Dear Vendor:

The Alabama Department of Mental Health (ADMH), Division of Developmental Disabilities (DDD) is soliciting proposals to provide **Medicaid Waiver services** in one designated pilot geographic area of Tuscaloosa and/or Walker counties in Alabama. Any provider qualified and interested in providing the Waiver services described in this RFP should submit a proposal in response to this RFP. **Request for Proposals (RFP) will be accepted until 12:00 pm on Friday, August 14, 2020.**

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected vendor shall not begin performing work under this contract until notified to do so by the departmental contracting agent.

When submitting a proposal, please read the entire RFP document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature. Submissions should be delivered to:

AL Department of Mental Health  
Office of Contracts & Purchasing  
100 North Union Street, Suite 570  
Montgomery, AL 36104

**MAILING NOTE:** Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are not accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must physically be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

Sincerely,

* Cedric Harrison  
Cedric Harrison, Purchasing Director  
Office of Contracts & Purchasing
RFP Closing Date & Time: 12:00 pm on Friday, August 14, 2020

Review the mailing note.

RFP Contact Info: Leola Rogers
ADMH
Office of Contracts & Purchasing
RSA Union Building
100 North Union Street, Suite 570
Montgomery, AL 36104
Telephone Number (334) 353-7440
Email: leola.rogers@mh.alabama.gov

MAILING NOTE:
Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are not accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must physically be received at the listed office by the date and time specified regardless of the delivery service used. All proposals received after the deadline will be deemed untimely and will not be reviewed.

ADDITIONAL INFORMATION

1. Who may respond to this RFP?
Certified Community Providers in good standing with the Division of Developmental Disabilities. “In good standing” means a provider not on Provisional status or with substantiated findings of abuse, neglect, mistreatment or exploitation within the past 12 months. Also eligible to respond to this RFP are Other Experienced Providers of community services, not yet certified by the Division of Developmental Disabilities, who submit sufficient information supporting their experience, ability and capacity to provide the services sought through this RFP and who indicate in their response a commitment to achieve certification through ADMH’s Division of Developmental Disabilities before the Community Waiver Program addressed in this RFP is opened for enrollment on or after January 1, 2021. “Other Experienced Providers” do not include providers who have been previously decertified by ADMH or who have relinquished their certification during a decertification process.

2. Who may not respond to this RFP? Staffing Agencies, Employees of ADMH, current state employees, and providers who do not meet the requirements outlined in 1. above.

3. Please note multiple providers meeting the requirements outlined in 1. above may jointly submit a proposal in response to this RFP. Please carefully follow the instructions in Section III of this RFP. All providers will be treated as individual vendors for contracting purposes; but a jointly submitted proposal will be scored only once and treated as one response to the RFP. A Support Coordination
provider participating in a jointly submitted proposal may only propose to provide Support Coordination services.

4. The state encourages all willing, qualified providers to submit a response to this RFP, whether they operate in Alabama currently or not.

5. In order to transact business in the State of Alabama all businesses domestic and foreign must be registered with the Alabama Secretary of State Office. (Domestic means within the State of Alabama. Foreign means out-of-state.) Website: www.sos.alabama.gov

6. If contracted with the State of Alabama, all vendors must enroll and actively participate in E-Verify. Website: https://www.e-verify.gov/

7. All vendors must register with STAARS Vendor Self Service. Website: https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService

8. The Department of Mental Health reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.

NOTE that the service definitions and proposed rates have not yet been approved by CMS are remain subject to modification by DDD in order to receive final approval by CMS.
The Alabama Department of Mental Health (ADMH), Division of Developmental Disabilities (DDD) is soliciting proposals for providers to provide Medicaid Waiver services for the new Community Waiver Program in one designated pilot geographic area of Tuscaloosa and/or Walker counties in Alabama. Therefore, any provider otherwise qualified and interested in providing the Community Waiver Program services described in this RFP in Tuscaloosa and/or Walker counties should submit a proposal in response to this RFP.

SECTION I

QUALIFICATIONS:

A. Provider Minimum Qualifications:

- Providers must be Certified Community Providers in good standing with the Division of Developmental Disabilities. “In good standing” means a provider not on Provisional status or with substantiated findings of abuse, neglect, mistreatment or exploitation within the past 12 months). Also eligible to respond to this RFP are Other Experienced Providers of community services, not yet certified by the Division of Developmental Disabilities, who submit sufficient information supporting their experience, ability and capacity to provide the services sought through this RFP and who indicated in their response a commitment to achieve certification through ADMH’s Division of Developmental Disabilities before the Waiver addressed in this RFP is opened for enrollment on or after July 1, 2020. “Other Experienced Providers” do not include providers who have been previously decertified by ADMH or who have relinquished their certification during a decertification process.”

- The Department of Mental Health, Division of Developmental Disabilities requires certification of provider agencies prior to delivering Waiver services. Information on becoming a certified community provider can be found on the Department’s website at the following link: www.mh.alabama.gov/becoming-a-community-service-provider/ Standards are in AL Administrative Code Chapters 580-3-23 and 580-5-33. Please note the services for which providers are sought through this RFP are described in detail in this RFP and may not, at this time, be fully and accurately reflected in the Administrative Code. Any certification requirements specific to the delivery of a particular waiver service must be met in order for the provider to be approved to provide that waiver service. Additionally, certification includes compliance with all applicable HCBS Settings Rule requirements. A provider may have specific settings that are currently subject to a Setting-Specific Transition-to-Compliance Plan but all policy and organizational requirements related to the HCBS Settings Rule must be met for certification.

- Provider agencies wishing to deliver one or more waiver services outlined the RFP shall have (and submit as part of response to this RFP) a written mission statement for dissemination to prospective clients and their families. This mission statement shall address:
  - Provider agency philosophy and purpose;
  - Geographical areas served;
  - Populations served;
  - How waiver participants are offered the opportunity to consider the provider before making a final choice of provider
  - How service initiation is done once an individual selects, and is referred to, the provider as an outcome of the person-centered planning process;
- How and under what circumstances an individual may be disenrolled from the provider and how disenrollment process works;
- Range of services detailed in this RFP that the provider agency intends to offer and provide; and
- A description of how the provider typically plans, arranges and provides each service in collaboration with each waiver participant who will receive the service to ensure person-centered service delivery reflective of the individual’s unique goals that the service will assist the individual to achieve.

- When the application, supporting data, and agency site visit demonstrate the provider agency is in full compliance with certification requirements applicable to the type of waiver service(s) the provider wishes to be approved to provide, a certificate will be issued by the Division of Developmental Disabilities.

- Subsequent agency site visits 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.

- Any provider owned or controlled residential service settings (Adult Family Homes and Community-Based Residential Services settings as described in this RFP) must meet fire and health standards as well as HCBS Settings Rule standards applying to these types of settings. The provider operating the setting(s) is responsible for submitting, to ADMH/DDD, a written statement(s) of certification documenting compliance with fire and health standards and additional documentation evidencing the setting(s) compliance with the relevant HCBS Settings Rule standards including but not limited to the standards applying to provider owned or controlled residential settings. The provider must receive approval for the setting(s) from the Division of Developmental Disabilities prior to permitting waiver participants to move into the home and prior to billing for waiver services. Note: If Medicaid Waiver services are provided in a setting that is not provider owned or controlled (e.g. the individual’s home; the family home), documentation of compliance with these standards is not subject to DDD review and approval.

- Each Waiver services provider must develop and maintain appropriate, up-to-date staffing schedules for each person served and/or small group of individuals served together if applicable. Staff ratios and staff work schedules shall be maintained to meet the needs of the people served and to adhere to any minimum staffing ratios established for certain services. An emergency, on-call staff person, in addition to those normally required to provide services, shall be available. Staff scheduling and workplace assignments shall be so arranged as to reliably and effectively provide the service as stipulated in its definition and in accordance with the person-centered plans for individuals receiving the service. Where individuals do not need continuous staff presence at home (if not living with natural supports), at work or in the community, the involved provider will ensure as-needed, rapid response capability in the event the person served needs assistance. The staff members who deliver services shall meet qualifications set and training requirements for the respective services as detailed in this RFP. Billing of services shall include information identifying the specific staff person(s) that delivered the billed services.

- Subcontracting is not permitted for the provision of services that are the subject of this RFP.
B. Standard Minimum Qualifications by Service Type

For Service Types: Personal Assistance-Home; Personal Assistance-Community; Breaks and Opportunities (Respite); Remote Supports-Paid Back-Up Support; Employment Supports-Individual Employment Supports; Employment Supports-Small Group Employment Supports; Employment Supports-Integrated Employment Path Services; Community Integration Connections and Skills Training; Independent Living Skills Training; Supported Living Services; Community-Based Residential Services.

Standard Minimum Provider Agency Qualifications

- Executive Director/owner/operator must possess a Bachelor’s degree from an accredited institution in Public Health, Special Education, Social Work, Business Administration, Public Administration, Psychology, or other Human Services field, or must be a Registered Nurse.
- Executive Director/owner/operator must possess, or be eligible to qualify for, licensure or certification in their particular field, if applicable.
- Executive Director/owner/operator must have considerable experience (5 or more years) working with individuals with intellectual and developmental disabilities in community settings.
- Agency must be Certified Community Provider in good standing with DDD including:
  - No placement on Provisional status within the past 24 months.
  - No substantiated findings of abuse, neglect, mistreatment or exploitation within the past 12 months.
  - Other criteria for being in good standing – are there any other reasonable expectations we can add?
- Must conduct statewide background checks of all employees to exclude those with convictions of any crime of violence or any felony.
- Must maintain an adequate number of qualified personnel to carry out the stated purpose/mission of the organization and its services/supports, including meeting any minimum required staffing ratios for delivery of services the agency provides, and providing adequate supervision to all personnel providing direct services.
- Must provide orientation/training for each employee and maintain documentation of employee completion of all such training on site.
- Must ensure minimum personnel qualifications are met for those workers directly providing each specific service the agency provides.

Standard Minimum Direct Service Personnel Qualifications (agency-employed or self-direction worker)

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must pass a pre-employment drug screen.
- TB skin test as required by Alabama Medicaid Agency.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics in the following logical order:
  - Overview of intellectual disabilities
  - Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions to community living and greater expectations that...
people with intellectual/developmental disabilities are treated with respect and afforded the same rights and opportunities as people without disabilities;

- Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served;

- Philosophy of Self-Determination and supporting Self-Determination as a direct support professional [http://ngsd.org/news/self-determination-tools-direct-support-staff] Need to check if still available resource and if not, find another one – also preview and make sure appropriate

- Person-centered supports – understanding the difference between person-centered supports and system-centered supports [https://www.youtube.com/watch?time_continue=2&v=y77y7XW8GtE&feature=emb_logo]

- Keys to providing effective and respectful direct support services including understanding Social Role Valorization [http://www.steps-forward.org/modules-social-role-valorization.html]

- Teaching to maximize independence: basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills

- Positive behavior supports and managing threatening confrontations (aggressive behavior) at home, at workplaces and in the community

- Understanding, recognizing and preventing abuse, neglect, mistreatment, and exploitation;

- Reportable Event (critical incident) identification and reporting;

- First aid;

- CPR;

- Infection control;

- Medication side effects; recognizing signs and symptoms of illness;

- Emergency preparedness

- Training on the specific service(s) the DSP will be providing including the service definition, expected outcomes, reasons the service is authorized

- Training specific to the individual(s) being served, including training on their person-centered plan and service implementation plan(s)

**Additional Qualifications Applying to Specific Services that Must Meet Standard Minimum Qualifications:**

**Employment Supports-Individual Employment Supports:**

Provider Agency Qualifications:

- Employs a program manager who will supervise DSPs providing these services and who is qualified to provide Supported Employment services by holding a CESP, ACRE or Customized Employment certification, or other qualification pre-approved by DMH/DDD, and who has at least two (2) years’ experience providing Supported Employment or similar employment services

Direct Support Professional Qualifications (if working for provider agency or self-direction worker):
For Exploration, Discovery, Job Development Plan, Job Development and Career Advancement, DSPs must qualify as a Job Developer. To do this, DSPs shall also meet the following qualifications: completion of a minimum of one certificate-based Job Development and Placement curriculum. DMH/DDD will maintain and publish on its website a current approved listing of such curriculums.

For Job Coaching and Co-Worker Supports, DSPs must qualify as a Job Coach. To do this, DSPs shall also complete and pass the online Training Resource Network Job Coaching and Consulting course before providing service (https://trn-store.com/catalog/job-coaching-and-consulting). Upon submission of proof of completion and passing of this course, DMH/DDD will reimburse the provider agency employing the Job Coach (or the Job Coach if an independent self-direction worker) for the cost of completing the course, as determined by DMH/DDD.

Employment Supports-Small Group Supports:
Provider Agency Qualifications:
• Employs a program manager who will supervise DSPs providing these services and who is qualified to provide Supported Employment services by holding a CESP, ACRE or Customized Employment certification, or other qualification pre-approved by DMH/DDD, and who has at least two (2) years’ experience providing Supported Employment or similar employment service.

Direct Support Professional Qualifications (if working for provider agency or self-direction worker):
DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass the online Training Resource Network Job Coaching and Consulting course before providing service (https://trn-store.com/catalog/job-coaching-and-consulting). Upon submission of proof of completion and passing of this course, DMH/DDD will reimburse the provider agency employing the Job Coach (or the Job Coach if an independent self-direction worker) for the cost of completing the course, as determined by DMH/DDD.

Employment Supports: Integrated Employment Path Services:
Provider Agency Qualifications:
• Employs a program manager who will supervise DSPs providing these services and who is qualified to provide Supported Employment services by holding a CESP, ACRE or Customized Employment certification, or other qualification pre-approved by DMH/DDD, and who has at least two (2) years’ experience providing Supported Employment or similar employment service.

Direct Support Professional Qualifications (if working for provider agency or self-direction worker):
DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass the online Training Resource Network Job Coaching and Consulting course before providing service (https://trn-store.com/catalog/job-coaching-and-consulting). Upon submission of proof of completion and passing of this course, DMH/DDD will reimburse the provider agency employing the Job Coach (or the Job Coach if an independent self-direction worker) for the cost of completing the course, as determined by DMH/DDD.

Community Integration Connections and Skills Training:
Prior to service delivery, must complete at least eight (8) hours of training in the philosophy and application of Home & Community Based Services, to include education about successful community integration models in other states.

