undertaking

the provision of this service must employ or contract with a QIDP to provide the required supervision and must meet the other requirements of this addendum related to training, plans of care, documentation and reporting.

The primary requirements for the provider agency are to:

- a. Handle all payroll taxes required by law
- b. Provide training and supervision as required by this scope of services
- c. Maintain records to assure the worker was qualified, the service was provided and provided in accordance with the plan of care
- d. Implement a plan and method for providing backup at any time it is needed
- e. Implement and assure the person and his or her family are and remain satisfied with the service Respite Care Workers:
- f. Must have background checks required by law and regulation.
- g. Must be at least 18 years of age.
- h. Must be able to read and write and follow instructions.
- i. Must have at least completed tenth grade.
- j. Must be able to follow the plan of care with minimal supervision unless there is a change in the person's condition.
- k. Must have no physical or mental impairment that would prevent providing the needed oversight and care to the person.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verifications:**

DMH Certification Surveyors

##### **Frequency of Verification:**

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on services monitoring concerns.

## **ADULT COMPANION SERVICES**

#### **Category**

**08 Home-Based Services**

#### **Sub-Category**

**08040 Companion**

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#### **Service Definition:**

Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not include hands-on nursing care.

Providers may perform light housekeeping tasks that are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and not purely diversional in nature. This service is needed to prevent institutionalization.

#### **Services include:**

- a. Supervising daily living activities, to include reminding client to bathe and take care of hygiene and personal grooming, reminding client to take medication, and overseeing planning and preparation of snacks and meals.
- b. Staying with client in the evening and at night to ensure security.
- c. Accompanying client into the community, such as shopping.
- d. Supervising/assisting with laundry, and performing light housekeeping duties that are essential to the care of the client.
- e. Following written instructions such as the care plan and documenting services provided.

#### **Specify applicable (if any) limits on the amount, frequency, or duration of this services:**

The QIDP will provide and document in the case record on-site supervision of the companion worker every 60 days. The supervisor will conduct on-site supervision more frequently if warranted by complaints or suspicion of substandard performance by the worker.

Objective: Companion Services are to provide support and supervision that is focused on safety, non-medical care and socialization for clients participating in the ID waiver. Medicaid will not reimburse for activities performed which are not

within the scope of services.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Adult Companion Services

**Provider Type:** Self-Directed Adult Companion Employee (Individual)

**Service Delivery:** Participant-Directed  
Provider Managed

**Other Standard:**

Requirements:

- a. Services must be on the service plan of care with documentation in the case record of need for service. The service is 15-minutes of direct companion services provided to the client.
- b. The provision of the service, and the number of units of service provided to each client, is dependent upon the individual's needs as set forth in the service plan of care.
- c. Companion service is not available to group home residents.
- d. No payment will be made for companion services furnished by a member of the participant's family (parent, child, spouse or legally obligated individual).
- e. Companion services are limited to functionally impaired adults (age 21 and over).
- f. Companion service is non-medical and does not include hands-on care.
  
- g. Adult Companion Services Provider Qualifications
- h. Ability to read and write.
- i. Ability to establish and to maintain effective working relationships with clients.
- j. Ability to demonstrate emotional maturity and to show the proper attitude toward clients.
- k. Ability to understand and to follow simple oral and written instructions.
- l. Must have a background check required by law and regulations.

Training and Documentation Requirements:

This service is intended to promote self-determination of waiver participants. The individual and/or his family are to select and hire staff, and to provide training and supervision to the worker(s).

Basic elements of training shall be provided prior to the worker delivering services and includes:

Procedures and expectations related to the companion care worker including following the person-centered plan, the rights and responsibilities of the worker and the consumer, reporting and record keeping requirements, procedures for arranging backup when needed, and who to contact within the FMSA, the case management agency and regional office. In addition, and as needed, training in the following areas will be provided by the family or others and recorded:

- a. Information about the specific condition and needs of the person to be served, including his or her physical, psychological or behavioral challenges, his or her capabilities, and his or her support needs and preferences related to that support.
- b. Reminding the individual of medications.
- c. Training as needed in communication skills; in understanding and respecting consumer choice and direction; in respecting the consumer's confidentiality, cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints and in responding to emergencies.
- d. Training in assisting with activities of daily living and instrumental activities of daily living, as needed by the individual and identified by the person-centered plan.

Supervision

Supervision of the self-directed adult companion workers is the responsibility of the family and/or the consumer.

Documentation

The family and consumer must maintain documentation of the dates and hours of service provided and provide this to the FMSA bi-weekly for processing billing to Medicaid and payment to the workers. Daily or weekly logs, signed by the worker and

by the consumer or family member, which identify the consumer, the worker providing the service, the date(s) of service, the time service began, and the time service ended, and the activities provided within each span of work, will be required. A form will be provided by the FMSA.

### **Verification of Provider Qualifications**

#### **Entity Responsible for Verifications:**

Financial Management Services

The self-directed adult companion workers will be employed by the family and consumer, who will be employers of record. The family and consumer will be supported by a Financial Management Service Agency (FMSA). The FMSA will pay the workers employed by the family and participant, on a bi-weekly basis. Payment will be made on the basis of receipt of one time card per worker, which will document the hours the worker has worked during the bi-weekly pay period with an indication of the service rendered for that time period (i.e. adult companion, personal care).

The FMSA will withhold the necessary tax amounts, including employer's share, and pay these amounts to the proper authorities on a quarterly basis. In addition to withholding FICA and Unemployment, the Fiscal Agent will withhold and submit income taxes for the workers. The primary requirements for the FMSA are to:

- a. Handle all payroll taxes required by law
- b. Assist with the documentation of training and other qualifications of workers as required by the waiver, including verification of citizenship.
- c. Maintain records to assure the worker was qualified, the service was provided in accordance with the plan of care
- d. Furnish background checks on prospective employees
- e. Provide the person and family with easy access to resolve problems with payroll and provide a notification route for any other issues that may arise. This means that the FMSA, if it hears that a change may be needed or that a backup plan needs to start, will notify the operating agency, the self-directed liaison and the case manager. The objective is to provide a network within which, no matter which contact the person or family makes, the information is shared and the reaction is comprehensive.
- f. Also, the FMSA will help to assure the person and his or her family are and remain satisfied with the service.

#### **Frequency of Verification:**

Workers employed by consumers and families will have their qualifications verified initially by the FMSA, and no further verification is necessary unless a situation or qualification changes and the participant or family reports it to the FMSA. Exclusion lists are checked monthly.

### **Provider Specifications for Services**

**Service Type: Other Service**

**Service Name: Adult Companion Services**

**Provider Type: Certified Waiver Hourly Services Provider**

AL Administrative Code Chapters 580-3-23 and 580-5-33

#### **Other Standard:**

Requirements:

- a. Services must be on the service plan of care with documentation in the case record of need for service. The service is 15-minutes of direct companion services provided to the client.
- b. The provision of the service, and the number of units of service provided to each client, is dependent upon the individual's needs as set forth in the service plan of care.
- c. Companion service is not available to group home residents.
- d. No payment will be made for companion services furnished by a member of the participant's family (parent, child, spouse or legally obligated individual).
- e. Companion services are limited to functionally impaired adults (age 21 and over).
- f. Companion service is non-medical and does not include hands-on care.

Adult Companion Services Provider Qualifications

All individuals providing this service must meet the following qualifications:

- a. Ability to read and write.
- b. Ability to establish and to maintain effective working relationships with clients.
- c. Ability to demonstrate emotional maturity and to show the proper attitude toward clients.
- d. Ability to understand and to follow simple oral and written instructions.

**Training and Documentation Requirements:**

Prior to assignment, each companion worker must be certified by the provider agency as having completed a course of instruction provided or approved by DMH. The course of instruction must be documented in writing and is subject to review by DMH and Medicaid. Minimally this instruction will include:

- a. Overview of intellectual disabilities,
- b. Appropriate skills required for managing various behaviors,
- c. Physical management techniques,
- d. Health observation including medication control/universal precautions,
- e. Recipient abuse, neglect and mistreatment policies,
- f. Recipient rights and grievances procedures,
- g. Written materials such as the care plan, habilitation plan and policy and procedures manuals, and
- h. CPR, first aid, medical emergencies.

A copy of the required training documentation should be in the companion worker folder. Ongoing training to be provided as needed, but at least annually for above training requirements 2, 3, 4, 5 & 6.

The direct service provider and/or billing provider must maintain documentation of the dates and hours of service provided, and of the service activities provided within each span of work, showing that services delivered are consistent with the service plan of care. Daily or weekly logs, signed by the worker and by the consumer or family member, which identify the consumer and the participant's Medicaid number, the worker providing the service, the date(s) of service, the time service began and the time service ended, and the specific activities provided within each span of work, will be acceptable as a minimum. In addition, there must be evidence of a quarterly review of the services provided and of the continued appropriateness of those services by a QIDP.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on services monitoring concerns.

## **HOUSING STABILIZATION SERVICES**

**Category**

**16 Community Transition Services**

**Sub-Category**

**16010 Community Transition Services**

**Service Definition:**

Housing Stabilization Service enables, waiver participants to maintain their own housing as set forth in the participant's approved plan of care (POC). Services must be provided in the home or a community setting. The service includes the following components:

- .. Conducting a Housing Coordination and Stabilization Assessment identifying the participant's preferences related to housing (type, location, living alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain housing (including accessing housing, meeting terms of lease, and eviction prevention), budgeting for housing/living expenses, obtaining/accessing sources of income necessary for rent, home

management, establishing credit and understanding and meeting obligations of tenancy as defined in lease terms.

