Support Coordinator/Provider Direction for Returning to Services

Assessment and Team Meetings Phase:

The Assessments and discussion with providers, nursing staff, families and individual will serve as the Core Team Meetings for request to change/add services. The Support Coordinator will advocate on behalf of the individual and their desire for alternative services in consideration of the availability of health and safety supports (e.g., identify and develop action items relating to training needs related to prevention of risk to COVID-19 exposure for PCP amendments) and also, in consideration of underlying health conditions as identified in the individual's health assessments and through the CTM.

1. Support Coordinators (SCs) will first focus on those who live at home with their families, as residential providers will still have the 19% rate increase continue until July 31, 2020. Then SCs can begin assessments for those living in residential group homes.
2. Support Coordinators will reach out to the individuals/families and appropriate provider support network to coordinate a CTM to complete the Individual Risk (and Service) Assessment (IRA) for Revised Person-Centered Planning and Person-Centered Planning using the Person-Centered Discussion Guide to guide the conversation. It will be imperative all support providers participate in this discussion when the individual receives services from multiple providers. Provider (Day and/or Residential) nurses should also participate and assist with the medical aspects of the assessments. *Note: DMH Nurses should be contacted if additional assistance is needed in assessing risk.*
3. For those who live at home with family: the families should be included in the risk assessment as they have the most knowledge about their medical conditions and/or risks.
4. Identified support action/training tasks relating to prevention of exposure should be documented in the "NEW Learning Opportunities section" of the IRA.
5. If alternative services are desired, a determination will be made if the person's provider, as indicated on their current plan of care, can provide the desired service during the CTM if the provider has representation.
6. If the current provider is not willing or unable to provide the desired service, CHOICE of provider should be offered.
7. If the current provider is willing but is not approved to provide the service needed, they should submit application to ADMH to add the service as applicable (this should NOT delay the person from getting the service if another service provider is available (CHOICE of Provider)).
   a. NOTE: Provider qualification for provision of service is in the Waiver (e.g., Provider type for Community Experience is a provider approved for Day Hab)
   b. NOTE: Community Experience does not require an ADMH application to add a service as it is included in Day Services, therefore, a separate operating certificate is not required. Providers of the Community Experience should be familiar with and comply with the waiver language that includes specific staffing ratios, requirements for 1:1 ratio, and other limitations (e.g., cannot be provided in the person's home, cannot be provided at the same time the person receives Residential Hab, etc.)
   c. NOTE: Day Hab Community can be provided in lieu of Facility Day and without going on-site to a congregate setting. If person's risk is deemed too high to be in the community with staff, SEE "d".
   d. NOTE: Appendix K 'electronic (via phone, virtual, etc) method of service delivery' NOTE: ONLY AVAILABLE WHILE K IS ACTIVE. SHOULD THE PUBLIC HEALTH PERIOD END, ALL ITEMS WAIVED IN THE APPENDIX K WILL END. – Services approved to be provided electronic are: Case Management, Personal Care services that only require verbal cueing, In-home habilitation*, Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers), Behavior Supports, Nursing, O/T, P/T, S/T. *"In-home habilitation" applies to any service (like community day or community experience) that is primarily habilitative in nature, i.e., includes skill acquisition and learning (so, not personal care, for example).*
   e. NOTE: If employment is a desired outcome, the Support Coordinator will coordinate completion of the Employment Assessment and, if individual is new to employment, follow the referral process for ADRS employment services.

f. NOTE: PPE is considered an allowable expense under Specialized Medical Supplies. All necessary documentation must be provided and inventory of the individual's supplies (if in a congregate or shared living situation) must be made available for Support Coordination and ADMH monitor's review. The provider must be familiar with this service's requirements (e.g., Rx, name on receipts, and other limitations). If the individual does not already have SMS on their POC, the request to add the service must follow the RFA process.

8. If there is no provider of service, the Regional Office Community Service Director should be contacted as soon as possible.
9. Support Coordination Agencies will provide CDC guidelines and information (provided by DMH) to families/responsible relatives to ensure educated on risks.
10. Support Coordinators may request and review the provider's COVID-19 Emergency Plans to inform individuals and families of the providers efforts to mitigate risk of infection. Support Coordinators should also report concerns relating to risk mitigation to RCS.

Once the SC Agencies has completed all assessment information for all individuals served, they should then complete the "SC COVID-19 Service Planning Data Worksheet" provided by DMH (ONLY the current services and changes to services) and send to ADMH-DDD.Questions@mh.alabama.gov

POC Revision Phase:
If a change in services is desired or needed by the individual, the below steps will be followed.

1. PCPs will be updated (or amendments provided) to include the changes in services and uploaded in notes for future Supported Coordination and ADMH monitoring purposes.
2. POC will be revised to show start date as agreed upon by team members.
3. SCs will upload all completed Risk/Employment Assessment (regardless of changes in POC) and revised POC to notes. Change status of note to "Alert" and tag the appropriate Regional Office staff for review. If there are no changes to the POC, the assessment may be uploaded without tagging the Regional Office. In order to assist with streamlining process, SC Agencies will compile a spreadsheet of all changes to be made for each person and send to the Regional Office director, financial department, and waiver coordinator.