- Must have at least one (1) year of experience working directly with individuals with intellectual disabilities or other developmental disabilities.
- Must hold at least a bachelor’s degree from an accredited institution in a human services field.

**Independent Living Skills Training:**

- Must have at least one (1) year of experience working directly with individuals with intellectual disabilities or other developmental disabilities.
- Must hold at least a bachelor’s degree from an accredited institution in a human services field.
- Must complete a training course on training methods provided by DDD.

**Non-Standard Minimum Qualifications Applying to Specific Services:**

**Peer Specialist Services:**

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
  - Overview of intellectual disabilities
  - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose](https://www.adaanniversary.org/findings_purpose) and importance of respecting the rights of people served
- Prior to service delivery, successfully complete at least eight (8) hours of training in best practices for offering Peer Specialist Services for each of the topical areas covered by this service that the Peer Specialist wishes to be qualified to address; and
- Complete no less than two (2) hours of annual refresher training for each of the topical areas covered by this service that the Peer Specialist wishes to be qualified to address.
- Must have successfully directed their own Person-Centered Planning process and self-directed their own services for a minimum of one (1) year
- Must have successfully obtained individualized integrated employment at a competitive wage, and/or utilizes independent/supported living options.

**Family Empowerment and Systems Navigation Counseling:**

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
  - Overview of intellectual disabilities
Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served

- Prior to service delivery, successfully complete at least eight (8) hours of training in best practices for working with families, working with individuals with intellectual disabilities, family empowerment strategies and community mapping techniques; and
- Complete no less than two (2) hours of annual refresher training.

Financial Literacy and Work Incentives Benefits Counseling:
- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
  - Overview of intellectual disabilities
  - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served
- Minimum of Associates Degree in human service or related field; and
- For Work Incentives Benefits Counseling: Must be a certified Community Work Incentives Coordinator (CWIC) or Work Incentives Practitioner (WIP); and
- For Financial Literacy Counseling: Prior to service delivery, successful completion of the “Building of the Financial Well-Being of Persons with Disabilities” curriculum from National Disability Institute offered by qualified trainer from DMH/DDD.
- Successfully complete no less than four (4) hours of annual continuing education (for Work Incentives Benefits Counselor) or refresher training (for Financial Literacy Counselor) provided by DMH/DDD

Counseling/Assistance with Alternatives to Full Legal Guardianship:
- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
  - Overview of intellectual disabilities
  - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served
- Must have evidence of training, certification and/or current knowledge of the range of alternatives to guardianship and have current knowledge of published resources available on these alternatives.
- Must have at least one (1) year of experience working as or with an attorney who handled cases involving legal guardianship.
• Must have at least one (1) year of experience working directly with individuals with intellectual disabilities or other developmental disabilities.
• Must hold at least a bachelor’s degree from an accredited institution in a human services or legal field.

Positive Behavior Supports:
• Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
• Worked in the Intellectual/Developmental Disability (IDD) field for five (5) years or more, two of which must have been at a professional level in a position that addressed challenging behavior or who worked in a related field (e.g. mental health);
• Holds an appropriate BA/BS level degree, master’s degree, other advanced degree above the level of masters or equivalent experience in a field related to human services such as psychology, social work, behavioral, disabilities or rehabilitation psychology;
• Has completed training in positive behavior supports and/or behavioral psychology.

Physical Therapy
• Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
• Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
  o Overview of intellectual disabilities
  o Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served
• Physical Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec.34-24-212.

Occupational Therapy
• Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
• Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
  o Overview of intellectual disabilities
  o Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served
• Occupational Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec. 34-39-5.

Speech and Language Therapy
• Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
• Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
  o Overview of intellectual disabilities
• Overall, the rights of people served are protected by the Americans with Disabilities Act (ADA) and its history, purpose, and findings are detailed [here](https://www.adaanniversary.org/findings_purpose) and its importance of respecting the rights of people served.

• Speech Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec. 34-28A-1, Ch. 870-x-1-7

### Housing Counseling Services:

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation, or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
  - Overview of intellectual disabilities
  - Overview of Americans with Disabilities Act findings, purpose, history [here](https://www.adaanniversary.org/findings_purpose) and importance of respecting the rights of people served
- Must have specialized training, certification and/or relevant experience in housing issues and how these impact people with disabilities.

### Skilled Nursing Services

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

### Support Coordination

- Provider of Support Coordination service may only provide this service to Medicaid Waiver participants and must not be affiliated with, or owned/co-owned by, a provider of other Medicaid Waiver services.
- Support Coordinators must meet the following minimum qualifications:
  - Bachelor’s degrees in human services field
    - Preference should be given to those with experience working with individuals with intellectual disabilities and/or working in support coordination, case management, or roles with similar responsibilities as detailed in the service definition.
    - Human Service field includes the following disciplines: Social Work, Psychology, Criminal/Juvenile Justice, Special Education, Sociology, Speech Education, Rehabilitation, Counseling, Speech Pathology, Audiology, Nursing, Physical or Occupational Therapy, and any related academic disciplines associated with the study of Human Behavior, Human Skill Development, or Basic Human Care Needs.
- The case load maximum for support coordinators shall not exceed 23 individuals.

### Community Transportation

- Stand-alone transportation companies or individual transportation providers must comply with the Alabama Motor Carrier Act and must be certified or be issued a permit to operate, as applicable, by the Alabama Public Service Commission. In addition, they must adhere to any local certification/licensure requirements.
Remote Supports: Technology Installer and Provider
Recognized and experienced vendor or Remote Supports technology with experience in at least two (2) other states and current capability to provide Remote Supports services in geographic areas covered by this waiver in State of Alabama.

Only DSP minimum qualifications apply. Provider agency minimum qualifications do not apply.

Minor Home Modifications:
• Must meet all applicable state (Alabama Code 230-X-1) and local licensure requirements.
• Must meet all construction, wiring, and/or plumbing building codes, as applicable.

Adult Family Home:
Only DSP minimum qualifications apply. Provider agency minimum qualifications do not apply.

Assistive Technology and Adaptive Aids:
• Must meet all applicable state (Alabama Board of Home Medical Equipment Services Providers) and local licensure requirements.

C. Preferred Provider Qualifications

Providers who respond to this RFP are asked to identify, in their response, if they meet any of the following criteria which would qualify them as a preferred provider and taken into account in the scoring of proposals. Providers indicating they meet one or more of the following criteria will be expected to submit supporting documentation. Please note: Providers who do not meet any of the following criteria are still eligible to submit a proposal in response to this RFP.

1. The provider is currently operating in the State of Alabama and is not a “foreign” entity based out-of-state.

2. The provider currently participates in the ID or LAH Section 1915(c) waiver programs for individuals with ID, and its most recent certification score was 90% or higher, placing it on a two-year review cycle.

3. The provider has or is actively seeking (meaning applied for and has financially invested in the process) voluntary accreditation from a nationally recognized accrediting body, e.g., Commission on Accreditation of Rehabilitation Facilities (applicable only if accredited for the specific services the provider will provide in response to this RFP), Council on Quality and Leadership (CQL), or the Council On Accreditation (COA).

4. The provider is a contracted provider for Alabama Division of Rehabilitation Services.

5. The provider has made a recent and verifiable investment in staff completing person-centered thinking and/or person-centered organization training.

6. The provider has obtained START program certification START network partner certification or has at least one staff person who has completed START coordinator certification.
7. The provider has documented experience of providing home-based and integrated community services (not in provider owned or operated facilities) to individuals with disabilities who live in their own homes (not owned or leased by a provider of services) or in the homes of family members or other natural supports.

8. The provider has achieved documented success in helping individuals with disabilities achieve and/or sustain individualized, competitive integrated employment where the provider is not the employer of record. Such success may be based on the number or percent of persons with disabilities that the provider has successfully placed in individualized, competitive integrated employment over the past 12 or 24 months; success in developing customized employment options (that are individualized, competitive and integrated) for individuals with ID or more significant physical or mental health support needs; or the number or percent of persons with disabilities the provider currently serves (regardless of service type) that are working in individualized competitive integrated employment.

9. The provider has demonstrated verifiable leadership in assisting individuals with disabilities to pursue their interests and goals in their local community through community involvement, participation and contribution.

10. The provider can demonstrate longstanding community relationships that can be leveraged to assist individuals with ID in pursuing and achieving employment and integrated community involvement goals, including commitments from such community-based organizations to work with the provider in order to help persons supported by the provider to achieve such goals.

11. The provider has assisted persons supported by the agency in successfully transitioning into independent living arrangements.

12. The provider has policies and systems in place to support individuals served to select staff and staff assignment reflecting individual selection, which are implemented and monitored.

13. The provider is willing and able to assign staff who are linguistically competent in spoken languages other than English that may be the primary language of individuals enrolled in the Waiver program and/or their primary caregivers.

14. The provider is able to assign staff that are trained in the use of auxiliary aids or services in order to achieve effective communication with individuals enrolled in ECF CHOICES and/or their primary caregivers.

15. The provider employs or contracts with appropriately licensed professionals in one (1) or more specialty areas (behavior services, occupational therapy, physical therapy, speech language pathology, nutrition, orientation and mobility, or nurse education, training and delegation) to assist direct support staff employed by the provider in supporting individuals with disabilities who have long-term intervention needs, consistent with the Person-Centered Plan and Plan of Care, and allows such professionals to participate in team meetings and provide additional intensive consultation to direct support staff for individuals whose functional, medical or behavioral needs are determined to be complex.
SECTION II. SCOPE OF WORK

In the new Waiver program that is the subject of this RFP, services will be provided to four distinct enrollment groups:

1. Essential Family Preservation Supports: Children with ID, ages 3-13, that are living with family or other natural supports.
2. Seamless Transition to Adulthood Supports: Transition-age youth with ID, ages 14-21, who are living with family or other natural supports, or living independently (18-21).
3. Family, Career and Community Life Supports: Working-age and older adults, ages 22+, who are living independently, living in supported living arrangements, or living with family or living with other natural supports.
4. Supports to Sustain Community Living: Individuals 3+ who are not able to live independently, live in a supported living arrangement, or live with family or other natural supports.

Certain services may only be available to certain enrollment groups. This is noted in the definition for each service that follows. By agreeing to provide a service, the contractor agrees to provide it to all of the enrollment groups to which the service is being made available, and to not limit such willingness to provide services based on gender, disability type, religion or first language.

If selected through this RFP process, the provider agrees to provide, from the comprehensive listing of services that follow, the specific services identified in the provider’s response to this RFP. The provider further agrees to provide those services consistent with the service definitions that follow.

Important Note: If a provider (other than a Support Coordination provider) does not submit a proposal to provide all of the services in the comprehensive listing of services that follows, this does not limit the provider, if selected to provide services in the new Community Waiver Program, from applying to be certified to provide additional services at a future point, if additional provider capacity is needed. Please note however that preference will be given to proposals in which the provider(s) submitting agree to provide the broadest range of the services from the comprehensive listing of services that follows here.

NOTE that the service definitions and proposed rates have not yet been approved by CMS are remain subject to modification by DDD in order to receive final approval by CMS.
Service Title: **Personal Assistance-Home**  
Enrollment Group(s): Essential Family Preservation Supports  
Seamless Transition to Adulthood Supports  
Family, Career and Community Life Supports  
1915i Modified Family, Career and Community Life Supports

Definition:
A range of services and supports designed to assist an individual with a disability to perform, in his/her home, activities of daily living, including instrumental activities of daily living, that the individual would typically do for themselves if they did not have a disability. Personal Assistance-Home services are provided in the person’s home and outside the home on the property where the home is located. Participant goals and support needs, as documented in the Person-Centered Plan, shall be addressed by the Personal Assistance-Home provider in a manner that supports and enables the individual to acquire, retain and maximize skills and abilities to achieve the highest level of independence possible.

Personal Assistance-Home may be used to support the person in preparing for competitive integrated employment (i.e. getting ready for work) and in being transported to this employment.

Eligible Personal Assistance-Home services include the following:

- Assistance, support, supervision and partial participation, as appropriate to the individual, with eating, toileting, personal hygiene and grooming, dressing and other activities of daily living or instrumental activities of daily living, as appropriate and needed to sustain community living.
- Supervision at home; cueing and modeling for skills training in the home; meal preparation, homemaker tasks, and home chore services, involving the waiver participant to the greatest extent possible; other instrumental activities of daily living (e.g. assistance with managing finances; home-based support for communication including phone, internet use); and other appropriate activities as described in the participant’s Person-Centered Plan.

Services to support goals and needs related to instrumental activities of daily living that occur outside the home (e.g. shopping; banking), competitive integrated employment and community participation, involvement and contribution must also be addressed in the Person-Centered Plan using Personal Assistance-Community, other appropriate services, or available natural supports. Natural supports must be documented in the Person-Centered Plan and confirmed by the Support Coordinator to be available to, and utilized by, the participant for these purposes on an ongoing basis.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:

- This service never replaces natural supports available to the waiver participant but rather augments these natural supports, as needed, to ensure these natural supports can continue to be sustained over time.
- This service shall not supplant or duplicate Personal Care services available through the Alabama Medicaid State Plan for waiver enrollees under age 21.
- This service is not available when another covered service is being provided and the
assistance available through Personal Assistance-Home is a component part of this covered service.

- These services are not available to a waiver participant receiving the Family Caregiver Preservation Stipend which is authorized in lieu of Personal Assistance-Home.
- Authorization based on individual assessment results which account for the availability of sustainable natural supports.; 243 hours/month maximum.
- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize services in excess of the benefit limit for a time-limited period as a cost-effective alternative to institutional placement, other medically necessary covered benefits, or transition to an enrollment group with a higher expenditure cap. Reauthorization for additional periods of time is possible with re-assessment and CSD and DDD central office approval.

**Unit of Service:** 15 minutes

**Unit Rate:** $5.00

**Minimum Staffing Ratio:** 1:1
Service Title: Personal Assistance-Community
Enrollment Group(s): Essential Family Preservation Supports
Seamless Transition to Adulthood Supports
Family, Career and Community Life Supports
Supports to Sustain Community Living

Definition:
A range of services and supports designed to assist an individual with a disability to perform, participate fully in his/her community and supports for activities of daily living and instrumental activities of daily living that the individual would typically do for themselves if they did not have a disability and that occur outside the home. Personal Assistance-Community services may be provided outside the person’s home, at an integrated workplace where the person is paid a competitive wage, or other places in the broader community to support community participation, involvement and contribution by the person. Personal Assistance-Community services must be provided consistent with the goals/outcomes defined in the Person-Centered Plan and with the over-arching goal of ensuring the individual’s full community participation and inclusion.