2. Assisting participant with finding and securing housing as needed. This may include arranging or providing transportation.
3. Assisting participant in securing supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings.
4. Developing an individualized housing stabilization plan based upon the Housing Coordination and Stabilization Assessment as part of the overall Person-Centered Plan. Identify short and long-term measurable goal(s), establishes short and long-term goals, establish how goals will be achieved and how concerns will be addressed, and identifies where other provider(s) or services may be needed in order to achieve the goal(s).
5. Participating in Person-Centered plan meetings at redetermination and/or revision plan meetings as needed.
6. Providing supports and interventions per the Person-Centered Plan (individualized housing stabilization portion). Identify any additional supports or services needed outside the scope of Housing Stabilization Services and address among the team.
7. Communicating with the landlord and/or property manager regarding the participant's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager.
8. If at any time the participant's housing is placed at risk (i.e., eviction, loss of roommate or loss of income), Housing Stabilization Services will provide supports to retain housing or locate and secure new housing or sources of income to continue community-based supports which includes locating new housing, sources of income, etc.

Specify applicable (if any) limits on the amount, frequency, or duration of this service

Housing Stabilization Service must be:

- a. Authorized and included in the participant's service plan;
- b. Necessary for the participant's safe transition to the community, or to increase independence;
- c. Exclusive of expenses for monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for pure diversion or recreational purposes; or that are not necessary for the participant's safe transit

#### **Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Housing Stabilization Services

**Provider Type:** DMH Transition Services

**Service Delivery:** Provider Managed

#### **Provider Qualifications:**

##### **Other Standards:**

Bachelor's degree in a Human Services field, Business Administration, or Public Administration with at least 24 months of experience in the identification and/or the accessing of housing resources. Human services fields include the following disciplines: Social Work, Psychology, Criminal/Juvenile Justice, Special Education, Rehabilitation, Counseling, Speech Pathology, Audiology, Nursing, Physical or Occupational Therapy and any related academic disciplines associated with the study of human behavior, human skills development or basic human care needs. Duties require constant contact with officials in the state mental health system, other agencies, housing authorities/organizations and general public.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verifications:**

Alabama Department of Mental Health

##### **Frequency of Verification:**

Verification of qualifications will be conducted once. There is no need to re-evaluate.

## **SUPPORTED LIVING SERVICE**

**Category**

**Sub-Category**

**08 Home-Based Services**

**08010 Home-Based Habilitation**

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**Service Definition:**

Supported Living Services (SLS) shall mean services that include training and assistance in maintaining a home of one's own, or a home shared with other freely chosen housemates, in the community. A home of one's own means a residence not owned or controlled by any waiver service provider. SLS supports include supports for maintaining home tenancy or ownership, managing money, preparing meals, shopping, maintaining positive relationships with neighbors, opportunities for participation in and contribution to the local community, supports to maintain personal appearance and hygiene, supports for interpersonal and social skills building through experience with family, friends and members of the broader community, and other activities needed to maintain and improve the capacity of an individual with an intellectual disability to live in the community. The services shall support and maximize the person's independence through use of teaching, training, technology and facilitation of natural supports.

The service shall support the individual's full integration into the community, ensure the person's choice and rights, and comport fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, including the provision of opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources. Further, supports shall be provided in a manner which ensures an individual's rights of privacy, dignity, respect and freedom from coercion and restraint; and which optimizes individual initiative, autonomy, and independence in making life choices. Any modification to one or more of these HCBS setting standards must be supported by the individual's specific assessed need and fully documented in the person-centered Individual Support Plan (ISP), along with a plan to reduce or eliminate the modification as soon as prudent, as required by federal regulation.

The service also includes oversight and assistance in managing self-administered medication and/or medication administration as permitted under Alabama's Nurse Practice Act and performance of other non-complex health maintenance tasks, as permitted by State law. The SLS provider shall monitor the health care needs of the person supported and support the person to attend to their own health care needs and/or work with natural supports to ensure the person's health care needs are addressed.

This service is appropriate for people who need intermittent staff support to remain in their own home and do not require 24/7 staffing. However, access to emergency supports as needed from the provider on a 24/7 basis is an essential component of this residential service and is what differentiates it from Personal Assistance services. The provider must also ensure each SLS participant has an emergency preparedness plan in place at all times, that is shared with the support coordinator, and the individual is supported to learn and practice this plan at regular intervals.

Individuals receiving SLS may choose to receive services in a shared living arrangement. Other persons in the shared living arrangement may need differing levels of support, differing types of waiver services, or may participate in different HCBS programs, as permitted in state licensure law and regulation, as long as there is a willing, qualified provider who can safely

and appropriately meet the needs of each individual in the home. No more than 3 persons receiving services will be permitted per residence.

All individual goals and objectives for SLS, along with a description of needed SLS supports to achieve these goals and objectives, shall be established through the person-centered planning process and documented in the person-centered ISP. The Circle of Support must consider the person's level of independence, availability of natural supports, ability to utilize technology, ability to rely on housemates, neighbors, etc. in establishing a Supported Living arrangement and the service delivery schedule. The Supported Living service plan must be reviewed at least annually (and more often should a change of needs or circumstances warrant). Consideration should be given to the use of a Personal Emergency Response System and/or other technology to increase independence, when appropriate. The ISP must reflect the routine supports that will be provided by Supported Living staff while recognizing flexibility may be needed and desired by the person supported.

The person may choose to live with one or two other persons supported and share living expenses or choose to live alone as long as sufficient financial resources are available to support the chosen arrangement. Payment to providers is based on a monthly fee and service delivery must be appropriate to meet the individual needs and goals.

Transportation may be necessary for some individuals and is included in the rate paid to the provider.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Reimbursement for SLS shall not include the cost of maintenance of the dwelling. Residential expenses (e.g., phone, cable TV,

food, rent, mortgage, home/renters insurance, etc.) shall be paid by the person(s) supported and other residents in the home (if applicable), through mutual agreement reached by the persons sharing the dwelling.

A person who is receiving SLS shall not be eligible to receive Personal Care, Respite or Transportation as separate services, except for Supported Employment Transportation and Personal Care at the Worksite. With these exceptions and the additional exception of transportation to and from medical services covered through the Medicaid State Plan, transportation shall be a component of SLS and shall be included in the reimbursement rate for the service.

The SLS provider shall not own the person's place of residence under any circumstances. The provider shall not be a co-signer of a lease on the person's place of residence unless this is necessary for person to obtain lease and , the provider signs a written agreement with the person that states that the person will not be required to move if the primary reason is because the person desires to change to a different provider. The SLS provider shall not own, be owned by, or be affiliated with any entity that leases or rents a place of residence to a person supported if such entity requires, as a condition of renting or leasing, the person to move if the person desires to change to a different SLS provider.

SLS shall not be provided in any setting defined as an institutional setting under the federal Medicaid HCBS Settings Rule including inpatient hospitals, nursing facilities, and Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFs/IID).

Certain family member(s) of the person supported cannot be reimbursed to provide SLS i.e. spouse to spouse, parent to child, child to parent or either appointed as legal guardian and/or living with the person. Other family member(s) may be reimbursed to provide SLS if they otherwise meet the provider qualifications and hiring requirements for this service or are employed by an approved provider of SLS services.

SLS shall not be provided in a home where a person supported lives with family members unless such family members are also persons receiving waiver services. Family member shall be interpreted to mean the mother, father, grandmother, grandfather, sister, brother, son, daughter, or spouse, whether the relationship is by blood, by marriage, or by adoption.

SLS shall not be provided out-of-state. A minimum of two face-to-face direct service visits lasting at least one hour in the home per week are required for each person receiving SLS, along with 24/7 availability of provider staff in case emergency supports are needed.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Supported Living Service

**Provider Type:** Supported Living Providers

**Service Delivery:** Provider Managed

**Provider Qualifications:**

**Certificate:**

Meeting all requirements for qualification outlined in 580.-3-23 and 580-5-30

**Other Standard:**

The Supported living provider must meet the general requirements for the In-Home Residential specifications outlined from previous waivers. An applicant wishing to provide SLS does not need to provide evidence of compliance with fire and health standards because the service will be provided in the individual's home, but not in the home with the family for SLS. Instead, a new applicant shall submit to the Division a written plan in the form of a proposal, together with an application for programmatic certification, describing how the programmatic standards referenced above will be met. Certification surveys will follow the standards for Hourly Service Providers, and may include visits to the homes of individuals being served.

When the application, supporting data, and site visit, if applicable, prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Office of Certification. Programmatic re-surveys are conducted at one- or two-year intervals depending on the previous survey outcome.

Programs delivering SLS shall have a written mission statement for dissemination to prospective clients and their families. This mission statement shall address:

Program Philosophy and purpose; Geographical area served;  
Range of services provided; and Population served, including criteria for service eligibility, program admission and program discharge.

SLS services will be delivered/supervised by a QIDP in coordination with the individual's plan of care. Providers must have documented record of having completed training prior to providing services.

Providers of service must maintain a service log that documents specific dates on which services were delivered, consistent with the consumer's person-centered plan.

The Department of Mental Health, Division of Developmental Disabilities requires certification of programs delivering Supported Living as a in home residential type service. Site inspections and/or Life Safety inspections shall be scheduled in accordance with policy and procedures of the ADMH/DDD only when there are documented concerns regarding the individual(s) health, safety and/or welfare.

Programmatic re-surveys are conducted at one- or two-year intervals depending on the previous survey outcome.

Each SLS program must develop and maintain appropriate, up-to-date staffing to provide adequate services as outlined in the PCP and POC. Program staff ratios and staff work schedules shall be maintained to meet the needs of individuals. An emergency, on-call staff person, in addition to those normally required to maintain appropriate staffing patterns, shall be available on a 24/7 basis for each individual. Staff scheduling and work place assignments shall be so arranged as to provide services to meet individual needs. Since this service provides supported living, the staffing pattern shall be appropriate to the type and scope of programmed services and shall include staff members who meet qualifications set forth in the approved job descriptions.

Supported Living services will be supervised by a QIDP in coordination with the individual's person-centered plan. The role of the QIDP is to ensure services are delivered as outlined in the PCP, POC and are based on individual need.

#### Qualifications:

- a. All providers shall be at least 18 years of age.
- b. Staff who have direct contact with or direct responsibility for the service recipient shall be able to effectively read, write, and communicate verbally in English and shall be able to read and understand instructions, perform record-keeping, and write reports.
- c. Any waiver service provider who is responsible for transporting a service recipient shall ensure that the driver has a valid driver's license and automobile liability insurance.
- d. Staff who have direct contact with or direct responsibility for the service recipient shall pass a criminal background check performed in accordance with AMA and ADMH Policies/Procedures
- e. Waiver service providers shall not have been excluded from participation in the Medicare or Medicaid programs.
- f. All providers must comply with ADMH/DD policies, procedures, and rules for waiver service providers, including quality monitoring requirements.
- g. Must have an annual TB Skin test.

#### Documentation:

Providers must have documented record of having completed training prior to providing services. Providers of service must maintain a service log that documents specific dates on which services were delivered, consistent with the consumers plan of care. All service visits should be signed by the individual being served at each visit. Each visit signature must be original. Copied signatures will not be accepted.

An applicant wishing to provide Supported Living Services under this waiver does not need to provide evidence of compliance with fire and health standards because the service will be provided in the individual's home. Instead, a new applicant shall submit to the Division a written plan in the form of a proposal, together with an application for programmatic certification, describing how the programmatic standards referenced above will be met. Certification surveys will follow the standards for Hourly Service Providers and may include visits to the homes of individuals being served.

When the application, supporting data, and site visit, if applicable, prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the ADMH/DD Division.

Programmatic re-surveys are conducted at one- or two-year intervals depending on the previous survey outcome.

**Verification of Provider Qualifications****Entity Responsible for Verifications:**

ADMH/DD Certification Surveyors

**Frequency of Verification:**

Annually or biennially according to survey scores.

**RESIDENTIAL HABILITATION SERVICES****Category****Sub-Category****02 Round-the-Clock Services****02011 Group Living, Residential Habilitation****Service Definition:**

Residential Habilitation service is a type of residential service selected by the person supported, offering individualized services and supports that enable the person supported to acquire, retain, or improve skills necessary to reside in a community-based setting and which supports each resident’s independence and full integration into the community, and ensures each resident’s choice and rights. Residential Habilitation services shall be provided in a dwelling which may be rented, leased, or owned by the Residential Habilitation provider, and shall comport fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, and set forth in the person-centered plan and plan of care. Participants receiving residential services should have enforceable leases agreed upon and signed by the individual and he/she is entitled to file an appeal, as needed and are regarded similarly as those without disabilities in respect to signed lease/rental agreements. Freedom of choice also includes the right to select any provider with an active provider agreement with the Department of Mental Health Division of Developmental Disabilities if the provider is available, willing, and able to provide the services needed, and choice of the setting in which services and supports are received which shall be integrated in, and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. The individual has the right to a rental agreement that is fully enforceable.

1) Residential habilitation services provide care, supervision, and skills training in activities of daily living, home management and community integration. All settings that are so required must have appropriate site and programmatic certification from the Operating Agency.

Residential habilitation activities must relate to identified, planned goals. Training and supervision of staff by a QIDP shall assure the staff is prepared to carry out the necessary training and support functions to achieve these goals. Initial training requirements must be met prior to the staff beginning work. For recipients living in certified residences, staff must be trained regarding the individual's person-centered plan prior to beginning work with the recipient.

The service includes the following:

Habilitation training and intervention in the areas of self-care, sensory/motor development, interpersonal skills, communication, behavior shaping and supports, community living skills, mobility, health care, socialization, community inclusion, money management, pursuit of leisure and recreational activities and household responsibilities. Training and intervention may consist of incidental learning in addition to formal training plans and will also encompass modification of the physical and/or social environment. This may mean changing factors that impede progress (i.e. moving a chair, substituting Velcro closures for buttons or shoe laces, helping to shift attitudes toward the individual being supported, opening a door for someone, etc.) and provision of direct support, as alternatives to formal habilitative training.

Habilitation supplies and equipment that are not considered as a waiver service (specialized medical supplies and specialized medical equipment) are not considered in the daily rate for residential services and should be included as room and board; transportation costs to transport individuals to day programs, social events or community activities when public transportation and/or transportation covered under the Medicaid state plan are not available will be included in payments made to providers of residential habilitation. Residential Habilitation service workers may transport individuals in their own vehicles as an incidental component of Residential rates.

Providers of Residential Habilitation must present proof certification of training and qualifications of staff delivering services in Specialized Medical Homes and/or in Specialized Behavioral homes to Certification and when staffing changes occur, must present proof to the CSD in the Regional Office. The provider of residential service is responsible for checking both AMA and the OIG exclusion lists each month to ensure employee have not been debarred from providing Medicaid services. Documentation of the monthly checks is required.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Providers of residential habilitation must be certified by the Department of Mental Health. Small settings are encouraged. No new home will be certified for residence of more than six individuals. The DDD shall not certify programs or settings where there exists a cluster of such settings. Clusters shall be defined as multiple program or residential settings located on the same street, court, etc. where these type settings constitutes more than twenty five percent (25%) of all settings. The DDD shall not certify programs or settings where two or more are directly next to one another or share a property line, regardless of whether these settings result in less that twenty-five (25%) percent of the total settings on a street , court, etc.

The service excludes the following:

Services, directly or indirectly, provided by a member of the individuals immediate family; Routine care and supervision which would be expected to be provided by a family; Activities or supervision for which a payment is made by a source other than Medicaid; and Room and board costs.

Home accessibility modifications, when covered as a distinct service under the waiver may not be furnished to an individual in a provider setting. Residential Services shall not be provided in inpatient hospitals, nursing facilities, and Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFs/IID).

#### **Provider Specifications for Services**

**Service Type:** Statutory Service

**Service Name:** Residential Habilitation

**Provider Type:** Community Residential Facility

**Al. Administrative Code Chapters 580-3-23 and 580-5-33**

#### **Provider Qualifications:**

##### **Other Standard:**

Documentation:

Providers must have documented record of having completed training prior to providing services. Providers of service must maintain a service log that documents specific dates on which services were delivered, consistent with the consumer's person-centered plan.

##### Residential Habilitation Provider Qualifications

The Department of Mental Health, Division of Developmental Disabilities requires certification of programs delivering Residential Habilitation services. Standards are in Al. Administrative Code Chapters 580-3-23 and 580-5-33.

An applicant wishing to provide Residential Habilitation Services must provide written statements of certification of the facility's compliance with fire and health standards where applicable and submit these and other documentation to the Division of Developmental Disabilities.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one- or two-year intervals depending on the previous survey outcome.

Programs delivering Residential Habilitation services shall have a written mission statement for dissemination to prospective clients and their families. This mission statement shall address:

Program philosophy and purpose; Geographical area served;  
Range of services provided; and

Population served, including criteria for service eligibility, program admission and program discharge.

Each Residential Habilitation program must develop and maintain appropriate, up-to-date staffing schedules for each facility. Program staff ratios and staff work schedules shall be maintained to meet the needs of clients. An emergency, on-call staff person, in addition to those normally required to maintain appropriate staffing patterns, shall be available. Staff scheduling and work place assignments shall be so arranged as to provide continuous on-site response capability in the event of individual needs. The staffing pattern shall be appropriate to the type and scope of programmed services and shall include staff members who meet qualifications set forth in the approved job descriptions. If a program is contracted to serve clients who require considerable guidance and supervision (i.e., moderately and severely physically disabled individuals, individuals who are aggressive, assaultive or are security risks, or clients who exhibit severely hyperactive or psychotic behavior), the daily ratio of training staff to clients may vary from 1:1 to 1:8, depending on programmatic and support need. This ratio shall be justified and documented. If a program is contracted to serve individuals requiring training or assistance in basic independent living skills, the training staff-to-client daily ratio shall not exceed 1:10.

Residential Aides must possess a high school diploma or its equivalency, must be able to perform the essential functions of the job and be able to follow plans of care.

Residential Habilitation services will be delivered/supervised by a Qualified Intellectual Disabilities Professional in coordination with the individual's person-centered plan.

Residential providers must also demonstrate:

- a. Ability and capacity to offer members regular (daily) opportunities to access the broader community.
- b. Use of an individualized service planning process that ensures individual member goals are identified and used to guide service delivery and opportunities offered both in the facility and in the broader community.
- c. Understanding and use of community mapping strategies to identify opportunities for community involvement and participation that align with each member's individualized interests and desires with regard to type(s) of community involvement and community contributions they prefer.

#### SPECIALIZED MEDICAL RESIDENTIAL SERVICES PROVIDER

##### REQUIREMENTS

- a. 24/7 LPN services. LPN serves as one of at least two staff on duty in a home with no more than 4 persons residing. LPN provides ongoing treatment and medical services and supports as identified by assessed needs of an RN, other Medical Professionals, and the person-centered team.
- b. RN services. The RN serves in an administrative capacity such as a Home Manager or QIDP. The RN provides clinical supervision to the LPN and oversees training, implementation and compliance with the Department of Mental Health's Nurse Delegation Program. Other duties may include serving as back-up staff in the absence of the LPN, procurement of needed specialized medical supplies and equipment, primary liaison between individuals receiving services and all required health care professionals, and annual nursing assessment, etc.
- c. Physician services. The agency ensures that individuals have a primary care physician or group of physicians. The individual, their family, and/or their legal representative, to the extent possible, choose their primary care physician or group. The agency provides a comprehensive set of medical records to the primary care physician or group to include summary of current diagnoses, treatment modalities and their rationale, history of previous conditions and issues associated with current diagnoses and successful and failed treatments, etc.
- d. Staff training. The agency ensures that all staff working with individuals supported are provided with specific training related to all aspects of person's medical situations, signs and symptoms related to specific conditions, and other specialized delegated treatments as outlined in the Nurse Delegation Program and Nurse Practice Act.
- e. Medical needs. To qualify for a special medical services provider rate, individuals must have 3 or more medical conditions.