Participant goals and support needs, as documented in the Person-Centered Plan, shall be addressed by the Personal Assistance-Community provider in a manner that supports and enables the individual to achieve the highest level of independence possible. Personal Assistance-Community may be used to address assistance needs in the workplace and community, if personal care and assistance are the only type of supports an individual needs in these locations. Otherwise, personal care and assistance is included in Supported Employment or Community Integration Connections and Skills Training services and the provider of those services shall be responsible for these needs during the hours that Supported Employment on-the-job supports (i.e. Individual Job Coaching or Small Group supports) or Community Integration Connections and Skills Training services are provided.

Eligible Personal Assistance-Community services include the following:
- As appropriate to the individual need, based on the nature of the community involvement, this service includes assistance with instrumental activities of daily living outside the home, including accompaniment, coaching, and minor problem-solving necessary to achieve and sustain increased independence, competitive integrated employment and inclusion in the community
- Assistance to ensure the individual is always supported to the extent needed to interact with other members of the broader community, including assistance with engaging co-workers and community members participating in the same places and activities.
- Assisting individuals to develop an increased range of positive, reciprocal relationships is a key goal of Personal Assistance-Community.
- With consent of the individual, if natural supports and/or workplace colleagues are willing to provide supports that would otherwise be provided by a Personal Assistance-Community worker, this service involves training on how to provide the specific Personal Assistance services they are willing to provide.
- As appropriate to the individual need, based on the nature of the community
involvement, this service includes assistance, support, supervision and partial participation with eating, toileting, personal hygiene and grooming, and other activities of daily living as appropriate and needed to sustain competitive integrated employment, integrated community participation, involvement and contribution.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- Authorization based on individual need after accounting for the availability of sustainable natural supports. This service never replaces natural supports available to the waiver participant but rather augments these natural supports, as needed, to ensure these natural supports can continue to be sustained over time.
- This service shall not supplant or duplicate Personal Care services available through the Alabama Medicaid State Plan for waiver enrollees under age 21.
- Not available to a waiver enrollee enrolled in public school during the hours public school is in session.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment—Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance—Community.
- This service cannot be delivered in a waiver participant’s home, family home, or in a provider owned or controlled service setting of any kind.
- These services are available to a waiver participant receiving the Family Caregiver Preservation Stipend, unless enrolled in the 1915i Modified Family, Career and Community Supports enrollment group.
- This service is not available when another covered service is being provided and the assistance available through Personal Assistance—Community is a component part of this covered service.
- Transportation of the person to and from this service is not included in the rate paid for this service. Where staff delivering this service meet a person at his/her home to start the service, transportation of the person to this service is not necessary and shall not be separately authorized. Likewise, where staff delivering this service on a given day conclude this service at the person’s home, transportation of the person from this service is not necessary and shall not be separately authorized.
- Transportation for attending medical appointments is covered under Non-Emergency Medical Transportation and not included in this service.
- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize services in excess of the benefit limit as a cost-effective alternative to institutional placement, other medically necessary
covered benefits, or transition to an enrollment group with a higher expenditure cap. Reauthorization for additional periods of time is possible with re-assessment and CSD and DDD central office approval.

Unit of Service: 15 minutes

Unit Rate: $5.25

Minimum Staffing Ratio: 1:2

Maximum Group Size: 2
**Service Title:** Community Transportation  
**Enrollment Group(s):**  
- Essential Family Preservation Supports  
- Seamless Transition to Adulthood Supports  
- Family, Career and Community Life Supports  
- Supports to Sustain Community Living  
- 1915i Modified Family, Career and Community Life Supports

**Definition:**

Transportation services offered in order to enable an individual to access the broader community, including competitive integrated workplaces, opportunities for integrated community participation, involvement and contribution, and community services, resources and businesses consistent with the Person-Centered Plan. These services allow people to engage in typical day-to-day (non-medical) integrated community opportunities and activities such as going to and from paid, competitive, integrated employment, stores, bank, social opportunities with other members of the broader community, social events, clubs and associations, other community activities, and attending a worship service when public or other community-based transportation services or transportation provided by natural supports are not available. A natural or paid support-giver may accompany the person using Community Transportation, if the need for such supports are necessary and documented in the Person-Centered Plan.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- This service never replaces natural supports available to the waiver participant but rather augments these natural supports, as needed, to ensure these natural supports can continue to be sustained over time.
- Whenever possible, family, neighbors, co-workers, carpools or friends are utilized to provide this assistance without charge, although the service allows for a flat per diem reimbursement in the event/on the occasion such supports are not available.
- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- The planning team must ensure the most cost-effective means of transportation is utilized, while still assuring provision of reliable transportation when a waiver participant needs this transportation to access non-medical opportunities in the community.
- Actual costs (based on a flat reimbursement per mile of travel) for this travel must be calculated prior to authorization of the service and must not exceed the established maximum set in policy by DMH/DDD.
- If a stand-alone transportation service provider (e.g., not the agency(s) providing other Waiver services at the destination) is required to provide Community Transportation, due to documented unavailability of other more cost-effective and available transportation resources, they will be reimbursed on a one-way trip basis, taking into account the need for wheelchair accessibility and whether the service is utilized for employment or integrated community activities.
• With documentation of financial need, this service can reimburse a waiver participant that is age 21 or older for the necessary, reasonable and documented costs of fuel, insurance and/or maintenance, to enable a waiver participant to drive him/herself, the waiver participant holds a valid driver’s license and owns their own vehicle, and this is the most cost-effective way to meet the individual’s need for community transportation.

• If this service is not self-directed, this service is limited to 250 miles per month, except if used for individualized competitive integrated employment in which case limited to actual miles to/from individualized competitive integrated employment plus 120 miles per month.

• If this service is self-directed, this service is authorized as a monthly budget amount. Only documented transportation costs incurred will be reimbursed by the FMSA. Carry-over of unused amounts is limited to 25% and can be carried over for up to three (3) months.

• These services are available to a waiver participant receiving Structured Family Caregiving but may not duplicate the supports for the waiver participant that are part of the Structured Family Caregiving service.

• This service is not available when another covered service is being provided and transportation to/from and/or during the service is a component part of this covered service.

• Transportation for attending medical appointments is covered under Non-Emergency Medical Transportation and not included in this service. This service is in addition to the medical transportation service offered under the Medicaid State Plan, which shall not be supplanted and which includes transportation to medical appointments as well as emergency medical transportation.

• This service is in addition to the medical transportation service offered under the Medicaid State Plan, which includes transportation to medical appointments as well as emergency medical transportation.

• This service may not be used for transportation between the waiver participant’s home and a provider owned or controlled residential or non-residential setting.

Unit: 1 mile

Unit Rate: $0.68/mile agency volunteer driver
$1.00/mile agency paid driver
Service Title: Breaks and Opportunities (Respite)
Enrollment Group(s): Essential Family Preservation Supports
Seamless Transition to Adulthood Supports
Family, Career and Community Life Supports

Definition:
A service provided to a waiver participant that lives with family or other natural supports who are providing support, care and supervision to the waiver participant. The Breaks and Opportunities service is provided for time-limited periods when the family or other natural supports are temporarily unable to continue to provide support, care and supervision to the waiver participant. This service can be provided in the waiver participant’s home or the pre-approved private home of the Breaks and Opportunities service provider. The Breaks and Opportunities service is provided with two equally important goals which include: (1) sustaining the family/natural support living arrangement and support-giving arrangement; and (2) providing the waiver participant with opportunities to continue his/her regular activities and relationships and/or to explore new opportunities and meet new people with the Breaks and Opportunities service provider.

This service is provided during specific periods of time in a day, week or month when the unpaid family/natural support-givers typically provide support, care and supervision to the waiver participant. This service is provided in a way that ensures the individual’s typical routine and activities are not disrupted and the individual’s goals and needs, as set forth in the PCP, are attended to without disruption.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:

- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- This service shall be limited to 30 days of service per person per calendar year or to 216 hours per person per calendar year, depending on the needs and preferences of the individual as reflected in the Person-Centered Plan. (The 2 limits cannot be combined in a calendar year.)
- This service shall be provided in settings that meet the federal HCBS regulatory standards and which promote community involvement and inclusion. Planned Breaks and Opportunities (Respite) must be provided in the home of the waiver participant or in home of qualified respite DSP. Use of a provider owned or controlled setting is only authorized if the service is not available to individual in-home or in the home of qualified respite DSP. Emergency Respite may be provided in the home of the waiver participant, in home of qualified respite DSP, or in a group home of no more than four (4) beds. Group homes are considered the most restrictive, least integrated setting option for this service.
- This service may be authorized to cover specific periods of time when a primary caregiver who is receiving the Family Caregiver Preservation Stipend is temporarily unable to continue to provide support, care and supervision to the waiver participant.
- This service is typically scheduled in advance, but it can also be provided in an unexpected situation. If the unexpected situation is a crisis, this service is used to allow time and opportunity for assessment, planning and intervention in order to prevent the loss of the family/natural support living arrangement and support-giving arrangement as the first priority. If all efforts and strategies to sustain the family/natural support living arrangement and support-giving arrangement have been exhausted and have proven unsuccessful, this service can be used to identify and establish an alternative living arrangement for the waiver participant, focusing on
the least restrictive, most integrated living arrangement possible while ensuring institutionalization can be avoided.

- The relief needs of paid direct support staff, including staff hired through self-direction, who are not family or natural support-givers will be accommodated by staffing substitutions and/or service delivery schedule adjustments; but not by this service.
- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize services in excess of the benefit limit, if the benefit limit has been exhausted in a waiver year, as a cost-effective alternative to other medically necessary covered benefits, transition to an enrollment group with a higher expenditure cap, or to avoid institutional placement.

**Breaks and Opportunities (Planned Respite)**

**Unit:** Hour or Day (participant selects one option at beginning of each waiver year)

**Unit Rate:** $22/hour or $158/day

**Breaks and Opportunities (Emergency Respite)**

**Unit:** Day

**Unit Rate:** $190/day
**Service Title:** Remote Supports

**Enrollment Group(s):**
- Seamless Transition to Adulthood Supports (ages 18-21)
- Family, Career and Community Life Supports
- Supports to Sustain Community Living (ages 18+)

**Definition:**
The provision of supports to a waiver participant at their place of residence by Remote Support staff housed at a remote location and who are engaged with the person through equipment with the capability for live, two-way communication. Remote Supports shall be provided in real time, not via a recording, by awake staff at a remote monitoring base using the appropriate stable, reliable connection. While Remote Supports are being provided, the remote support staff shall not have duties other than remote support. Equipment used to meet this requirement may include but is not limited to one or more of the following components:

- Sensor Based System (e.g. motion sensors, doors, windows, personal pagers, smoke detectors, bed sensors etc.)
- Radio frequency identification;
- Live video feed;
- Live audio feed;
- Web-based monitoring system;
- Another device that facilitates live two-way communication;
- Contact ID

Remote Supports are provided pursuant to the Person-Centered Plan (PCP) and required protocol(s) that are developed from, and support implementation of, the PCP. Remote Supports are intended to address a person's assessed needs in his/her residence, and are to be provided in a manner that promotes autonomy and minimizes dependence on paid support staff. Remote Supports should be explored prior to authorizing services that may be more intrusive, including Personal Assistance-Home. A person's team, including the person themselves, shall assess whether Remote Support is appropriate and sufficient to ensure the person's health and welfare assuming all appropriate protocols are in place to minimize risk as compared to the overall benefit of Remote Supports for the individual.

A backup support person is always identified, available and responsible for responding to the site of the person’s residence whenever the person otherwise needs in-person assistance, including emergencies. Backup support may be provided on an unpaid basis by a family member, neighbor, friend, or other person selected by the individual, or on a paid basis by a local provider of waiver services. When backup support is provided on a paid basis by a local provider, that provider shall be the primary contact for the Remote Support vendor.

The Remote Support staff shall have detailed and current written protocols for responding to a person’s needs as specified in the PCP, including contact information for the backup support person(s) to provide assistance when necessary. The PCP and written protocols shall also set forth the procedures to be followed should the person request that the equipment used for delivery of Remote Support be turned off. When a person needs assistance, but the situation is not an emergency, the Remote Support staff shall address the situation as specified in the individual’s Remote Supports written protocol(s). If the protocol involves the Remote Support staff contacting backup support, the backup support person shall verbally acknowledge receipt of a request for assistance from the Remote Support staff and shall arrive.
at the person’s location within a reasonable amount of time (as specified in the PCP) when a request for in-person assistance is made.

If a known or reported emergency involving a person arises, the Remote Support staff shall immediately assess the situation and call emergency personnel first, if that is deemed necessary, and then contact the backup support person. The Remote Support staff shall stay engaged with the person during an emergency, as appropriate to the situation, until emergency personnel or the backup support person arrives.

The Remote Supports vendor shall provide initial and ongoing training to its staff to ensure they know how to use the monitoring base system and have training on the most recent versions of the written protocols for each person supported. The Remote Supports vendor shall ensure a suitably trained person from their agency, or from another provider agency for the person, provides the person who receives Remote Supports with initial and ongoing training on how to use the remote support system as specified in the PCP.