#### SPECIALIZED BEHAVIORAL SERVICES PROVIDER REQUIREMENTS

- a. Board Certified Behavior Analyst (BCBA) Services-Support Plan. The agency must employ or have
- b. access to a BCBA to complete the functional assessment for persons identified to need a Behavior Support Plan (BSP). A QIDP can write the plan based on the assessment. However, the BCBA should review and approve prior to review by the Behavior Program Review Committee (BPRC) and the Human Rights Committee (HRC).
- c. BCBA-Medication Plan. Individuals who take Psychotropic Medication, a formal Psychotropic Medication Plan is required. A QIDP can develop the plan which, can be part of the BSP or a stand- alone document. However, the BCBA should review and approve prior to review by the BPRC and the HRC.

- d. Staff training-Professional staff. The BCBA and QIDP must complete a set of courses established by ADMH which will be the core curriculum of behavioral services training. Included in the core curriculum will be the Behavioral Services Procedural Guidelines and other training as required and determined to be of best practice by the Director of Psychological and Behavioral Services. These guidelines provide greater detail regarding the provision of behavioral services in Alabama that include a list of approved procedures, acceptable methods of data collection, and content requirements of the BSP.
- e. Staff Training-Direct Support Staff. All direct support staff who work with an individual who has a BSP and/or Psychotropic Medication Plan must be provided specific training on that person's plan, by the BCBA or QIDP, before they can work with the individual. This training is in addition to the initial and annual training requirements for management of challenging behaviors. The initial and annual refresher training should be provided by a certified trainer through a nationally recognized company.
- f. Behavioral needs. To qualify for a special behavioral services provider rate, individuals must have an initial screening by a member of one of the Comprehensive Support Services Team (CSST) leaders, present a clear and present danger to self and/or others, Behavior Therapy Units and specialized behavioral services approved by the director of Psychological and Behavioral Services. Specialized rates will be approved in 6 month increments and be based on data collect/driven decision making.

#### REQUIREMENTS

- a. 24/7 LPN services. LPN serves as one of at least two staff on duty in a home with no more than 4 persons residing. LPN provides ongoing treatment and medical services and supports as identified by assessed needs of an RN, other Medical Professionals, and the person-centered team.
- b. RN services. The RN serves in an administrative capacity such as a Home Manager or QIDP. The RN provides clinical supervision to the LPN and oversees training, implementation and compliance with the Department of Mental Health's Nurse Delegation Program. Other duties may include serving as back-up staff in the absence of the LPN, procurement of needed specialized medical supplies and equipment, primary liaison between individuals receiving services and all required health care professionals, and annual nursing assessment, etc.
- c. Physician services. The agency ensures that individuals have a primary care physician or group of physicians. The individual, their family, and/or their legal representative, to the extent possible, choose their primary care physician or group. The agency provides a comprehensive set of medical records to the primary care physician or group to include summary of current diagnoses, treatment modalities and their rationale, history of previous conditions and issues associated with current diagnoses and successful and failed treatments, etc.
- d. Staff training. The agency ensures that all staff working with individuals supported are provided with specific training related to all aspects of person's medical situations, signs and symptoms related to specific conditions, and other specialized delegated treatments as outlined in the Nurse Delegation Program and Nurse Practice Act.
- e. Medical needs. To qualify for a special medical services provider rate, individuals must have 3 or more medical conditions.

#### SPECIALIZED BEHAVIORAL SERVICES PROVIDER REQUIREMENTS

- a. Board Certified Behavior Analyst (BCBA) Services-Support Plan. The agency must employ or have
- b. access to a BCBA to complete the functional assessment for persons identified to need a Behavior Support Plan (BSP). A QIDP can write the plan based on the assessment. However, the BCBA should review and approve prior to review by the Behavior Program Review Committee (BPRC) and the Human Rights Committee (HRC).
- c. BCBA-Medication Plan. Individuals who take Psychotropic Medication, a formal Psychotropic Medication Plan is required. A QIDP can develop the plan which, can be part of the BSP or a stand- alone document. However, the BCBA should review and approve prior to review by the BPRC and the HRC.
- d. Staff training-Professional staff. The BCBA and QIDP must complete a set of courses established by ADMH which will be the core curriculum of behavioral services training. Included in the core curriculum will be the Behavioral Services Procedural Guidelines and other training as required and determined to be of best practice by the Director of Psychological and Behavioral Services. These guidelines provide greater detail regarding the provision of behavioral services in Alabama that include a list of approved procedures, acceptable methods of data collection, and content requirements of the BSP.
- e. Staff Training-Direct Support Staff. All direct support staff who work with an individual who has a BSP and/or Psychotropic Medication Plan must be provided specific training on that person's plan, by the BCBA or QIDP, before they can work with the individual. This training is in addition to the initial and annual training requirements for management of challenging behaviors. The initial and annual refresher training should be provided by a certified trainer through a

nationally recognized company.

- f. Behavioral needs. To qualify for a special behavioral services provider rate, individuals must have an initial screening by a member of one of the Comprehensive Support Services Team (CSST) leaders, present a clear and present danger to self and/or others, Behavior Therapy Units and specialized behavioral services approved by the director of Psychological and Behavioral Services. Specialized rates will be approved in 6 month increments and be based on data collect/driven decision making.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on services monitoring concerns.

## ASSISTIVE TECHNOLOGY SERVICES

**Category**

**Sub-Category**

**14 Equipment, Technology, & Modifications**

**14031 Equipment and Technology**

**Services Definition:**

Assistive technology means an item, piece of equipment (including any equipment not covered by Medicaid State Plan Services), service animal or product system, whether acquired commercially, modified or customized that is used to increase, maintain, or improve functional capabilities of participants. Assistive technology services means a service that directly assist an individual in the selection, acquisition, or use of an assistive technology device that may includes:

- a. the evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant
- b. services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for participants
- c. services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices
- d. coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan
- e. training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant; and
- f. training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants. Providers of this service must maintain documentation of items purchased for each individual.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

A prescription from the participant's physician is required for this service. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the recipient. Payment is for the cost of the item provided.

There is a \$5,000 per year, per individual maximum cost. For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.

Self-Directed Assistive Technology is only available to those participants who are self-directing personal care, companion and/or LPN/RN services.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Assistive Technology Services  
**Provider Type:** Home Medical Equipment and Services Providers  
Al. Administrative Code Chapters 580-3-23 and 580-5-33

**Other Standard:**  
Providers of this service must meet the same standards required for the providers under the Alabama State Plan.

**Verification of Provider Qualifications**  
**Entity Responsible for Verifications:**  
Licensure is by the Alabama Board of Home Medical Equipment Services Providers

**Frequency of Verification:**  
Annually

**Provider Specifications for Services**  
**Service Type:** Other Service  
**Service Name:** Assistive Technology Services  
**Provider Type:** Self-Directed Home Medical Equipment Agency

**License:**  
Licensure is by the Alabama Board of Home Medical Equipment Services Providers

**Provider Qualifications:**  
**Other Standard:**  
Providers of this service must meet the same standards required for the providers under the Alabama State Plan.

**Verification of Provider Qualifications**  
**Entity Responsible for Verifications:**  
FMSA

**Frequency of Verification:**  
Upon Purchase

## ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS SERVICES

Category	Sub-Category
14 Equipment, Technology, and Modifications	14020 Home and/or Vehicle Accessibility Adaptions

**Service Definition:**  
Those physical adaptations to the home, required by the individual plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home and without which, the recipient would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the recipient, but shall exclude those adaptations or improvements to the home which are of general utility and not of direct medical or remedial benefit to the waiver client, such as carpeting, roof repair, central air conditioning, etc. Adaptations that add to the total square footage of the home are excluded from this benefit. An evaluation by a Physical Therapist may be necessary to assist in the determination of structural requirements and need for the EAA service. All services shall be provided in accordance with applicable State or local building codes as well as ADA Standards.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:  
Rental and leased property are excluded from modifications as it the landlord's responsibility for ensuring property is

accessible, however, in the event that costs prohibits adaptations, some modification could be considered , such as, modular ramps or any that could be moved if the individual changes residents. Adaptations to the work environment covered by the Americans with Disabilities Act, or those that are the responsibility of other agencies, are not covered. Covered adaptations of

rented or leased homes should be those extraordinary alterations that are uniquely needed by the individual and for which the property owner would not ordinarily be responsible.

Payment is for the cost of material and labor. The unit of service would be the job. Total costs of environmental accessibility adaptations shall not exceed \$5,000 per year, per individual. This service does not require a prescription from the participant's physician. All other community resources should be explored and exhausted prior to expending waiver funding.

Self-Directed Environmental Accessibility Adaptations are only available to those participants who are self-directing personal care, companion and/or LPN/RN services.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Environmental Accessibility Adaptations

**Provider Type:** Self-directed Contractor

**Service Delivery:** Participant-directed  
Provider Managed

**Provider Qualifications:**

**License:**

Meets all applicable State (Alabama Code 230-X-1) and Local Licensure requirements.

**Other Standard:**

All construction, wiring, plumbing meets applicable building codes.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

Alabama Licensing Board for General Contractors.

**Frequency of Verification:**

Annually

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Environmental Accessibility Adaptations

**Provider Type:** Contractor

**Service Delivery:** Participant-directed  
Provider Managed

**Provider Qualifications:**

**License:**

Meets all applicable State (Alabama Code 230-X-1) and Local Licensure requirements.

**Other Standard:**

All construction, wiring, plumbing meets applicable building codes.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

Alabama Licensing Board for General Contractors.

**Frequency of Verification:**

Annually

## **SPECIALIZED MEDICAL SUPPLIES**

**Category**

**14 Equipment, Technology, and Modifications**

**Sub-Category**

**14032 Supplies**

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**Service Definition:**

Specialized medical supplies are those which are specified in the plan of care and are necessary to maintain the individual's health, safety and welfare, prevent further deterioration of a condition, or increase an individual's ability to perform activities of daily living. Specialized medical supplies are supplies that address the participant's physical health and any ancillary supplies. All items shall meet applicable standards of manufacture and design.

Providers of this service must maintain documentation of items purchased for each individual. State plan services must be utilized prior to the expenditure of waiver funds for medical supplies.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Supplies reimbursed under this service shall not include common over-the-counter personal care items, supplies otherwise furnished under the Medicaid State plan, and items which are not of direct medical or remedial benefit to the recipient and does not include items such as soap, cotton swabs, toothpaste, deodorant, shampoo or sanitary items. Costs for medical supplies are limited to \$1800 per year, per individual and must be prescribed by the participant's physician. This service is not available to participants under the age of 21 years as medical supplies are covered through EPSDT for this age group.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Specialized Medical Supplies

**Provider Type:** Self-directed Medical Supply Provider (Individual)

**Service Delivery:** Participant Directed as Specified in Appendix E  
Provider Managed

**Provider Qualifications:**

**Other Standard:**

Authorized Medical Supplies Vendor

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

FMS

**Frequency of Verification:**

Initially and Annually

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Specialized Medical Supplies

**Provider Type:** Self-directed Medical Supply Provider

**Service Delivery:** Participant Directed as Specified in Appendix E  
Provider Managed

**Provider Qualifications:**

**License:**

Business License

**Certificate:**

Certified by the Board of DME and DMH Certification

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

DMH/DD Certification

**Frequency of Verification:**

Prior to contract, annually and biennially

## INDIVIDUAL DIRECTED GOODS AND SERVICES

**Category**

**Sub-Category**

17 Other Services

17010 Goods and Services

**Service Definition:**

Individual Directed Goods and Services are services available to only those participants self-directing services who are able to save funds through negotiation of worker's employment wages. Individual goods and services include equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the service plan (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant's safety in the home environment; the item or service is not illegal or otherwise prohibited by Federal and State statutes and regulations, and the participant does not have the funds to purchase the item or service or the item or service is not available through another source.

Goods and Services are required to meet the identified needs and outcomes in the individual's person-centered plan, are the most cost effective to meeting the assessed need, assures health, safety, and welfare, and are directly beneficial to the individual in achieving at least one of the following outcomes: Improved cognitive, social, or behavioral functioning; maintain the individual's ability to remain in the community; enhance inclusion and family involvement; develop or help maintain personal, social, or physical skills; decrease dependency on formal supports services; increase independence.

Experimental or prohibited treatments are excluded, as well as room and board; items solely for entertainment or recreation; cigarettes and alcohol.

The process begins with the enrollment meeting between the person (and family if applicable) and the self-directed liaison. The liaison will review all the employer of record paperwork and discuss the budgetary and employer authority and responsibility. During this meeting the person's budget will be discussed along with what is considered acceptable and not acceptable uses of this service and a spending plan is developed identifying items for purchase.

A list will be provided to the person (and family) indicating items that are strictly prohibited. It is also during this time that the person may identify items of interest and the savings plan is developed. These items will be listed on the person's budget and submitted to the FMSA. A copy of the spending plan will be kept in the client record and maintained by the Case Manager. The FMSA will follow their process of working with the individual on procurement and reimbursement, as well as adjust the person's budget accordingly. The FMSA will notify the Regional Office, and the case manager or self-directed liaison of the actual amount spent on Individual Directed Goods and Services monthly.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Individual Goods and Services are limited to those individuals self-directing services. The limit on amount is determined individually based on the balance of the individual's savings account at the time of the request which is maintained by the Financial Management Services Agency Annually. The duration of this service is again based on the individual's savings account balance and the individual's participation in self-directed services. If an individual return to traditional waiver services

the ability to access any dollars from the savings account and utilize this service will be terminated. Additionally, dollars not utilized will be refunded to the Division of Developmental Disabilities. Dollars can be accumulated past the fiscal year, however, cannot exceed \$10,000.00 at any given time. The case manager/liason will be responsible for monitoring the balances of the savings to ensure proper utilization. Items, goods or services that are not for the primary benefit of the participant are prohibited. Items, Goods and Services unrelated to the person's assessed long-term support needs and outcomes related to those needs are prohibited. State plan services and waiver service funds should be expended prior to the utilizing the Individual Goods and Services. The case manager has oversight of expenditures of Individual Goods and Services and must document the need of any item or service in the case record. Individual Goods and Services can be utilized prior to expenditure of waiver funds in the event her are no providers accessible in the participants are to provide the service. This must be documented in the case record.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Individual Directed Goods and Services

**Provider Type:** Home Health Care Agency or Other Merchants or Contractors

**Service Delivery:** Participant-directed as specified in Appendix E

**Certificate:**

Alabama Administrative Code Chapters 580-3-23 and 580-5-33

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

Typical vendors in the community, according to the goods, services and supports needed. The person's experience/knowledge providing the good and/or service matches the good/service provided.

**Frequency of Verification:**

Annually or at the time of purchase.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Individual Directed Goods and Services

**Provider Type:** Self-directed Vendor of Goods or Services (Family, friend, neighbor, supportive home care worker)

**Service Delivery:** Participant-directed as specified in Appendix E

**Other Standard:**

Typical vendors in the community, according to the goods, services and supports needed. The person's experience/knowledge providing the good and/or service matches the good/service provided.

**Entity Responsible for Verifications:**

Self-directed Liaison

Financial Management Services Agency (FMSA)

**Frequency of Verification:**

Annually or at the time of purchase.

## **PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) SERVICES**

**Category**

**Sub-Category**

**14 Equipment, Technology, and Modifications**

**14010 Personal Emergency Response System (PERS)**

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**Service Definition:**

Personal emergency response system (PERS) is a service that provides a direct telephonic or other electronic communications link between someone living in the community and health professionals to secure immediate assistance in the event of a

physical, emotional or environmental emergency. PERS may also include cellular telephone service used when a conventional PERS is less cost-effective or is not feasible. This service may include installation, monthly fee (if applicable), upkeep and maintenance of devices or systems as appropriate.

The use of these technologies requires assurance that safeguards are in place to protect privacy, provide informed consent, and that documented needs are addressed in the least restrictive manner. The person-centered plan should identify options available to meet the need of the individual in terms of preference while also ensuring health, safety, and welfare. Personal risk factors should be discussed, information regarding data collection should be discussed, customized list of individuals/providers to be notified of alerts should be customized, who will be allowed access to data (service provider/staff), and choice should be afforded between providers both equipment and monitoring. The person-centered plan should also include the purpose of the PERS, back-up system for PERS in times of electronic outages or failure, training of caregiver (paid and unpaid), provider/caregiver response time for different events, safeguards for protection of the person's privacy related to remote support and data collection. If remote support includes video (in person's bedroom), informed consent must be addressed (and documented) and privacy concerns should be addressed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Emergency Response System installation and testing is approximated to cost \$500.00; Emergency Response Monthly Service Fee (excludes installation and testing) is approximated to cost no more than \$83.00/month; Emergency Response system purchase is approximated to cost \$1,500.00. The maximum cost for all PERS per year is \$3000.00

This service will not be authorized for person's receiving residential habilitation. PERS will not replace supervision and monitoring of activities of daily living which are provided to meet requirements of another service (i.e. personal care; day habilitation).

Self-Directed PERS are only available to those participants who are self-directing personal care, companion and/or LPN/RN services.

#### **Provider Specifications for Services**

**Service Type:** Other Services

**Service Name:** Personal Emergency Response System

**Provider Type:** Self-directed Authorized PERS Vendor

**Service Delivery:** Provider Managed

Participant-directed as specified in Appendix E

#### **Provider Qualifications:**

##### **Other Standards:**

The PERS provider should assure that these devices, where applicable, meet Federal Communication Commission standards or Underwriters Laboratory standards or the equivalent.

The installation of PERS systems should be done by qualified installers representing the health agency managing the personal emergency response system. In the event these installers are not available the agency should seek experienced technicians to complete necessary line adaptations.

PERS Minimum Requirements:

- a) Provide an alert button or other mechanism that can be activated by the person to indicate the needs for emergency assistance and/or utilize technology to detect a possible adverse event indicating the need for immediate response.
- b) Immediately transmit/communicate the alert to a central clearinghouse that maintains 24/7 immediate/real time recognition of and response to the alert and includes a "failsafe" procedure that assures that every alert for assistance is responded to in a timely manner as defined in the person's person-centered plan or PERS parameters.
- c) A call tree that reflects the person's needs and preferences.
- d) Assurance that any agency or individual who creates, collects, records, maintains, stores, or discloses any individually identifiable participant data complies with the Health Insurance Portability and Accountability Act (HIPAA) and all other data privacy laws and requirements.
- e) Address the documented risk factors and preferences of the person.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

FMSA

**Frequency of Verification:**

At time of purchase

**Provider Specifications for Services**

**Service Type:** Other Services

**Service Name:** Personal Emergency Response System

**Provider Type:** Service Provider Agency and authorized PERS vendor

**Service Delivery:** Provider Managed

Participant-directed as specified in Appendix E

**Provider Qualifications:**

**Other Standard:**

The PERS provider should assure that these devices, where applicable, meet Federal Communication Commission standards or Underwriters Laboratory standards or the equivalent.