The Remote Supports vendor shall have a backup power system (such as battery power and/or generator) in place at the monitoring base in the event of electrical outages. The Remote Supports vendor shall have other backup systems and additional safeguards in place which shall include, but are not limited to, contacting the backup support person in the event the monitoring base system stops working for any reason. The Remote Supports vendor shall comply with all federal, state, and local regulations that apply to the operation of its business or trade, including but not limited to, 18 U.S.C. section 2510 to section 2522 as in effect on the effective date of this rule. The Remote Supports vendor shall have an effective system for notifying emergency personnel such as police, fire, emergency medical services, and psychiatric crisis response entities.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
- Remote Supports shall only be provided in waiver participants’ places of residence when paid or unpaid sources of support are not present in the residence, except temporarily, if needed, when the Remote Supports are being initially introduced. In Supported Living or Community-Based Residential settings, the reimbursement rate to the provider shall be adjusted to account for the use of Remote Supports and the provider’s role in providing backup support for the waiver participant(s) in the residence.
- When Remote Supports involve the use of audio and/or video equipment that permits remote support staff to view activities and/or listen to conversations in the residence, the person who receives the service and each person who lives with the person shall consent in writing after being fully informed of what remote support entails including, but not limited to, that the remote support staff will observe their activities and/or listen to their conversations in the residence, where in the residence the remote support will take place, and whether or not recordings will be made. If the person or a person who lives with the person has a guardian, the guardian shall consent in writing. The person’s service and support administrator shall keep a copy of each signed consent form with the PCP.
- A monitoring base shall not be located at the residence of a person who receives Remote Supports.
- A secure network system requiring authentication, authorization, and encryption of data that complies with applicable state laws currently in effect shall be in place to ensure that access to computer, video, audio, sensor, and written information is limited to authorized persons.
- If a Reportable Event as defined in the DDD Critical Incident Prevention and Management System occurs while a person is being monitored, the Remote Supports provider shall retain, or ensure the retention of, any video and/or audio recordings and any sensor and written information pertaining to the incident for at least seven years from the date of the incident.
- With relevant substantiating documentation and DDD central office approval, a Community Services Director (CSD) may authorize use of this service in the home of a waiver participant(s) living with family as a cost-effective alternative to other medically necessary covered benefits, transition to an enrollment group with a higher expenditure cap, or to avoid institutional placement. Reauthorization is possible with re-assessment and CSD and DDD central office approval.

**Four Categories of Service:**

1. **Assessment, Plan and Protocols**
   - $250 Remote Supports Provider
   - $150 Back-Up Support Provider

2. **Installation of Technology**
   - Up to $1000/Residence*

3. **Remote Support Vendor Service/Technology Payment Plan per Residence**
   - $6.50/Hour

4. **Paid Back-Up Support Provider On-Call Service per Residence.**
   - $3.50/Hour

*Regional/Central Office approval required to exceed this amount.
Service Title: Assistive Technology and Adaptive Aids
Enrollment Group(s): Essential Family Preservation Supports
Seamless Transition to Adulthood Supports
Family, Career and Community Life Supports
Supports to Sustain Community Living

Definition:

An item, piece of equipment or product system, whether acquired commercially, modified or customized, that is used to increase, maintain, or improve functional capabilities and to support the individual's increased independence in their home, in community participation, and in competitive integrated employment. The service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required by the person to increase, maintain or improve his/her functional capacity to perform activities of daily living or instrumental activities of daily living independently or more cost effectively than would be possible otherwise. This service must include strategies for training the individual, natural/unpaid and paid supporters of the individual in the setting(s) where the technology and/or aids will be used, as identified in the Person-Centered Plan (PCP).

Assistive Technology and Adaptive Aids covers the following:

- Evaluation and assessment of the Assistive Technology and Adaptive Aids needs of the individual by an appropriate professional, including a functional evaluation of the impact of the provision of appropriate assistive technology and adaptive equipment through equipment trials and appropriate services to him/her in all environments where the person is expected to use the specific technology or equipment, including the home, integrated employment setting(s) and integrated community locations;
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, updating, repairing, or replacing assistive technology devices and adaptive equipment;
- Adaptive equipment to enable the individual to complete activities of daily living or instrumental activities of daily living independently or to do so in a way that either allows natural supports to provide the human assistance still needed or allows the cost of paid supports otherwise needed to be reduced to offset the cost of the technology or aid within one (1) year. Such assistive technology or adaptive equipment may include but is not limited to:
  - Adaptive switches and attachments;
  - Adaptive equipment to enable the individual to feed him/herself and/or complete oral hygiene as indicated while at home, work or in the community (e.g., utensils, gripping aid for utensils, adjustable universal utensil cuff, utensil holder, scooper trays, cups, bowls, plates, plate guards, non-skid pads for plates/bowls, wheelchair cup holders, adaptive cups that are specifically designed to allow a person to feed him/herself or for someone to safely assist a person to eat and drink, and adaptive toothbrushes);
  - Adaptive toileting equipment;
  - Communication devices and aids that enable the person to perceive, control or
communicate with the environment, including a variety of devices for augmentative communication;

- Assistive devices for persons with hearing and vision loss (e.g. assistive listening devices, TDD, large visual display services, Braille screen communicators, FM systems, volume control telephones, large print telephones and teletouch systems, and long white canes with appropriate tips to identify footpath information for people with visual impairment);

- Computer equipment, adaptive peripherals and adaptive workstations to accommodate active participation in the workplace and in the community;

- Software, when required to operate accessories included for environmental control;

- Pre-paid, pre-programmed cellular phones that allow an individual, who is participating in employment or community integration activities without paid or natural supports and who may need assistance from remote sources of support or due to an accident, injury or inability to find the way home, to access such assistance independently. The person's PCP outlines the protocol that is followed for training, regular practice in using and regular checks of operability for a cellular phone including plan for when the individual may have an urgent need to request help while in the community;

- Such other durable and non-durable medical equipment not available under the state Medicaid plan that is necessary to address functional limitations in the community, in the workplace, and in the home.

- Training, programming, demonstrations or technical assistance for the individual and for his/her providers of support (whether paid or unpaid) to facilitate the person's use of the Assistive Technology and Adaptive Aids.

- Coordination and use of necessary therapies, interventions, or services with assistive technologies and adaptive aids, such as therapies, interventions, or other services in the PCP.

- Repairs of equipment and items purchased through this Waiver or purchased prior to Waiver participation, as long as the item is identified within this service definition, and the cost of the repair does not exceed the cost of purchasing a replacement piece of equipment. The individual must own any piece of equipment that is repaired.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.

- Items reimbursed with waiver funds shall be non-duplicative of, and to meet an assessed need(s) in addition to, any medical equipment and supplies available to the individual and furnished under the state Medicaid plan. Repairs of items purchased under the state Medicaid plan shall be covered by the state Medicaid plan.

- Items reimbursed with waiver funds shall exclude those items which are not of direct medical or remedial benefit to the recipient.

- All items must meet applicable standards of manufacture, design and installation.
• A written recommendation by an appropriate professional (most typically, the professional that completed the evaluation and assessment or a prescription from a physician) must be obtained to ensure that the equipment will meet the needs of the person. For Assistive Technology and Adaptive Aids in the workplace, the recommendation of the Alabama Department of Rehabilitative Services/Vocational Rehabilitation (ADRS/VR) can also meet the requirement of a written, professional recommendation.

• The provision of this service to support the person in competitive integrated employment is only available for an individual who is working in competitive integrated employment and only if what is needed is not otherwise available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the individual under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.) or P.L. 94-142. Persons interested in obtaining competitive integrated employment should be referred to ADRS/VR, and the need for assistive technology and/or adaptive aids will assessed and identified in the ADRS/VR process.

• Depending upon the financial size of the employer or the employer’s status as a public entity, these employers may be required to provide some of these items as part of their legal obligations under Title I or Title III of the ADA. Federal financial participation is not claimed for accommodations that are the legal responsibility of an employer or public entity, pursuant to Title I or Title III of the ADA.

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Service Title: Employment Supports – Individual Employment Support

Enrollment Group(s):
- Seamless Transition to Adulthood Supports (Ages 16+)
- Family, Career and Community Life Supports
- Supports to Sustain Community Living (Ages 16+)
- 1915i Modified Family, Career and Community Life Supports

Definition:

A progression of services provided, as needed, on an individual basis for a person who, because of their disability(s), needs support in order to obtain and/or maintain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. These services are designed to support the achievement of individualized integrated employment outcomes consistent with the person’s employment/career goals and conditions for success, as determined through Exploration and/or Discovery if such services are needed to accurately identify these goals and conditions.

The expected outcome of this service is sustained paid employment in a competitive or customized job, with an employer who is not the person’s service provider, and for which a person is compensated at or above the minimum wage, but not less than the customary wage paid by the employer for the same or similar work performed by persons without disabilities. The job also offers the level of benefits offered by the employer to persons without disabilities performing the same or similar work.

Supported Employment—Individual Employment Support services are individualized and may include the following components:

Exploration

A time-limited and targeted service designed to help a person make an informed choice about whether they wish to pursue an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. Exploration shall be limited to no more than thirty (30) calendar days from the date of service initiation. This service is not appropriate for persons who know they want to pursue an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. The service includes introductory activities to identify a person’s areas of specific interest, experience and skill related to individualized, integrated employment.

This service also includes exploration of employment opportunities that are specifically related to the person’s identified interests, experiences and/or skills through at least three uniquely arranged business tours, informational interviews and/or job shadows. Each activity shall include time for set-up, prepping the person for participation in the activity, and debriefing with the person after each opportunity.

This service also includes introductory, basic education on the numerous work incentives for SSI and/or SSDI beneficiaries and how Supported Employment services work (including
Vocational Rehabilitation services). The provider shall document each date of service, the activities performed that day, and the duration of each activity. This service culminates in a written report, on a template issued by DMH/DDD, summarizing the process and outcomes, due no later than forty-five (45) calendar days after the service commences. Exploration is paid on an outcome basis, after the written report is received and approved.

Unit: Each (Outcome)

Unit Rate: $1,200.

Discovery

A time-limited and targeted service, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, designed to help a person, who wishes to pursue an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage, 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;
- Conditions necessary for successful 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 and support needs, and the writing of a Profile, which may be paid for through the Waiver in order to provide a valid assessment for Vocational Rehabilitation (VR) services to begin, which would begin with the development of an Employment Plan through ADRS.

Discovery shall be limited to no more than sixty (60) calendar days from the date of service initiation. The provider shall document each date of service, the activities performed that day, and the duration of each activity. The information developed through Discovery allows for activities of typical life to be translated into possibilities for individualized, integrated employment. Discovery results in the production of a detailed written Profile, following content requirements established by DMH/DDD, summarizing the process, learning and recommendations for next steps. The written Profile is due no later than seventy-five (75) days after the service commences. Discovery is paid on an outcome basis, after the written Profile is received and approved.

Unit: Each (Outcome)

Unit Rate: $1,360.
Job Development Plan

A time-limited and targeted service, if otherwise not available to the individual from the Alabama Department of Rehabilitative Services, designed to create a clear plan for Job Development to obtain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. This service is limited to thirty (30) calendar days from the date of service initiation. This service includes a planning meeting involving the person and other key people who will be instrumental in supporting the person to become employed in an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. This service culminates in a written plan, on a template issued by DMH/DDD, directly tied to the results of Exploration, Discovery, as applicable when previously authorized, and is due no later than thirty (30) calendar days after the service commences. This service is paid on an outcome basis, after the Job Development Plan is received and approved.

Unit:  Each (Outcome)

Unit Rate:  $240.

Job Development

Job Development is a service, if otherwise not available to the individual from the Alabama Department of Rehabilitative Services, that supports a person to obtain an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage. This service is designed to implement the Job Development Plan, if applicable, and should result in the achievement of an individualized, integrated employment outcome consistent with the person’s employment and career goals, as determined through Exploration (if necessary), Discovery (if necessary) and/or the employment planning process and reflected in the PCP. The Job Development strategy should reflect best practices and whether the person is seeking competitive or customized employment. This service will be paid on an outcome basis once an individualized, competitive or customized job in an integrated community setting for which the person is compensated at or above the minimum wage has been obtained and the individual has completed the first fifty (50) hours on the job.

Unit:  Each (Outcome)

Unit Rate:  $1,600.

Job Coaching

Job Coaching for individualized, integrated employment, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, includes identifying and
providing services and supports that assist the person in maintaining and advancing in individualized employment in an integrated setting. Job Coaching includes supports provided to the person and their supervisor or co-workers, either remotely (via technology) or face-to-face. Job Coaching supports must be guided by a Job Coaching fading plan and must include systematic instruction utilizing task analysis to teach the person to independently complete as much of their job duties as possible.

Examples of Job Coaching strategies that may be approved include:

- Job analysis
- Job adaptations
- Instructional prompts
- Verbal instruction
- Self-management tools
- Physical assistance
- Role play
- Co-worker modeling
- Written instruction

Assistive Technology should also be introduced whenever possible to increase independence and productivity. Job Coaching also must include the engagement of natural supports (e.g., employers, supervisors, co-workers, or volunteers at the job site; or friends or family members in supportive roles) in the workplace to provide additional targeted supports that allow the job coach to maximize his/her ability to fade.

This service cannot include payment for the supervisory and co-worker activities rendered as a normal part of the business setting and that would otherwise be provided to an employee without a disability. The use of this service shall be authorized on a time limited basis (i.e., no more than 180 days) and reviewed to determine amount of service needed during next authorization period. Job Coaching is not time-limited. The amount of time authorized for this service is a percentage of the person's hours worked, based on individual need. Payment per unit of service is tiered to encourage fading and is also based on the person's level of disability (ICAP score; additional assessment as identified by DMH/DDD) and the length of time the person has been employed.

**Unit:** 15 minutes

**Unit Rate:** $7.00 to $9.00 depending on person's length of time on job and fading percentage. See next page:
<table>
<thead>
<tr>
<th>Months on job</th>
<th>% of hours</th>
<th>Tier A (ICAP 1-35)</th>
<th>% of hours</th>
<th>Tier B (ICAP 36-70)</th>
<th>% of hours</th>
<th>Tier C (ICAP 71+)</th>
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</thead>
<tbody>
<tr>
<td>1 - 6 months</td>
<td>1 - 6 months</td>
<td>$9.00 ($36/hr)</td>
<td>$9.00 ($36/hr)</td>
<td>$9.00 ($36/hr)</td>
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<tr>
<td></td>
<td>90-100%</td>
<td>$7.00 ($28)</td>
<td>80-100%</td>
<td>$7.00 ($28)</td>
<td>60-100%</td>
<td>$7.00 ($28)</td>
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<tr>
<td>7 - 12 months</td>
<td>75-100%</td>
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<tr>
<td></td>
<td>60-79%</td>
<td>$8.00 ($32)</td>
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<tr>
<td></td>
<td>&lt; 80%</td>
<td>$9.00 ($36)</td>
<td>&lt; 60%</td>
<td>$9.00 ($36)</td>
<td>&lt; 40%</td>
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<tr>
<td></td>
<td>65-100%</td>
<td>$7.00 ($28)</td>
<td>50-100%</td>
<td>$7.00 ($28)</td>
<td>40-100%</td>
<td>$7.00 ($28)</td>
</tr>
<tr>
<td>25 + months</td>
<td>40-64%</td>
<td>T2019 UE UA U8 = $8.00 ($32)</td>
<td>30-49%</td>
<td>T2019 UE UB U8 = $8.00 ($32)</td>
<td>20-39%</td>
<td>T2019 UE UC U8 = $8.00 ($32)</td>
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<tr>
<td></td>
<td>&lt; 40%</td>
<td>$9.00 ($36)</td>
<td>&lt; 30%</td>
<td>$9.00 ($36)</td>
<td>&lt; 20%</td>
<td>$9.00 ($36)</td>
</tr>
<tr>
<td>Stabilization &amp; Monitoring</td>
<td>~ 1/wk</td>
<td>$156/month</td>
<td>~ 1/wk</td>
<td>$156/month</td>
<td>~ 1/wk</td>
<td>$156/month</td>
</tr>
</tbody>
</table>
Career Advancement

A time-limited career planning and advancement support service, if not otherwise available to the individual from the Alabama Department of Rehabilitative Services, for persons currently engaged in individualized, integrated employment who wish to obtain a promotion and/or a second individualized, integrated employment opportunity. The service focuses on developing and successfully implementing a plan for achieving increased income and economic self-sufficiency through promotion to a higher paying position or through a second individualized, integrated employment or self-employment opportunity.

The outcomes of this service are:

- The identification of the person’s specific career advancement objective;
- Development of a viable plan to achieve this objective; and
- Implementation of the plan which results in the person successfully achieving his/her specific career advancement objective.

Career Advancement is paid on an outcome basis, after key milestones are accomplished:

- Outcome payment number one is paid after the written plan to achieve the person’s specific career advancement objective is reviewed and approved. The written plan must follow the template prescribed by DMH/DDD.
- Outcome payment number two is paid after the person has achieved his/her specific career advancement objective and has been in the new position or second job for a minimum of forty (40) hours.

This service may not be included on a PCP if the PCP also includes any of the services that are also covered under Supported Employment-Individual Employment Support, except Job Coaching. This service may not be authorized retroactive to a promotion or second job being made available to a person. Supports for Career Advancement may be authorized and paid once every three (3) years (with a minimum of three 365-day intervals between services), and if evidence exists that the individual is eligible for promotion or able to present as a strong candidate for employment in a second job (e.g. has strong reference(s), performance review(s) and/or good attendance record from current employer). The only exception is in situations where the provider who was previously authorized and paid for outcome payment number one did not also earn outcome payment number two because they did not successfully obtain a promotion or second job for the person. In this situation, reauthorization for outcome payments number one and two may occur a maximum of once per year (with a minimum 365-day interval between services), so long as the reauthorization involves the use of a new/different provider.

<table>
<thead>
<tr>
<th>Unit: Outcome (Plan)</th>
<th>Unit Rate: $240</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit: Outcome (Promotion or Second Job)</td>
<td>Unit Rate: $750</td>
</tr>
</tbody>
</table>
Supported Employment-Individual Services - Additional Service Expectations, Limitations, Requirements:

- The Waiver will not cover services which are otherwise available to the person under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not timely available to the person under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).
- This service will not duplicate other services provided to the individual and face-to-face delivery of the service may not be billed for during the same period of time (e.g., the same hour or 15-minute unit) that another face-to-face service is billed.
- The Supported Employment—Individual Employment Support provider shall be responsible for any Personal Assistance needs during the hours that Supported Employment services are provided. However, the Personal Assistance services may not comprise the entirety of the Supported Employment—Individual Employment Support service. All providers of Personal Assistance under Supported Employment—Individual Employment Support shall meet the Personal Assistance provider qualifications.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.
- Transportation of the person to and from this service is not included in the rate paid for this service. Where staff delivering this service meet a person at his/her home to start the service, transportation of the person to this service is not necessary and shall not be separately authorized. Likewise, where staff delivering this service on a given day conclude this service at the person’s home, transportation of the person from this service is not necessary and shall not be separately authorized.
- This service does not include support for volunteering.
- This service does not include supporting paid employment in sheltered workshops or similar facility-based settings, or in a business enterprise owned by a provider of the person’s services.
- This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
- If a person is successfully employed in individualized, integrated employment, services may be used to explore advancement opportunities in his or her chosen career, if such services
are not otherwise available to the individual through Alabama Division of Rehabilitation Services.

- Social Security's Ticket to Work Outcome and Milestone payments do not conflict with CMS regulatory requirements and do not constitute an overpayment of Federal dollars for services provided since Ticket to Work payments are made for an outcome, rather than for a Medicaid service rendered.
- Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
  
  - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
  - Payments that are passed through to users of supported employment services; or
  - Payments for training that is not directly related to a person's supported employment program.
**Service Title:** Co-Worker Supports

**Enrollment Group(s):**
- Seamless Transition to Adulthood Supports (age 16 and up)
- Family, Career and Community Life Supports
- Supports to Sustain Community Living (age 16 and up)
- 1915i Modified Family, Career and Community Life Supports

**Definition:**
This service involves the provider of this service (who receives a monthly service fee for their ongoing oversight and involvement) entering into an agreement with the employer to reimburse the employer who will in turn reimburse one or more co-workers and/or supervisors, agreeable to the person supported, for supports in lieu of a Job Coach.

This service can be considered at any time the individual wishes to have Co-Worker Supports rather than Job Coaching, given that Co-Worker Supports are less intrusive and expected to be less costly to implement than Job Coaching. This service can be used when an employer wants to hire an individual; but has reasons for not wanting an external job coach in the workplace. This service must be considered as an option with the individual and his/her employer if fading of Job Coaching has ceased to continue for at least six (6) months. The use of this service should also be authorized on a time limited basis (i.e., no more than 180 days) and reviewed to determine need for renewal/continuation. This service cannot include payment for the supervisory and co-worker activities rendered as a normal part of the business setting and that would otherwise be provided to an employee without a disability. The co-worker(s) and/or supervisor(s) identified to provide the support to the person must meet the qualifications for a legally responsible individual as provider of this service. The provider is responsible for oversight and monitoring of paid Co-Worker Supports.

The actual amount of Co-Worker Supports authorized is based on individual need as determined through an on-the-job support assessment the format for which is prescribed by DMH/DDD and as outlined in a Co-Worker Supports Agreement using a template prescribed by DMH/DDD and jointly signed by the person, the provider and the employer.

The provider must ensure the following as part of utilizing Co-Worker Supports:

- A formal written agreement is in place outlining the nature and amount of the supports, above and beyond natural supports, to be provided to the member by the employer, the amount of time necessary for the supervisor(s) or co-worker(s) to provide this support and the cost to the employer for this support, which will be reimbursed by the provider. The agreement should include expectations regarding documentation and billing necessary for the employer to be reimbursed by the provider.
- The supervisor(s) and/or co-worker(s) identified to provide the support to the individual must pass background checks otherwise required for Job Coach. The provider is responsible for ensuring these checks are done (by the employer or provider) and for retaining copies of background check results on file.
- Providing an orientation training to the supervisor(s) and/or co-worker(s) identified to provide the support to the individual which includes the following content:
  - Basic introduction to Supported Employment
  - Explanation of the Co-Worker Supports model of support – what is covered/not covered; expected outcomes
Overview of best practices for coaching to promote maximum independence and performance

Training specific to the member, including support plan, communication style, learning style, support needs and specific needs related to performing and maintaining his/her job that the supervisor(s) or co-worker(s) is expected to address;

Role and availability of the provider in supporting the member, the employer/supervisor, and co-worker(s) providing support to the member;

Contact information for the provider, including emergency/back-up cell phone numbers;

Documentation requirements necessary for the provider to invoice Medicaid and make payment to the employer based on the supports provided to the member.

• The provider is available to provide back-up supports and/or additional training/technical assistance for the employer and member whenever this may be needed;

• The provider completes minimum monthly check-ins with the employer and the member.

• Based on all of the above expectations, the provider maintains records of each Co-Worker Supports arrangement for review by DMH/DDD at any time or as a part of annual certification. Records should include, at minimum: current written agreement between the employer and provider as described above; valid copies of background checks; proof of completion of training for supervisor(s) and co-worker(s) providing supports to the member; evidence of monthly check-ins being completed; billing documentation submitted by the employer to support payments to the employer; record of reimbursements made to the employer and tax documents issued to the employer (e.g. 1099 forms) by the provider.

Co-Worker Supports - Additional Service Expectations, Limitations, Requirements:

• The Waiver will not cover services which are otherwise available to the person under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not timely available to the person under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

• This service will not duplicate other services provided to the individual and face-to-face delivery of the service may not be billed for during the same period of time (e.g., the same hour or 15-minute unit) that another face-to-face service is billed.

• The Supported Employment provider overseeing the Co-Worker Supports arrangement shall be responsible for any Personal Assistance needs not met by Co-Worker Supports and shall bill this time as Job Coaching. All providers of Personal Assistance under Supported Employment—Individual Employment Support shall meet the Personal Assistance provider qualifications.

• The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is
eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.

- Transportation of the person to and from this service is not included in the rate paid for this service.
- This service does not include support for volunteering.
- This service does not include supporting paid employment in sheltered workshops or similar facility-based settings, or in a business enterprise owned by a provider of the person’s services.
- This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
- Social Security's Ticket to Work Outcome and Milestone payments do not conflict with CMS regulatory requirements and do not constitute an overpayment of Federal dollars for services provided since Ticket to Work payments are made for an outcome, rather than for a Medicaid service rendered.
- Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
  - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
  - Payments that are passed through to users of supported employment services; or
  - Payments for training that is not directly related to a person's supported employment program.

Unit (Supports provided by employer): 15 minutes

Unit (SE provider oversight): Month

Unit Rates: Payable for time co-workers and/or supervisors provide direct coaching support to a specific waiver participant at the workplace. 15 minute unit rate based on gross cost to employer for co-worker or supervisor support (payment to co-worker plus applicable employer taxes), plus a flat $100/month provider oversight and admin fee.
Service Title: Employment Supports – Small Group Supports

Enrollment Group(s): Seamless Transition to Adulthood Supports (after exit from high school)
Family, Career and Community Life Supports
Supports to Sustain Community Living (after exit from high school)

Definition:
A service providing employment services and training activities to support successful transition to individualized integrated employment or self-employment, or to supplement such employment and/or self-employment when it is only part-time. The service may include:

- Small group career planning and Exploration
- Small group Discovery classes/activities
- Other educational opportunities related to successful job acquisition and working successfully in individualized integrated employment
- Employment in integrated business, industry and community settings

Examples include mobile crews, small enclaves and other small groups participating in integrated employment that is specifically related to the identified interests, experiences and/or skills of each of the persons in the small group and that results in acquisition of knowledge, skills and experiences that facilitate transition to individualized integrated employment or self-employment, or that supplement such employment or self-employment when it is only part-time.

The maximum group size for mobile crews and enclaves is four (4) people with disabilities working together while receiving this service.

In the enclave model, a small group of people with disabilities (no more than four (4) people) is trained and supervised to work as a team among employees who are not disabled at the host company's work site.

In the mobile work crew model, a small crew of workers (including no more than four (4) persons with disabilities and ideally also including workers without disabilities who are not paid providers of this service) work as a distinct unit and operate as a self-contained business that generates employment for their crew members by selling a service. The crew typically works at several locations within the community.

In each model, the Supported Employment—Small Group Supports provider is responsible for training, supervision, and support of participants.

The expected outcome of this service is the acquisition of knowledge, skills and experiences that facilitate career development and transition to individualized integrated employment or self-employment, or that supplement such employment and/or self-employment when it is only part-time. The individualized integrated employment or self-employment shall be consistent with the individual’s personal and career goals, as documented in their PCP. Supported Employment—Small Group Supports shall be provided in a way that presumes all participants are capable of working in individualized integrated employment and/or self-employment.

Participants in this service shall be encouraged, on an ongoing basis, to explore and develop their interests, strengths, and abilities relating to individualized integrated employment and/or self-employment. In order to reauthorize this service, the PCP must document that such opportunities are being provided through this service, to the person, on an on-going basis. The PCP shall also document and address any barriers to the person transitioning to individualized
integrated employment or self-employment if the person is not already participating in individualized integrated employment or self-employment. Any person using this service to supplement part-time individualized integrated employment or self-employment shall be offered assistance to increase hours in individualized integrated employment and/or self-employment as an alternative or partial alternative to continuing this service.

**Supported Employment - Small Group Services - Additional Service Expectations, Limitations, Requirements:**

- The provider is expected to conduct this service in integrated, non-disability-specific business, industry or community settings that meet all HCBS setting standards and do not isolate participants from others who do not have disabilities. These settings cannot be provider-owned, leased or operated settings. The settings must be integrated in, and support full access of participants to the greater community, including opportunities to learn about and seek individualized integrated employment, engage in community life, and control their earned income.
- This service does not include supporting paid employment in sheltered workshops or similar facility-based settings, or in a business enterprise owned by a provider of the person's services.
- Paid work under Supported Employment—Small Group Supports must be compensated at minimum wage or higher.
- Supported Employment—Small Group Supports does not include vocational or Employment Path services, employment or training provided in facility based work settings.
- Transportation to and from this service and during this service is included in the rate paid for this service.
- This service will not duplicate other services provided through Medicaid state Waiver plan services and may not be billed for during the same period of time (e.g., the same hour) as other such services.
- The Supported Employment—Small Group Supports provider shall be responsible for any Personal Assistance needs during the hours that Supported Employment—Small Group Supports are provided; however, the Personal Assistance services may not comprise the entirety of the Supported Employment—Small Group Supports service. All providers of Personal Assistance under Supported Employment—Small Group Supports shall meet the Personal Assistance service provider qualifications.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.
• This service does not include support for volunteering.
• The Waiver will not cover services which are otherwise available to the person under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the person under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). A person does not have to be found ineligible for services under section 110 of the Rehabilitation Act of 1973 to determine and document this service is not available.
• Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
  o Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment;
  o Payments that are passed through to users of supported employment services; or
  o Payments for training that is not directly related to a person's supported employment program.

UNIT: 15 minutes

UNIT RATE: $7.90 (Group of 2-3) $4.52 (Group of 4)
Transportation to/from and during service included in rate paid for service.
Service Title: **Employment Supports – Integrated Employment Path Services**

Enrollment Group(s):
- Seamless Transition to Adulthood Supports (ages 16+)
- Family, Career and Community Life Supports
- Supports to Sustain Community Living (ages 16+)

**Definition:**
The provision of time-limited learning and work experiences, including volunteering opportunities, where a person can develop general, non-job-task-specific strengths and skills that contribute to employability in individualized integrated employment or self-employment. Services are expected to specifically involve strategies that facilitate a participant's successful transition to individualized integrated employment or self-employment. Persons receiving Integrated Employment Path Services must have a desire to obtain some type of individualized integrated employment or self-employment and this goal must be documented in the PCP as the goal that Integrated Employment Path Services are specifically authorized to address.