The installation of PERS systems should be done by qualified installers representing the health agency managing the personal emergency response system. In the event these installers are not available the agency should seek experienced technicians to complete necessary line adaptations.

**PERS Minimum Requirements:**

- a) Provide an alert button or other mechanism that can be activated by the person to indicate the needs for emergency assistance and/or utilize technology to detect a possible adverse event indicating the need for immediate response.
- b) Immediately transmit/communicate the alert to a central clearinghouse that maintains 24/7 immediate/real time recognition of and response to the alert and includes a "failsafe" procedure that assures that every alert for assistance is responded to in a timely manner as defined in the person's person-centered plan or PERS parameters.
- c) A call tree that reflects the person's needs and preferences.
- d) Assurance that any agency or individual who creates, collects, records, maintains, stores, or discloses any individually identifiable participant data complies with the Health Insurance Portability and Accountability Act (HIPAA) and all other data privacy laws and requirements.
- e) Address the documented risk factors and preferences of the person.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

ADMH

**Frequency of Verification:**

At time of purchase

## **OCCUPATIONAL THERAPY SERVICES**

**Category**

**Sub-Category**

**11 Other Health and Therapeutic Service 11080 Occupational Therapy**

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**Service Definition:**

Occupational therapy is the application of occupation-oriented or goal-oriented activity to achieve optimum functioning, to prevent dysfunction, and to promote health. The term occupation as used in occupational therapy refers to any activity engaged in for evaluation, specifying, and treating problems interfering with functional performances. Services include assisting in the evaluation of an individual to determine level of functioning by applying diagnostic and prognostic tasks and

guiding and treating individuals in the prescribed therapy to secure and/or obtain necessary functioning. Provision of this service will prevent institutional placement.

Therapist may also provide consultation and training to staff or caregivers (such as clients family and /or foster family). Consultation/Training Services to direct caregivers will be allowed when the service to caregivers is for the direct benefit of the recipient and is necessary to enable the recipient to be cared for outside of an institution.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Occupational Therapy requires a physician's prescription and documentation in the form of an initial assessment and development of a treatment plan with established goals that must be present in the case record and must justify the need for service. Services must be listed on the care plan and be provided and billed in 15-minute units of service. Occupational therapy is limited to no more than 50 hours or 200 units for the initial plan. If it appears that more therapy is needed, the OT will re-evaluate and submit another treatment plan that includes goals and outcomes, to the case manager who will complete a request for action to the CSD to approve. No more than an additional 50 hours, or 200 units will be allowed per occurrence per individual. The OT should teach the primary caregiver how to continue needed exercises for the participant. Occupational therapy under the waiver is not available to children under the age of 21 when provided as the result of an EPSDT screening, because that service is covered under the State Plan. Group therapy is not allowed.

**Documentation**

Providers of service must maintain a service log that documents specific days on which occupational therapy services were delivered. Occupational therapist must document each therapy session in a treatment note and must sign each note denoting whether or not progress is made.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Occupational Therapy

**Provider Type:** Occupational Therapist employed or contracted by a certified agency

**Service Delivery:** Provider Managed

**Provider Qualifications:**

**License:**

Occupational Therapists are licensed under the Code of Alabama, 1975 Sec. 34-39-5

**Certificate:**

Alabama Administrative Code Chapters 580-3-23 and 580-5-33.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on services monitoring concerns.

## PHYSICAL THERAPY SERVICES

**Category**

11 Other Health and Therapeutic Services

**Sub-Category**

11090 Physical Therapy

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**Service Definition:**

Physical therapy is treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures with or without assistive devices, for the purpose of preventing,

correcting, or alleviating a physical or mental disability. Services must begin with the PT evaluation that, if necessary, results in the development of a treatment plan. The treatment plan should outline the frequency of service, goals of therapy, and outcomes or milestones to be reached by the participant. The PT may recommend exercises to the participant/family that will be completed at home that will help to ensure maximum potential is reached. The evaluation of an individual to determine level of functioning by applying diagnostic and prognostic tasks and providing treatment training programs that are designed to: preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination and facility performing activities of daily living; and prevent irreducible progressive disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation. Therapist may also provide consultation and training to staff or caregivers (such as client's family and/or other caregiver). Services to direct caregivers will be allowed when the service to caregivers is for the direct benefit of the recipient and is necessary to enable the recipient to be cared for outside of an institution.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Physical Therapy requires a physician's prescription and documentation in the form of an initial assessment and development of a treatment plan with established goals that must be present in the case record and must justify the need for service. Services must be listed on the care plan and be provided and billed in 15-minute units of service. Physical therapy is limited to no more than 50 hours or 200 units for the initial plan. If it appears that more therapy is needed, the PT will re-evaluate and submit another treatment plan that includes goals and outcomes, to the case manager who will complete a request for action to the CSD to approve. No more than an additional 50 hours, or 200 units will be allowed per occurrence per individual. The PT should teach the primary caregiver how to continue ROM exercises for the participant. Physical therapy under the waiver is not available to children under the age of 21 when provided as the result of an EPSDT screening, because that service is covered under the State Plan. Group therapy is not allowed.

#### Documentation

Providers of service must maintain a service log that documents specific days on which physical therapy services were delivered. Physical therapist must document each treatment note and must sign each note denoting whether or not progress is made.

#### Provider Specifications for Services

**Service Type:** Other Service

**Service Name:** Physical Therapy

**Provider Type:** Physical Therapist Employed or Contracted by a Certified Agency

#### Provider Qualifications:

##### License:

Physical Therapist employed or contracted by a certified agency.

##### Certificate:

Alabama Administrative Code Chapters 580-3-23 and 580-5-33

#### Verification of Provider Qualifications

##### Entity Responsible for Verifications:

DMH Certification Surveyors

##### Frequency of Verification:

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on services monitoring concerns.

## SPEECH AND LANGUAGE THERAPY SERVICES

### Category

11 Other Health and Therapeutic Services 11100

### Sub-Category

Speech, Hearing, and Language Therapy

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**Service Definition:**

Speech and language therapy include diagnostic, screening, preventive, corrective services provided on an individual basis, when referred by a physician (M.D., D.O.). These services may include: Screening and evaluation of individuals, speech and hearing functions and comprehensive speech and language evaluation; participation and may include swallowing therapy in the continuing interdisciplinary evaluation of individuals for purposes of implementing, monitoring and following up on individuals habilitation programs; and treatment services as an extension of the evaluation process that include: consulting with others working with the individual for speech education and improvement, designing specialized programs for developing an individual communication skills comprehension and expression. Provision of this service in the community is an alternative to an institutional level of care. Therapist may also provide training to staff and caregivers (such as a clients family and/or foster family).

Services to direct caregivers will be allowed when the service to caregivers is for the direct benefit of the recipient and is necessary to enable the recipient to be cared for outside of an institution. Speech Therapy is expected to be therapeutic with outcomes and goals based on the therapist evaluation.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Services must be listed on the care plan and prescribed by the participant's physician and related to a participant's particular diagnosis. An evaluation is required by the speech therapist to determine the need for service. If there is a need for service, the Speech Therapist must develop the treatment plan outlining the frequency of service and length of time expected to meet outlined goals and expected outcomes. The need for service must be documented in the case record and the outcome is expected improvement for the waiver participant. Speech and Language Therapy is limited 30 visits in any one planned therapy program. The service is expected to terminate when the goals of the developed treatment plan are met or when no further progress is anticipated. However, a request for an extension of therapy, up to an additional 30 visits, complete with proper justification showing the progress toward the goal(s) must be submitted by the case manager to the CSD for approval following the regular RFA established process.

Services shall be provided and billed as an encounter unit of service and with only one encounter daily. Documentation of service provided by the Speech Therapist is required for each encounter and each note must be signed by the therapist. Notes must be maintained in the client file. Speech/Language Therapy must be due to an acute episode and should terminate once therapy becomes maintenance in nature. Speech/language therapy under the waiver is not available to children under the age of 21 when provided as the result of an EPSDT screening, because that service is covered under the State Plan. Group therapy will not be reimbursed.

Providers of service must maintain a service log that documents specific days on which speech and language therapy services were delivered and detailed documentation of what the service entailed. Therapist must keep notes and document participant progress toward the planned goals. Documentation of progress toward specific goals are required.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Speech and Language Therapy

**Provider Type:** Speech Therapist employed or contracted by a certified agency

**Service Delivery:** Provider Managed

**Provider Qualifications:****License:**

Speech Therapists are licensed under the Code of Alabama, 1975 Sec. 34-28A-1, Ch. 870-x-1-7

**Certificate:**

Al. Administrative Code Chapters 580-3-23 580-5-33.

**Verification of Provider Qualifications****Entity Responsible for Verifications:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or Bi-Annually for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

## **POSITIVE BEHAVIOR SUPPORT SERVICES**

**Category**

**Sub-Category**

**10 Other Mental Health and Behavioral Services**

**10040 Behavior Support**

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**Service Definition:**

Positive Behavior Support (PBS) is a set of researched-based strategies that combine behavioral and biomedical science with person-centered, valued outcomes and systems change to increase quality of life and decrease problem behaviors by teaching new skills and making changes in a person's environment. The strategies take into consideration all aspects of the person's life and are intended to enhance positive social interactions across work, academic, recreational, and community settings while reducing actions that are not safe or that lead to social isolation, loneliness or fearfulness. PBS provides framework for approaches that emphasize understanding the person, strengthening environment that build on individual strengths and interests, and decreasing interventions that focus on controlling problematic behavior in order to fit the person's environment. Billable tasks include: conducting functional behavior assessments, behavior support plan (BSP) development, training to implement the BSP, data entry/analysis/graphing, monitoring effectiveness of BSP, writing progress notes/reports, etc. BSP may include consultation provided to families, other caretakers, and habilitation services providers. BSP shall place primary emphasis on the development of desirable adaptive behavior rather than merely the elimination or suppression of undesirable behavior. A behavior support plan may only be implemented after positive behavioral approaches have been tried, and its continued use must be reviewed every thirty days with reports due quarterly.