Services should be customized to provide opportunities for increased knowledge, skills and experiences specifically relevant to the person's specific individualized integrated employment and/or self-employment goals and career goals. If such specific goals are not known, this service can also be used to assist a person to identifying his/her specific individualized integrated employment and/or self-employment goals and career goals.

The expected outcome of this service is measurable gains in knowledge, skills and experiences that contribute to the individual achieving individualized integrated employment or self-employment, including (but not limited to):

- Ability to communicate effectively with supervisors, co-workers and customers;
- Generally accepted community workplace conduct and dress;
- Ability to follow directions;
- Ability to attend to tasks;
- Workplace problem solving skills and strategies; and
- General workplace safety and mobility training.

This service is limited to no more than one year. One extension of up to one year can be allowed only if the person is actively pursuing individualized integrated employment or self-employment in an integrated setting and has documentation that a service(s) (i.e. ADRS Individualized Plan for Employment in place or Job Development or Self-Employment Start-Up funded by the Waiver) is concurrently authorized for this purpose. The one-year extension may be repeated only if a person loses individualized integrated employment or self-employment and is seeking replacement opportunities.

**Employment Supports – Integrated Employment Path Services- Additional Service Expectations, Limitations, Requirements:**

- Integrated Employment Path Services shall not be provided or reimbursed if the person is receiving Job Coaching (for individualized integrated employment or self-employment), Co-Worker Supports or is working in individualized integrated employment or self-employment without any paid supports. Integrated Employment
Path Services are only appropriate for individuals who are not yet engaged in individualized integrated employment or self-employment.

- The provider is expected to conduct this service in integrated, non-disability-specific business, industry or community settings that meet all HCBS setting standards and do not isolate participants from others who do not have disabilities. These settings cannot be provider-owned, leased or operated settings.
- Transportation of the person to and from this service, and during this service, is included in the rate paid for this service.
- This service will not duplicate other services provided through Medicaid state Waiver plan services and may not be billed for during the same period of time (e.g., the same hour) as other such services.
- The combination of services the person is eligible to receive that occur outside of the home and in the broader community shall be limited to a combined maximum of 40 hours per week, except in instances where the person is 16+ and employed in competitive integrated employment 20 or more hours per week, in which case the person can receive up to 48 hours per week less any hours the person is working in competitive integrated employment without any waiver services. Expenditure caps also apply. Depending on enrollment group and age, the services the person is eligible to receive that occur outside of the home may include Supported Employment-Individual services, Supported Employment — Small Group, Community Integration Connections and Skills Training, and/or Personal Assistance-Community.
- The Waiver will not cover services which are otherwise available to the person under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.). If this service is authorized, documentation is maintained that the service is not available to the person under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

Unit: 15 minutes

Unit Rate: $9.40 (1:1 ratio) $5.50 (1:2 ratio) $1.70 (Classroom 1:8)*

*Classroom rate to support Project Search classroom time or similar evidence-based internship program pre-approved by ADMH/DDD.
**Service Title:** Community Integration Connections and Skills Training  
**Enrollment Group(s):**  
- Family, Career and Community Life Supports  
- Supports to Sustain Community Living (adults age 22+)

**Definition:**
Time-limited services which identify and arrange integrated opportunities for the person to achieve his/her unique goals for community participation, involvement, membership, contribution and connections, including targeted education and training for specific skill development to enable the waiver participant to develop ability to independently (or with natural supports only) engage in these integrated opportunities as specified in the person's Person-Centered Plan.

The community connections component of this service is focused on assisting the person to find and become engaged in specific opportunities for community participation, involvement, membership, contribution and connections. The service focus on community connections includes the following:

- Connections to members of the broader community who share like interests and/or goals for community participation, involvement, membership and/or contribution.
- Connections to community organizations and clubs to increase the individual's opportunity to expand community involvement and relationships consistent with his/her unique goals for community involvement and expanded natural support networks, as documented in the Person-Centered Plan;
- Connections to formal/informal community associations and/or neighborhood groups;
- Community classes or other learning opportunities related to developing passions, interests, hobbies and further mastery of existing knowledge/skills related to these passions, interests and hobbies;
- Connections to community members, opportunities and venues that support an individual’s goals related to personal health and wellness (e.g. yoga class, walking group, etc.);
- Connections to volunteer opportunities focused primarily on community contribution rather than preparation for employment;

The provider must document weekly progress toward achieving each goal for community participation, involvement, membership, contribution and connections for which the service is specifically authorized and which is documented in the Person-Centered Plan. This service focuses on successful participation in community opportunities that offer the opportunity for meaningful, ongoing interactions with members of the broader community. This service also focuses on ensuring the ongoing interactions with members of the broader community are meaningful and positive, leading to the development of a broader network of natural supports for the individual.

This service shall be provided in a variety of integrated community settings that offer opportunities for the person to achieve their personally identified goals for community participation, involvement, membership, contribution and connections, including developing and sustaining a network of positive natural supports. The provider is expected to provide this service in the appropriate integrated community setting(s) where the opportunities take place and the skills will be used, rather than maintaining a separate service location or practicing skills in places that are not the places where they will be used by the participant.
The skills training component of this service is instructional and training-oriented, and not intended to provide substitute task performance by staff. Skill training is focused on the development of skills identified in the Person-Centered Plan that will enable the person to continue participation in integrated community opportunities without waiver-funded supports. Community Integration Connections and Skills Training may include only education and training for skill development related to:

- Developing and maintaining positive reciprocal relationships with members of the broader community who are not other waiver participants, paid staff or family members;
- Participation in community activities, clubs, formal or informal membership groups and other opportunities for community involvement, participation and contribution;
- Accessing and using community services and resources available to the general public;
- Safeguarding personal financial resources in the community;
- Mobility training and travel training;
- Cell phone and/or PERS use in the community;
- Skills for personal safety in the community.

The provider must prepare and follow a plan utilizing systematic instruction and other evidence-based strategies for teaching the specific skills identified in the Person-Centered Plan. The provider must further ensure consistent teaching methods if multiple staff share responsibility for delivery of the service to a waiver participant. The provider must document weekly progress toward achieving each goal for community integration skill development and independence identified in the Person-Centered Plan.

The Community Integration Connections and Skills Training provider shall be responsible for any Personal Assistance needs during the hours that Community Integration Connections and Skills Training services are provided. However, the Personal Assistance services may not comprise the entirety of the Community Integration Connections and Skills Training.

Additional Service Expectations, Limitations, Requirements:

- All settings where Community Integration Connections and Skills Training is provided must meet all HCBS Settings Rule standards and cannot be provider owned or controlled.
- This service is provided separate and apart from the person's private (including family) residence, other residential living arrangement and/or the home of a service provider, and is not provided in provider owned or controlled facilities.
- One expected result of this service is fading of the service and less dependence on paid support over time in favor of increased natural supports and skills for community involvement and participation.
- This service should be authorized on a time-limited basis to facilitate one or more community connections and/or to facilitate acquisition or mastery of one or more skills for participation in integrated community opportunities and relationships.
- This service is intended to be a "wrap-around" support to participation in individualized, competitive integrated employment, Supported Employment-Small Group services and/or Integrated Employment Path Services, or is intended for individuals of retirement age (65+) who have elected not to pursue
further employment opportunities, or for individuals who, after participating in
the informed choice process available through completion of the Supported
Employment-Individual Exploration service, have decided not to pursue
individualized, competitive integrated employment at the current time.
• Staff-to-person ratios may vary from 1:1 to 1:3, with variable payment based on
  the specific ratio.
• The combination of services the person is eligible to receive that occur outside of
  the home and in the broader community shall be limited to a combined maximum of
  40 hours per week, except in instances where the person is 16+ and employed in
  competitive integrated employment 20 or more hours per week, in which case the
  person can receive up to 48 hours per week less any hours the person is working in
  competitive integrated employment without any waiver services. Expenditure caps
  also apply. Depending on enrollment group and age, the services the person is
  eligible to receive that occur outside of the home may include Supported
  Employment-Individual services, Supported Employment — Small Group,
  Community Integration Connections and Skills Training, and/or Personal Assistance-
  Community.

Unit: 15 minutes

Unit Rates: $6.50 (1:1 ratio) $3.75 (1:2 ratio) $2.82 (1:3 ratio)

Maximum group size = 3 Minimum staffing ratio: 1:3
Service Title: Independent Living Skills Training
Enrollment Group(s):
- Essential Family Preservation Supports
- Seamless Transition to Adulthood Supports
- Family, Career and Community Life Supports
- Supports to Sustain Community Living
- 1915i Modified Family, Career and Community Life Supports

Definition:
Time-limited, focused service that provides targeted education and training for specific skill development to enable the waiver participant to develop ability to independently perform routine daily activities at home as specified in the person's Person-Centered Plan. Services are not intended to provide substitute task performance by staff. Services are instructional and training-oriented, focused on development of skills identified in the Person-Centered Plan. Independent Living Skills Training may include only education and training for skill development related to:

- Personal hygiene, self-care skills and routines
- Food and meal preparation, including menu planning
- Home upkeep/maintenance including outdoor upkeep/maintenance as applicable
- Money management including skills for controlling and safeguarding personal financial resources at home
- Home-based communication device use (e.g. computer/phone/cell phone)
- Skills for personal safety at home
- Parenting skills (if minor children of waiver participant residing with waiver participant)

Independent Living Skills Training is intended as a short-term service designed to allow a person to acquire specific skills for independence in defined tasks and activities for community living. Goals for skill development and independence at home must be age-appropriate for the waiver participant while recognizing that learning skills for maximizing individual initiative, autonomy and independence at home should start at a very young age. The provider must prepare and follow a plan utilizing systematic instruction and other evidence-based strategies for teaching the specific skills identified in the Person-Centered Plan. The provider must further ensure consistent teaching methods if multiple staff share responsibility for delivery of the service to a waiver participant.

Because home-based skills are being taught, parents and/or other natural supports in the home will be encouraged to observe the training so they can learn how to use the instructional strategies, reinforce the learned skills and contribute to ensuring the maintenance of these skills after the service ends.

The provider must document weekly progress toward achieving each independent living skill identified in the Person-Centered Plan. The provider is expected to provide this service in the person’s own home where the skills will be used, rather than maintaining a separate service location or practicing skills in places that are not the places where they will be used by the participant.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:
• For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
• This service may be authorized for a maximum of 10 hours/week (no more than 2 hours/day) but shall be appropriate to the goal for authorizing the service and the person’s existing level of skill (gap between existing level of skill and goal) prior to the service being authorized;
• Once a waiver participant has achieved the ability to independently perform specific routine daily activities, this service may only be authorized to address a different routine daily activity as specified in the person’s PCP, or authorized, if needed, only very intermittently and for minimal time, to focus on sustaining skills for independence already achieved so these are not lost.

Unit: 15 minutes

Unit Rate: $6.50

Minimum staffing ratio: 1:1

In-home service.
Service Title: Peer Specialist Services
Enrollment Group(s): Family, Career and Community Life Supports
Supports to Sustain Community Living (age 22+)
1915i Modified Family, Career and Community Life Supports

Definition:
A service that assists a person to develop and utilize skills and knowledge for self-determination in one or more of the following areas:

- Directing the person-centered planning (PCP) process;
- Understanding and considering self-direction;
- Understanding and considering individualized integrated employment/self-employment; and
- Understanding and considering independent and supported living community living options.

The service is provided on a time-limited basis, determined by the person’s individual need, by a peer with intellectual or developmental disabilities who has experience matched to the focus area, needs and goals of the person receiving this service: has successfully directed their own Person-Centered Planning process; has self-directed their own services; has successfully obtained individualized integrated employment at a competitive wage; and/or utilizes independent/supported living options.

A qualified Peer Specialist service provider understands, empathizes with the person while working to empower the person, supporting three critical areas important for enhancing self-esteem and self-determination:

- The human need for connections, social supports and allies;
- Overcoming the disabling power of learned helplessness, low expectations, and the stigma of labels; and
- Supporting self-advocacy, informed choice and dignity of risk in decision making.

The Peer Specialist service provider offers:

- Education and training on the principles of self-determination, informed decision making and informed risk-taking;
- One-on-one training, information and targeted support to encourage and support the person to lead their own Person-Centered Planning process, pursue self-direction, seek individualized, integrated competitive employment and/or pursue independent living/supported living options in the community;
- Education on self-direction, including best practices recruiting, hiring and supervising staff;
- Planning support and support for exercising self-determination and using self-advocacy skills in regard to pursuing individualized, integrated competitive employment;
- Planning support and support for exercising self-determination and using self-advocacy skills in regard to pursuing independent/supported living opportunities, including selection of place to live and, if needed or desired, housemates; and,
- Assistance with identifying opportunities for increasing natural allies a person has to rely on, including opportunities for the development of valued social relationships, and
expanding unpaid sources of support in addition to, or reduce reliance on, paid services.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:

- These services are intended to support an individual in knowledge and skill acquisition and should not be provided on an indefinite basis, nor should these services be provided for companionship purposes only.
- The focus of these services should be customized to the specific goal(s) of the person receiving these services.
- Transportation of the person receiving this service is not included in the rate or in the scope of expectations for the Peer Specialist.
- The Support Coordinator is responsible for monitoring the satisfaction of the person served and outcomes resulting from this service on a monthly basis and documenting these things in the person’s record.

Unit: 15 minutes

Unit Rate: $10.00

Maximum 60 hours/year per waiver participant.
No more than five (5) hours/week.
Specific amount authorized based on scope of peer support needed by the participant.
Service Title: Family Empowerment and Systems Navigation Counseling

Enrollment Group(s): Essential Family Preservation Supports
Seamless Transition to Adulthood Supports
Family, Career and Community Life Supports

Definition: Family Empowerment Counselor and Systems Navigator Services matches the involved family members (e.g. support/caregivers; legal guardians) of an individual with intellectual disabilities with a local professional or similar reputable adult with broad knowledge of the variety of programs and local community resources that are available to an individual with intellectual disabilities and his/her family. The Family Empowerment Counselor and Systems Navigator Services are intended to be time-limited services that involve assessment of the individual’s situation (including needs, goals), assessment of the family’s specific goals and needs for information, assistance, and referral to address the individual and family’s situation. The service further includes, researching as needed, and sharing of the identified information, connecting the family with assistance, and making referrals as appropriate. The goal of the service is to empower the family with the information, connections and referrals they need, and to work with the family to increase their skills in problem-solving and leveraging available programs and community resources. This service is also intended, through temporary peer supervision, to facilitate an opportunity for interested family members, who have received this service, to become providers of this service themselves in order to grow the network of providers of this service over time.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:
- These services are intended to support appropriate assessment of goals/needs following by the timely sharing of information, sources of assistance, and referrals to address the individual and family’s situation; therefore, this service should not be provided on an indefinite basis, nor should these services be provided for companionship or purposes only.
- The focus of these services should be customized to the specific goal(s) of the individual and family receiving these services.
- Transportation of the person or family members of the person receiving this service is not included in the rate or in the scope of expectations for the Navigator delivering this service.
- The Support Coordinator is responsible for monitoring the satisfaction of the person and family served and outcomes resulting from this service on a monthly basis and documenting these things in the person’s record.

Unit: 15 minutes

Unit Rate: $10.00

Maximum of 30 hours/year. No more than 5 hours/week. Specific amount authorized based on family’s assessed level of need.
Service Title: **Financial Literacy and Work Incentives Benefits Counseling**

Enrollment Group(s):
- Essential Family Preservation Supports (Financial Literacy Counseling only)
- Seamless Transition to Adulthood Supports (Financial Literacy Counseling only)
- Family, Career and Community Life Supports
- Supports to Sustain Community Living (Financial Literacy 16+; Work Incentives Benefits Counseling 22+)
- 1915i Modified Family, Career and Community Life Supports

Definition:
For the family providing a home and/or natural care and support of a waiver participant of any age, the Financial Literacy component of this service is designed to:

- Enable a family to improve its economic self-sufficiency;
- Assist a family with evaluating their financial health and current level of financial literacy, and making a plan with specific strategies to improve their financial health and increase their level of financial literacy;
- Teach a family financial literacy skills;
- Assist a family to access community resources available to the family that address improvement of economic self-sufficiency and the family’s financial health, including ability to sustain the family home.

All of the above areas of focus for the service is for the ultimate purpose of assuring the family can continue to provide a home and/or natural support to a family member enrolled in the waiver.

For a waiver participant twenty-two (22) or older (and legal guardian and/or involved family, if applicable), this service may include Financial Literacy and Work Incentives Benefits Counseling as appropriate to the needs of the person. Financial Literacy services are specifically for waiver participants age 22 and older who are living independently or in a supported living arrangement and are intended to:

- Enable a person to improve his/her economic self-sufficiency necessary to continue to maintain independent/supported living in the community;
- Assist a person with evaluating his/her financial health and current level of financial literacy, and making a plan with specific strategies to improve his/her financial health and increase his/her level of financial literacy;
- Teach the person financial literacy skills
- Assist the person to access community resources available to the person that address improvement of economic self-sufficiency and the person’s financial health, including ability to sustain the independent/supported living arrangement.

Work Incentive Benefits Counseling is designed to:

- Provide general introductory education that identifies and explains the multiple pathways to ensuring individualized integrated competitive employment results in increased economic self-sufficiency (net financial benefit) through the use of various work incentives. This general
introductory education should also repudiate myths and alleviate fears and concerns related to seeking and working in individualized integrated competitive employment.

- Provide a thorough Work Incentive Benefits Analysis addressing the benefits, entitlements, subsidies and services the individual receives to assess the impact that income from employment may have on continued eligibility and benefit amounts, including health coverage. Individuals are informed of work incentives, provisions that are designed to help protect benefits while working (i.e. Impairment Related Work Expense, Earned Income Exclusion, Plan for Achieving Self Support (PASS), Continued Medicaid and Extended Medicare, as well as other benefit programs for which the individual may be eligible. The information is intended to assist the person in making informed decisions about how much they can work and earn through individualized integrated competitive employment.

- Both the general introductory education service and the Work Incentive Benefits Analysis must provide education and information on the income reporting requirements for public benefit programs, including the Social Security Administration.

- This service may also include assistance with the submission of a PASS Plan or Impairment Related Work Expenses (IRWE) to the Social Security Administration depending on the needs of the individual.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- For Financial Literacy services, there must be a documented and current concern about the ability to sustain the family home or the person’s home.

- For Work Incentive Benefits Counseling, in addition to ensuring this service is not otherwise timely available to the individual under section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.), the Waiver may not fund this service if CWIC Benefits Counseling services funded through the Federal Work Incentives Planning and Assistance (WIPA) program are available to the individual.

- Introductory general education as part of Work Incentive Benefits Counseling shall be limited to individuals ages 22-60 who are not currently employed in individualized, integrated competitive employment and shall be limited to a total of four (4) hours of face-to-face service. This component of service can be reauthorized once per waiver year.

- Work Incentive Benefits Analysis, as part of Work Incentive Benefits Counseling, shall be limited to individuals ages 22-60 who are not currently employed in individualized, integrated competitive employment and shall be limited to a total of twenty-three (23) hours of service covering all necessary steps for production of a Work Incentive Benefits Analysis report. This component of service may be authorized no more than once every three (3) years and only if circumstances have significantly changed since the prior authorization, warranting a new analysis.

- Assistance with development of a PASS Plan or IRWE is limited to a total of fifteen (15) hours of service covering all necessary steps involved for submission to, and approval by, the Social Security Administration. This component of service may not be authorized more than once every three (3) years and only if the person’s circumstances warrant this and Social Security Administration approval is likely.
• PRN Problem-Solving services for someone to maintain individualized integrated competitive employment: up to four (4) hours per situation requiring PRN assistance. This service may be authorized up to three (3) times per year if necessary for the individual to maintain individualized integrated competitive employment.
• The service must be provided in a manner that supports the person’s communication style and needs, including, but not limited to, age-appropriate communications, translation and/or interpretation services for persons of limited English-proficiency or who have other communication needs requiring translation including sign language interpretation, and ability to communicate with a person who uses an assistive communication device.

Unit: 15 minutes
Unit Rate: $10.00
Up to four (4) hours/week and total maximum of 48 hours/year per waiver participant.
Service Title: Counseling and Assistance with Alternatives to Full Legal Guardianship

Enrollment Group(s): Seamless Transition to Adulthood Supports (age 17+)
Family, Career and Community Life Supports

Definition:
A one-time service that provides consultation, education and assistance to a parent(s) or other involved family member(s) who want to understand the alternatives to seeking full guardianship of an adult child or family member enrolled in the waiver (e.g. financial power of attorney; health care power of attorney; health care representative; supported decision-making arrangement; limited/partial legal guardianship). This service shall be provided in a manner that seeks to preserve the rights and freedoms of the person to the maximum extent possible and appropriate. This service may include assistance with completing necessary paperwork and processes to establish an alternative to full legal guardianship, if appropriate.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:
• For a waiver participant where full legal guardianship is an imminent possibility in the absence of this service, the authorization is limited to a one-time authorization of up to twelve (12) hours of face-to-face counseling and assistance.
• For a waiver participant under full legal guardianship, authorization of up to twenty (20) hours of face-to-face counseling and assistance is available in a situation where a person and/or his/her appointed legal guardian, holding full legal guardianship, wishes to pursue restoration of the person’s rights through implementation of an alternative(s) to full legal guardianship.
• This service does not include payment of legal or similar types of fees to establish legal guardianship or set up any alternatives to legal guardianship.

Unit: 15 minutes

Unit Rate: $10.00

Maximums: See service limitations above.
Service Title: Minor Home Modifications
Enrollment Group(s): Essential Family Preservation Supports  
Seamless Transition to Adulthood Supports  
Family, Career and Community Life Supports

Definition:
Provision and installation of certain home mobility aids (e.g., a wheelchair ramp and modifications directly related to and specifically required for the construction or installation of the ramp, hand rails for interior or exterior stairs or steps, grab bars and other devices) and minor physical adaptations to the interior of a member’s place of residence which are necessary to ensure the health, welfare and safety of the individual, or which increase the member’s mobility and accessibility within the residence, such as widening of doorways or modification of bathroom facilities. All services shall be provided in accordance with applicable state or local building codes.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:
- Adaptations that are necessary to support the person to work at home in individualized, integrated competitive employment can be covered but only if they are not the responsibility of the person’s employer, if applicable, under the Americans with Disabilities Act and/or if funding to cover these modifications is not available to the individual from another source (e.g. Alabama Division of Vocational Services; Alabama Workforce System).
- Any minor home modification must be documented, including documentation of assessed need that justifies the modification, in the person’s Person-Centered Plan, to include the specific rationale for their implementation.
- An evaluation by an appropriate professional (e.g., a Physical Therapist) may be necessary to assist in the determination of structural requirements.
- 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.
- Excluded are installation of stairway lifts or elevators and those adaptations which are considered to be general maintenance of the residence or which are considered improvements to the residence or which are of general utility and not of direct medical or remedial benefit to the individual, such as installation, repair, replacement or roof, ceiling, walls, or carpet or other flooring; installation, repair, or replacement of heating or cooling units or systems; installation or purchase of air or water purifiers or humidifiers; and installation or repair of driveways, sidewalks, fences, decks, and patios.
- Adaptations that add to the total square footage of the home are excluded.
- Minor Home Modifications do not include the installation of equipment for Remote Supports monitoring which are covered under Remote Supports.
- Minor Home Modifications are limited to $5,000 per waiver year. A Community Services Director, with approval from DDD Central Office, may authorize services in excess of the benefit limit as a cost-effective alternative to institutional placement or other medically necessary covered services, or transition to an enrollment group with a higher expenditure cap.

Unit: Job  
Unit Rate: At Cost  
[$10,000 total lifetime limit for a particular residence.]
Service Title: Positive Behavior Supports
Enrollment Group(s): Essential Family Preservation Supports
Seamless Transition to Adulthood Supports
Family, Career and Community Life Supports
Supports to Sustain Community Living

Definition:
Expertise, training and technical assistance in evidence-based positive behavior support strategies to assist natural, co-worker and/or paid staff in supporting individuals who have behavioral support needs. Positive Behavior Supports are designed to improve the ability of unpaid natural supports and paid direct support staff to carry out therapeutic interventions. As needed, providers of Positive Behavior Supports conduct assessments, develop a person’s behavior support plan and train/consult with unpaid caregivers and/or paid support staff who are implementing the person’s behavior support plan, which is necessary to facilitate the person’s successful participation in the community, in employment and to ensure the person can remain in his/her current community living situation or transition to a less restrictive living situation. Service includes:

1. Assessment to inform the development of behavior support plans for settings where needed (home; work; community), including methods for evaluating effectiveness. A Functional Assessment will be facilitated by the provider and will include:
   i. Interviews with the participant, team leaders, staff, guardian, and professionals across settings.
   ii. A review of background information.
   iii. Evaluation of interviews to examine function of behavior.
   iv. The identification and assessment of previously used strategies for effectiveness.
   v. The identification of staff/caregiver training needs.
   vi. The collection of data on behaviors to establish a baseline.

• Based on the needs and goals of the individual, development of a home and/or community and/or worksite behavior support plan and/or intervention plan. These plans should incorporate strategies for preventing negative behaviors, identify replacement behaviors, describe how staff/natural support should intervene in a behavioral situation and identify desired fading procedures if necessary. These plans should be understandable to the staff/natural supports expected to implement them. Plans may include recommendations for assistive technology/equipment, workplace and community integration site modifications and clearly defined behavioral interventions.

• Training and technical assistance to carry out the behavior support plan and monitoring of the person and the natural support/staff in the implementation of the plans. The provider will identify training needs and outline a training plan for staff/unpaid caregivers.
   i. Training will include instruction about implementation of the behavior plan in the context of providing other services included in the person’s Person-Centered Plan, and guidance, as necessary, to safely maintain and support the person in the relevant community settings. Training must be aimed at assisting the unpaid caregiver/staff in meeting the needs of the person.
• Following the completion of identified training and technical assistance, the provider will provide consultation/follow up 1-2 times per month to examine plan implementation and effectiveness. As needed, revisions of the plan will be done to assure progress toward achievement of desired outcomes. Tele-consulting through the use of two-way, real time-interactive audio and video between places of greater and lesser clinical expertise to provide behavioral consultation services when distance separates the behavioral expert from the person.

This service may also include time-limited consultation with the person and his/her Person-Centered Planning team to consider available service providers and potential providers and assist the person to identify and select providers that can meet the unique needs of the member and to identify additional supports necessary to implement behavior plans and perform therapeutic interventions. As needed, this service is also used to allow the behavioral specialist to be an integral part of the person-centered planning team, as needed, to participate in team meetings.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:
• This service does not supplant or duplicate services available through the Medicaid State Plan, EPSDT, or through section 110 of the Rehabilitation Act of 1973, or the IDEA (20 U.S.C. 1401 et seq.).
• This service does not supplant or replace services provided under the Medicaid State Plan through a Mental Health Center for an individual with an intellectual disability who has a diagnosis of a mental illness or substance use disorder.
• The Positive Behavior Supports specialist and the paid direct support staff are able to bill for their service time for an individual concurrently.
• The implementation of Positive Behavior Supports (and any associated Behavior Support Plans) that involve restrictions must be regularly monitored on an ongoing basis by the qualified provider of Positive Behavior Supports.
• Positive Behavior Supports must be implemented to comply with the ADMH Division of Developmental Disabilities Behavioral Services Procedural Guidelines.
• PBS: Non-Crisis Intervention Services are limited to no more than 480 units (120 hours) per waiver year. PBS: Crisis Intervention and Stabilization services may not be billed during the same days that PBS: Non-Crisis Intervention Services is billed. PBS: Crisis Intervention and Stabilization services are limited to no more than 480 units (120 hours) provided over the course of no more than 60 dates of service per waiver year. The 60 days do not have to be consecutive. PBS: Non-Crisis Consultation Services may not be billed during the same days that PBS: Crisis Intervention and Stabilization services are billed.
• A Community Services Director may authorize services in excess of the benefit limit as a cost-effective alternative to institutional placement or other medically necessary covered service, or transition to an enrollment group with a higher expenditure cap.