Positive Behavior Support (PBS) waiver service is comprised of two general categories of service tasks. These are:

(1) development of a Behavior Support Plan (BSP) and (2) implementation of a BSP. In addition, this waiver service has three service levels: two professional and one technical, each with its own procedure code and rate of payment. The service levels are distinguished by the qualifications of the service provider and by supervision requirements. Both professional and technical level service providers may perform tasks within both service categories, adhering to supervision requirements that are described under provider qualifications.

The two professional service provider levels are distinguished by the qualifications of the person providing the service. Both require advanced degrees and specialization, but the top level also requires board certification in behavior analysis. The third service provider level is technical and requires that the person providing the service be under supervision to perform PBS tasks. Providers of this service is required to perform the required monthly exclusion lists, AMA and OIG for all staff. Documentation of monthly checks are required.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The maximum units per year of both professional and technician level units in combination cannot exceed 1200 and the maximum units of any combination of professional level one (1) or two (2) cannot exceed 800. Maximum units of Technician level service are the balance between billed professional level one (1) and two (2) units and the combined maximum per year. Professional level providers may provide more than the 800 unit limit, but these additional units will be paid at the Technician level up to the 1200 max on total units. Providers of service must document which tasks are provided by date performed in addition to their clinical notes. There will be no accommodation for exceeding the overall cap of 1200 units for all three levels. The following do not qualify for billing under this waiver service: 1) individual or group therapy, 2) group counseling, 3) behavioral procedures not listed in a formal BSP or that do not comply with the current Behavioral Services Procedural Guidelines and Community Certification Standards, 4) non-traditional therapies, such as music therapy, massage therapy, etc., 5) supervision.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Positive Behavior Support

**Provider Type:** Individual Employed or Contracted by a Certified Agency

**Service Delivery:** Provider Managed

**Provider Qualifications:**

**Certificate:**

Board Certified Behavior Analyst or Assistant

**Other Standard:**

Three levels of provider may provide Positive Behavior Support services. The qualifications are as follows:

Level 1: Providers must have either a Ph.D. or M.A. and be certified as a Behavior Analyst (BCBA) by the Behavior Analysis Certification Board.

Behavior Analysis Certification Board 3323 Thomasville Rd. Suite B Tallahassee, FL 32308  
[Phone \(850\) 386-4444](tel:8503864444) [FAX \(850\) 386-2404](tel:8503862404) [Web www.BACB.com](http://www.BACB.com)

Level 2: Providers must have either a Doctoral or Master's level degree in the area of Behavior Analysis, Psychology, Special Education or a related field and three years' experience working with persons with Developmental Disabilities. Level 2 providers with a Doctorate do not require supervision.

Level 3: Providers must be either a QIDP (per the standard at 43 CFR 483.430) or be a Board-Certified Assistant Behavior Analyst (BCABA). Level 3 providers require supervision averaging at a minimum of one hour per week by either a Level 1 provider or a Level 2 Doctoral provider.

All PBS service providers must complete an Orientation Training. This will consist of training to ensure providers are aware of the minimum standards of practice outlined in the Behavioral Services Procedural Guidelines adopted by the Department. Providers must also complete any additional orientation training refresher courses when BSP Guidelines have been updated. The orientation will be provided by DDD via Department of Mental Health's e-learning software. The DMH will maintain a registry of trained BPS providers and record of their orientation. The provider will maintain a record of who is supervising the Level 3 provider and will make available upon request/audit.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

DMH Certification Surveyors

**Frequency of Verification:**

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on services monitoring concerns.

## CRISIS INTERVENTION SERVICES

**Category**

**Sub-Category**

**10 Other Mental Health and Behavioral Services**

**10030 Crisis Intervention**

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**Service Definition:**

Crisis Intervention provides immediate therapeutic intervention, available to an individual on a 24-hour basis, to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the individual or of others and/or to result in the individual's removal from his current living arrangement.

Crisis intervention may be provided in any setting in which the consumer resides or participates in a program. The service includes consultation with family members, providers and other caretakers to design and implement individualized crisis

treatment plans and provide additional direct services as needed to stabilize the situation.

Individuals with intellectual disabilities are occasionally at risk of being moved from their residences to institutional settings because the person, or his family members or other caretakers, are unable to cope with short term, intense crisis situations. Crisis intervention can respond intensively to resolve the crisis and prevent the dislocation of the person at risk. The consultation which is provided to caregivers also helps to avoid or lessen future crises.

When the need for this service arises, the service will be added to the plan of care for the person. A separate crisis intervention plan will be developed to define in detail the activities and supports that will be provided. All crisis intervention services shall be approved, at least by phone followed up in writing, by the regional community service office of the DMH prior to the service being initiated.

Specific crisis intervention service components may include the following:

Analyzing the psychological, social and ecological components of extreme dysfunctional behavior or other factors contributing to the crisis;

Assessing which components are the most effective targets of intervention for the short term amelioration of the crisis;

Developing and writing an intervention plan;

Consulting with those connected to the crisis in order to implement planned interventions, and following-up to ensure positive outcomes from interventions or to make adjustments to interventions; and

Providing intensive direct supervision when a consumer is physically aggressive or there is concern that the consumer may take actions that threaten the health and safety of self and others.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Crisis intervention services are expected to be of brief duration (10 weeks, maximum). When services of a greater duration are required, the individual shall be transitioned to a more appropriate service program or setting.

#### **Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Crisis Intervention

**Provider Type:** Certified Waiver Provider or DMH (State Agency) Regional Team

**Service Delivery:** Provider Managed

#### **Certificate:**

AL Administrative Code Chapters 580-3-23, 580-5-33

#### **Other Standard:**

Providers of crisis intervention shall consist of a team under the direction and supervision of a psychologist, counselor or social worker licensed by the State of Alabama and meeting the requirements of a QIDP (as defined at 42 CFR 483.430). All team members shall have at least one year of work experience in serving persons with developmental disabilities, and shall, either within their previous work experience or separately, have a minimum of 40 hours training in crisis intervention techniques prior to providing services. The team shall be mobile and prepared to provide direct staffing if that is necessary to implement the plan.

Crisis teams may be agency based (certified waiver residential and day habilitation providers, or DMH Regional Offices), or they may stand alone.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verifications:**

DMH Certification Surveyors

##### **Frequency of Verification:**

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on services monitoring concerns.

## SKILLED NURSING SERVICES

<b>Category</b>	<b>Sub-Category</b>
05 Nursing	05020 Skilled Nursing

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### Service Definition:

Services listed in the service plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State. A RN is required to perform the supervisory visit every 60 days for a LPN providing this service.

The RN completes an in-home assessment to determine if the services may be safely and effectively administered in the home. This assessment also will identify the need for service and the amount of time needed. Services consist of nursing procedures that meet the person's health needs as ordered by a physician. There is no restriction on the place of service.

LPN services may provide skilled care for the recipient if a licensed physician prescribes the service. The LPN works under the supervision of the RN. The RN evaluates the participant and establishes the Nursing Plan of care prior to assigning services to the LPN. There is no restriction on the place of service.

This service may also, when provided to a participant or family which is self-directing personal care services, include training and supervision related to medical care and/or assistance with ordinarily self-administered medications to be provided by the personal care worker. This training and supervising component of nursing is only available to people who receive personal care at home, either agency-based or self-directed. It is not available to agencies providing residential and day programs, because payment for the nurse supervision is already included in the rate paid for those services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

RN/LPN Services must be prescribed by a physician and is based upon the individual's assessed need. The need for continued nursing must be ordered by the individual's physician every year at the time of the annual redetermination.

When Nursing is provided to self-directing participants and families, it is intended to focus on training and supervision of the personal care worker and is not intended as a private duty nursing service. Skilled nursing service under the waiver is not available to children under the age of 21, including self-directed RN/LPN, when provided as the result of an EPSDT screening, because that service is covered under the State Plan. A record of the RN/LPN visit will be captured by an Electronic Visit Verification Monitoring system.

### Provider Specifications for Services

**Service Type:** Other Service

**Service Name:** Skilled Nursing

**Provider Type:** Registered or Licensed Practical Nurse

**Service Delivery:** Participant Directed as Specified in Appendix E  
Provider Managed

### Provider Qualifications:

#### License:

Nurses are licensed under the Code of Alabama; 1975 Sec.34-21

#### Certificate:

Nurses typically are employed by certified waiver providers, Al. Administrative Code Chapters 580-3- 23 580-5-33.

**Other Standard:**

The service(s) of the nurse must be documented by a nursing note that includes the identity and Medicaid number of the consumer, the date of service, the beginning and ending time of the service, and the nursing service(s) provided within that time. In addition the nursing note should include, as appropriate, the nurse's assessment, changes in participant's condition, follow-up measures, communications with family, care-givers or physicians, training or other pertinent information. The nurse must sign and date the note.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

The Alabama Board of Nursing verifies nursing licenses. DMH Certification Surveyors verify waiver provider certification. The Employer must verify that the RN/LPN has not been debarred from providing Medicaid/Medicare services at initial hiring followed by monthly reviews of INDIVIDUALS EXCLUDED FROM PARTICIPATING IN THE ALABAMA TITLE XIX PROGRAM located on the AMA website and/or the OIG website. Documentation of all checks is required.

**Frequency of Verification:**

Nursing licenses are renewed annually. Debarment checks are conducted initially and monthly thereafter. Waiver provider certification occurs prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

**Provider Specifications for Services**

**Service Type:** Other Service

**Service Name:** Skilled Nursing

**Provider Type:** Registered or Licensed Nurse Employed by a Self-directing Participant or Family (Individual)

**Service Delivery:** Participant Directed as Specified in Appendix E  
Provider Managed

**Provider Qualifications:**

**License:**

Al. Administrative Code Chapters 580-3-23 580-5-33.

**Other Standard:**

The FMSA (Financial Management Services Agency) will hold the provider enrollment by permission of the Alabama Medicaid Agency.

Note that a nurse, either an RN or an LPN, may work for an agency and also work for an individual or family, so long as there is no duplication of payment or conflict of interest. Either issue would involve the nurse working for an agency which also provides direct services to the participant who is self-directing his or her personal care. Because both the agency's service and the self-directed service will need to be prior authorized (all waiver services are prior authorized from the plan of care), this potential conflict / duplication would be apparent to the Operating Agency, which will ensure it does not arise.

The service(s) of the nurse must be documented by a daily nursing note that includes the identity and Medicaid number of the consumer, the date of service, the beginning and ending time of the service, and the nursing service(s) provided within that time. In addition the nursing note should include, as appropriate, the nurse's assessment, changes in participant's condition, follow-up measures, communications with family, care-givers or physicians, training or other pertinent information. The nurse must sign and date the note daily

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

The Alabama Board of Nursing verifies nursing licenses. The FMSA (Financial Management Services Agency) will verify the nurse is Licensed, The employer must verify that the RN/LPN has not been debarred from providing Medicaid/Medicare services at initial hiring followed by monthly reviews of INDIVIDUALS EXCLUDED FROM PARTICIPATING IN THE ALABAMA TITLE XIX PROGRAM located on AMA website and/or the OIG website. Documentation of the checks is required.

**Frequency of Verification:**

Licenses for Nursing are renewed annually. The FMSA verification will be annual as well. The exclusion list must be checked monthly by the employer. Documentation is required to ensure the checks are completed each month.

<b>ID Waiver Service Codes and Rates (Including Self-Directed Services)</b>					
<b>Effective with Services Beginning November 1, 2019</b>					
<b>Codes</b>	<b>Services Title</b>	<b>Unit Rate</b>	<b>Unit Type</b>		
S5135:UC	Adult Companion Services	\$ 3.12	15 mins		
T2019:UC:HW	Assessment/Discovery	\$ 10.00	15 mins	Limit 120 Units	
T2029:UC:HW	Assistive Technology	At Cost	Item	Formerly SME	Cap: \$5k/year
H2014:UC	Benefits Counseling	\$ 10.00	15 mins	Prior Rate: \$5.00	
H2014:UC:HW	Benefits Reporting Assistance	\$ 3.00	15 mins	Prior Rate: \$3.12	
<b>New</b>	Community Day Habilitation Level 1	\$ 4.16	15 mins	Ratio = 1:4	Counts toward 4940
<b>New</b>	Community Day Habilitation Level 1 w/Transportation	\$ 4.80	15 mins		Counts toward 4940
<b>New</b>	Community Day Habilitation Level 2	\$ 4.76	15 mins	Ratio = 1:3	Counts toward 4940
<b>New</b>	Community Day Habilitation Level 2 w/Transportation	\$ 5.40	15 mins		Counts toward 4940
<b>New</b>	Community Day Habilitation Level 3	\$ 5.94	15 mins	Ratio = 1:2	Counts toward 4940
<b>New</b>	Community Day Habilitation Level 3 w/Transportation	\$ 6.58	15 mins		Counts toward 4940
<b>New</b>	Community Day Habilitation Level 4	\$ 9.06	15 mins	Ratio = 1:1	Counts toward 4940
<b>New</b>	Community Day Habilitation Level 4 w/Transportation	\$ 9.70	15 mins		Counts toward 4940
H2021:UC	Community Experience 1:1	\$ 9.70	15 mins	Prior Rate: \$4.20	Counts toward 4940
H2021:UC:SE	Community Experience 1:3	\$ 6.10	15 mins	Prior Rate: \$3.37	Counts toward 4940
H2011:UC	Crisis Intervention	\$ 9.36	15 mins		
T2021:UC:HW	Day Habilitation Level 1	\$ 1.94	15 mins	Ratio = 1:15	Counts toward 4940
T2021:UC:HW:SE	Day Habilitation Level 1 w/Transportation	\$ 2.26	15 mins		Counts toward 4940
T2021:UC:TF	Day Habilitation Level 2	\$ 2.74	15 mins	Ratio = 1:12	Counts toward 4940
T2021:UC:TF:SE	Day Habilitation Level 2 w/Transportation	\$ 3.05	15 mins		Counts toward 4940
T2021:UC:TG	Day Habilitation Level 3	\$ 3.53	15 mins	Ratio = 1:8	Counts toward 4940
T2021:UC:TG:SE	Day Habilitation Level 3 w/Transportation	\$ 3.84	15 mins		Counts toward 4940
T2021:UC:HK	Day Habilitation Level 4	\$ 4.53	15 mins	Ratio = 1:1	

					Counts toward 4940
T2021:UC:HK:SE	Day Habilitation Level 4 w/Transportation	\$ 4.85	15 mins		Counts toward 4940
<b>ID Waiver Service Codes and Rates (Including Self-Directed Services) Effective with Services Beginning November 1, 2019</b>					
<b>Codes</b>	<b>Service Titles</b>	<b>Unit</b>	<b>Unit Type</b>		
<b>New</b>	Employment Small Group 1:2-3	\$ 7.90	15 mins		Counts toward 4940
<b>New</b>	Employment Small Group 1:4	\$ 4.52	15 mins		Counts toward 4940
T2019:UC	Employment Support Small Group	\$ 3.84	15 mins		Counts toward 4940
S5165:UC	Environmental Accessibility Adaptations	Job	Units		Cap: \$5k/year
T2025:UC	Housing Stabilization Service	\$ 10.00	15 mins	Prior Rate: \$5.00	
T2019:UC:HN	Individual Job Coach	\$ 7.50	15 mins	Prior Rate: \$5.00	
T2019:UC:HO	Individual Job Developer	\$ 10.00	15 mins		
S9124:UC	LPN Nursing per hour	\$ 20.80	Hour		
97535:UC	Occupational Therapy	\$ 14.30	15 mins		
T1019:UC	Personal Care	\$ 4.12	15 mins	Prior Rate: \$3.90	
T1019:UC:HW	Personal Care on Worksite	\$ 6.00	15 mins	Prior Rate: \$4.35	
T2001:UC	Personal Care Transportation	\$ 0.52	Mile		
S5160:UC	Personal Emergency Response System (Initial)	Varies	Month		Cap: \$5k/year
S5161:UC	Personal Emergency Response System (Monthly Service Fee)	Varies	Month		Cap: \$6k/year
97110:UC	Physical Therapy	\$ 14.30	15 mins		
H2019:UC:HP	Positive Behavior Support Level 1 Prof Certified	\$ 19.50	15 mins		
H2019:UC:HN	Positive Behavior Support Level 2 Professional	\$ 14.30	15 mins		
H2019:UC:HM	Positive Behavior Support Level 3 Technician	\$ 9.10	15 mins		
<b>New</b>	Prevocational Community Based	\$ 24.40	15 mins		Counts toward 4940
T2015:UC	Prevocational Facility Based	\$ 12.20	Hour		Counts toward 4940
T2016:UC	Residential Habilitation	Varies	Day	IRBI	
S5150:UC	Respite In Home	\$ 3.12	15 mins		
T1005:UC	Respite Out of Home	\$ 3.12	15 mins		
S9123:UC	RN Nursing per hour	\$ 36.40	Hour		
S5135:UC:HW	Self-Directed (SD) Adult Companion Services	\$ 2.75	15 mins		
<b>New</b>	Self-Directed Assistive Technology				Cap: \$5k/year

**ID Waiver Service Codes and Rates (Including Self-Directed Services)  
Effective with Services Beginning November 1, 2019**

<b>Codes</b>	<b>Service Titles</b>	<b>Unit</b>	<b>Unit Type</b>		
S5165:UC:HW	Self-Directed Environmental Accessibility Adaptations	Varies	Item		Cap: \$5k/year
T1999:UC	Self-Directed Goods and Services	Varies	Item		Cap: \$5k/year
S9124:UC:HW	Self-Directed LPN	\$ 20.80	Hour		
T1019:UC:HN	Self-Directed Personal Care	\$ 3.48	15 mins		
S5160:UC:HW	Self-Directed Personal Emergency Response System (Initial)	Varies	Month		Cap: \$5k/year
S5161:UC:HW	Self-Directed Personal Emergency Response System (Monthly Service Fee)	Varies	Month		Cap: \$6k/year
S9123:UC:HW	Self-Directed RN	\$ 36.40	Hour		
T2028:UC:HW	Self-Directed Specialized Medical Supplies	Varies	Item		Cap: \$1,800/year
T2028:UC	Specialized Medical Supplies	At Cost	Item		Cap: \$1,800/year
92507:UC	Speech and Language Therapy	\$ 60.06	Encounter		
S0215:UC	Supported Employment Transportation-Individual Jobs	\$ 0.52	Mile		
T2003:UC	Supported Employment Transportation-Public Transportation	Varies	Mile		
<b>New</b>	Supported Living Services	\$3,087.90	Monthly		
<b>Support Coordination</b>					
G9005:U3	Support Coordination – Child/Adolescent	\$ 5.28	5 mins	56 hrs/year	
G9008:U2	Support Coordination – Adults	\$ 5.28	5 mins	56 hrs/year	