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<tr>
<th>Service Type</th>
<th>Unit</th>
<th>Unit Rate</th>
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<tr>
<td>Unit (Non-Crisis Intervention Services)</td>
<td>15 minutes</td>
<td>$15.00</td>
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<tr>
<td>Unit (Crisis Intervention Services)</td>
<td>15 minutes</td>
<td>$20.00</td>
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Service Title: Housing Counseling Services
Enrollment Group(s): Seamless Transition to Adulthood Supports (for ages 18-21, if needed) 
Family, Career and Community Life Supports

Definition:
Services which provide assistance to a person when acquiring housing in the community, where ownership or rental of housing is separate from service provision. The purpose of Housing Counseling Services is to promote consumer choice and control of housing and access to housing that is affordable, accessible to the extent needed by the individual, and promotes community inclusion. Housing Counseling Services include counseling and assistance, based on individual needs and a plan reflecting these needs, in the following areas:

- Exploring both home ownership and rental options;
- Exploring both individual and shared housing situations;
- Identifying financial resources and determining affordability;
- Identifying how earned income, or an increase in earned income, could impact choice, access and affordability of housing options;
- Identifying preferences of location and type of housing;
- Identifying accessibility and modification needs;
- Locating available housing by educating and supporting the person to learn how to search for available housing and/or conducting searches on behalf of the individual;
- Identifying and assisting with access to financing if homeownership is goal;
- Identifying and assistant with access to rental subsidies if renting is goal;
- Educating the person on the rights and responsibilities of a tenant, including how to ask for reasonable accommodations and modifications, how to request repairs and maintenance, and how to file a complaint if necessary; and,
- Planning for ongoing management and maintenance if homeownership is goal.

Housing Counseling Services are time-limited services but are not one-time services and may be accessed more than once if an individual’s needs dictates this.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:
- Not available to participants ages 14-17.
- Up to 50 hours/service depending on number and scope of outcomes the service is expected to achieve.

Unit: 15 minutes

Unit Rate: $12.50
**Service Title:** Housing Start-Up Assistance  
**Enrollment Group(s):** Seamless Transition to Adulthood Supports (for ages 18-21, if needed)  
Family, Career and Community Life Supports

**Definition:**
A service intended to provide essential services and items needed to establish an integrated community living arrangement for persons relocating from an institution, a provider owned or controlled residential setting, or a home owned or controlled by another individual. Housing Start-Up Assistance is intended to enable the person to establish an independent or supported living arrangement. Allowable costs include:

- Deposit required for a leased or rented living arrangement;
- Initial fees and/or deposits to establish utility service for water, heat, electricity, phone;
- Purchase of basic and essential items needed to establish a safe and secure home;
- Moving costs

Housing Start-Up Assistance may also include person-specific services and supports that may be arranged, scheduled, contracted or purchased, which support the person’s successful transition to a safe, accessible independent or supported living situation. No institutional length of stay requirement exists to access this service.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- Housing Start-Up Assistance costs in excess of $1,000 per person, not including deposit required for executing a lease/residency agreement, require prior approval from DMH/DDD central office for expenditures or purchases. Authorization of this service more than once every three (3) years requires prior approval from DMH/DDD central office.
- Services or items covered by this service may not be purchased more than 180 days prior to the date the person relocates to the new independent/supported living arrangement.
- Housing Start-Up Assistance services exclude:
  - Purchase of food;
  - Payment of rent beyond advanced payment of one month’s rent required at the time of signing a lease or residency agreement;
  - Purchase of leisure or recreational devices or services (e.g., television or video equipment, cable or satellite service);
  - Purchase of service agreements or extended warranties for appliances or home furnishings;
  - Home modifications necessary to address safety and accessibility in the member’s living arrangement, which may be provided via other sources or the Minor Home Modifications waiver service; and,
  - Housekeeping services provided after occupancy which, if needed, may be provided through other sources or other waiver or Medicaid state plan services.
- When this service is provided to an individual transitioning from a residential institution to a community-based independent/supported living setting, the service is not billed until the date the individual leaves the institution and begins waiver services.

**Unit:** Actual Start-Up Cost  
**Unit Rate:** At Cost

<table>
<thead>
<tr>
<th>Unit of Service</th>
<th>Unit Rate</th>
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<tbody>
<tr>
<td>15 minutes</td>
<td>$8.00</td>
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Service Title: Supported Living Services

Enrollment Group(s): Family, Career and Community Life Supports (Non-Intensive)
Supports to Sustain Community Living (Intensive)

Definition:
Services that include training and assistance in maintaining a home of one’s own: a residence not owned or controlled by a waiver service provider or a residence that is not the home of a family caregiver. The home may be shared with other freely chosen housemates who may or may not also receive waiver services and/or have a disability. Supported Living Services are provided with the goal of maximizing the person’s independence and interdependence with housemates and natural supports, using a combination of teaching, training, technology and facilitation of natural supports. Supported Living Services are delivered according to the person’s Supported Living Service Plan and may include supports for any of the following:

- Maintaining home tenancy or ownership;
- Managing money, budgeting and banking;
- Planning and preparing meals;
- Shopping for food and home supplies;
- Maintaining personal appearance and hygiene;
- Health and wellness goals and activities;
- Developing and maintaining positive relationships with neighbors; and,
- Overseeing/assisting with managing self-administered medication and/or medication administration, as permitted under Alabama’s Nurse Practice Act;
- Performing other non-complex health maintenance tasks, as needed and as permitted by state law.
- Travel training and support and/or assistance with arrangement of transportation by a third party, and/or provision of transportation as needed by the individual to support the person’s employment and community involvement, participation and/or contribution;
- Assistance with building interpersonal and social skills through assistance with planning, arranging and/or hosting social opportunities with family, friends, neighbors and other members of the broader community with whom the person desires to socialize;
- Ensuring home and community safety is addressed including emergency preparedness planning;
- Implementation of behavioral support plans developed by qualified behavioral specialists; and
- On-call supports for as-needed or emergency assistance.

This service when provided for someone enrolled in the “Family, Work and Community Life Supports” enrollment group is intended for persons who, with technology, natural supports and good advanced planning, need intermittent and/or on-call staff support to remain in their own home and who do not need and will not benefit from around-the-clock staffing. Supported Living Services are differentiated from Personal Assistance by virtue of the 24-hour on-call access to supports on an as-needed/emergency basis that are part of Supported Living Services. It is the responsibility of the provider to ensure that the person has an emergency preparedness plan in place at all times, this plan is shared with the Support Coordinator and others on the Person-Centered Planning team, and the person is supported to learn and practice this plan at regular intervals.

All individual goals/objectives for Supported Living Services, along with a description of needed Supported Living Services supports to achieve them, shall be established via the person-centered planning process and documented in the Supported Living Service Plan which is made part of the
Person-Centered Plan and which determines the specific weekly rate paid for the service. The Supported Living Service Plan and the corresponding goals/objectives, must consider:

- The person’s current level of independence
- Availability of natural supports
- Ability to utilize technology
- Ability to rely on housemates, neighbors, etc.
- Other services the person may be receiving, regardless of funding source

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**

- A person receiving Supported Living Services shall not be eligible to receive Personal Assistance-Home, Family Caregiving Preservation Stipend, Personal Assistance-Community, Independent Living Skills Training, Breaks and Opportunities (Respite), Adult Family Home or Community-Based Residential Services as separate services.
- Transportation covered under this service may not duplicate transportation provided through the Community Transportation service. Transportation to/from medical appointments and services is covered under Non-Emergency Medical Transportation available through the Medicaid State Plan and not through this service or the waiver.
- This service when provided to someone enrolled in the “Family, Work and Community Life Supports” enrollment group requires a minimum of one (1) face-to-face service visit to the residence, lasting at least one hour, twice a week, in addition to on-call, around-the-clock availability of the provider staff, in the event unplanned or emergency supports are needed.
- When the more intensive version of this service is provided to someone enrolled in the “Supports to Sustain Community Living” enrollment group, a minimum of one (1) face-to-face service visit to the residence, lasting at least one hour, is required each day, in addition to on-call, around-the-clock availability of the provider staff, in the event unplanned or emergency supports are needed.
- A person receiving Supported Living Services may receive Remote Supports to maximize the use of technology supports. The Supported Living Service Plan must reflect the use of Remote Supports and the monthly rate paid for this service must take account of the use of Remote Supports and the role the Supported Living Service provider may play in the implementation of Remote Supports.
- Persons receiving Supported Living Services may choose to receive this service in a shared living arrangement involving a maximum of three (3) persons per residence receiving this service. Each person may require differing levels of support and/or types of waiver services in addition to Supported Living Services as detailed in their Person-Centered Plan and Supported Living Services Plan. Other individuals sharing the residence and receiving Supported Living Services may participate in different HCBS programs, so long as the provider is qualified to safely and appropriately meet the needs of each person in the residence.
- The service shall not be provided in a home where the person lives with family members (e.g., parents, grandparent, siblings, children, or spouse, whether the relationship is by blood, marriage or adoption), unless such family members are also persons receiving waiver services.
- Certain family members of the person supported (e.g., spouse, parent, child, or legal guardian, regardless of relationship) shall not be reimbursed to provide Supported Living Services. Other family members may be reimbursed to provide the service, if they otherwise meet provider qualifications and hiring requirements or are employed by an approved provider.
• The reimbursed rate for each unit of service is determined by formal assessment. The determined reimbursed rate for each unit of service will be for a period defined by the formal assessment process, with reassessment occurring no less than every six (6) months as a part of the Person-Centered Plan and the Supported Living Services Plan semi-annual review, or more frequently, in the event of changes in needs or circumstances that require changes to the Supported Living Services Plan.

• Supported Living Services shall be provided in a manner which ensures the person’s rights of privacy, dignity, respect, and freedom from coercion and restraint. Any rights restrictions must be implemented in accordance with DMH/DDD policy and procedures for rights restrictions.

• Reimbursement for this service shall not include the cost of maintenance of the dwelling.

• Residential expenses (e.g., telephone, cable television, food, rent, mortgage, insurance, etc.) shall be paid by the person(s) supported and, as applicable, other residents of the home, through mutual agreement.

• The provider shall not co-sign a lease or rental agreement for the person’s place of residence and will sign an agreement with the person ensuring that the person will not be required to move if the person chooses a different Supported Living Services provider at any point, and if such a decision is made, the Supported Living Services provider will work with the person and the new provider to ensure an orderly, well-planned transition with no gap in supports for the person.

**Family Career and Community Life Supports Enrollment Group:**

**Non-Intensive Supported Living Services**

Unit of Service: **Week**

Unit Rate: **Individualized Rate Based on Assessment**

Weekly rate determined using SLS assessment tool. Rate range: $73/week (needs no more than minimum F2F contact) to $576/week (up to 40 hours/week of F2F support)

Up to three (3) people may reside together. Each will have an individualized rate based on assessment which will account for time sharing staff and time receiving individualized supports.

A week is 7 contiguous calendar days.

24/7 unplanned/emergency response to residence included.

Minimum face-to-face contact: twice a week.

Use of Remote Supports in combination with Supported Living Services results is factored into Supported Living Assessment, including factoring whether SLS provider is providing paid back-up support or not, and how many individuals are sharing Remote/Back-up Support.

**Supports to Sustain Community Living Enrollment Group**

**Intensive Supported Living Services**

Unit of Service: **Day**

Unit Rate: **Individualized Rate Based on Assessment**

Daily rate determined using SLS assessment tool. Rate range: $84/day (average 5-6 hrs/day) to $241/day (24 hours/day if exceptional medical or behavioral need).

Up to three (3) people may reside together. Each will have an individualized rate based on assessment which will account for time sharing staff and time receiving individualized supports.

24/7 unplanned/emergency response to residence included.

Minimum face-to-face contact: once a day.

Use of Remote Supports in combination with Supported Living Services results is factored into Supported Living Assessment, including factoring whether SLS provider is providing paid back-up support or not, and how many individuals are sharing Remote/Back-up Support.
**Service Title:**

**Adult Family Home**

**Enrollment Group(s):**

Supports to Sustain Community Living

**Definition:**

A community-based alternative to residential habilitation service that enables up to three persons receiving this service to live in the home of trained host family caregivers (other than the person's own family) in an adult foster care arrangement. In this type of shared living arrangement, the person(s) moves into the host family's home, enabling the person(s) to become part of the family, sharing in the experiences of a family, while the trained family members provide the individualized services that:

- Support each person's independence and full integration in their community;
- Ensure each person's choice and rights; and
- Support each person in a manner that complies fully with HCBS Settings Rule standards, including standards for provider-owned or controlled homes.

Adult Family Home services are individualized based on the needs of each person, as specified in the Adult Family Home Plan and may include supports for any of the following:

- Assistance, including hands-on assistance only as needed by the individual, with activities of daily living as needed, such as bathing, dressing, personal hygiene and grooming, eating, toileting, transfer, and mobility;
- Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing activities of daily living;
- Assistance, including hands-on assistance only as needed by the individual, with instrumental activities of daily living such as household chores, meal planning, shopping, preparation and storage of food, and managing personal finances;
- Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing instrumental activities of daily living;
- Overseeing/assisting with managing self-administered medication and/or medication administration, as permitted under Alabama’s Nurse Practice Act;
- Performing other non-complex health maintenance tasks, as needed and as permitted by state law;
- Achieving health and wellness goals as outlined in the Person-Centered Plan;
- Scheduling and attending appropriate medical services appointments with transportation reimbursement through Non-Emergency Medical Transportation under the Medicaid State Plan;
- Managing acute or chronic health conditions, including nurse oversight and monitoring, and skilled nursing services, only as needed, for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc.;
- Travel training and support and/or assistance with arrangement of transportation by a third party, and/or provision of transportation as needed by the individual to support the person’s employment and community involvement, participation and/or contribution;
- Assistance with building interpersonal and social skills through assistance with planning, arranging and/or hosting social opportunities with family, friends, neighbors and other members of the broader community with whom the person desires to socialize;
- Developing and maintaining positive relationships with neighbors;
- Assistance to participate fully in community life, including faith-based, social, and leisure activities selected by the person;
• Coordinating with other service providers for the person if the person is receiving other services, regardless of funding source, to pursue employment or educational goals and opportunities;
• Assistance with exercising civil and statutory rights (e.g. voting);
• Implementation of behavioral support plans developed by qualified behavioral specialist;
• Ensuring home and community safety is addressed including emergency preparedness planning;
• Assistance with effectively using police, fire, and emergency help available in the community to the general public;
• Supervision and companionship only if needed by the individual.

All individual goals/objectives for Adult Family Home services, along with a description of needed Adult Family Home supports to achieve them, shall be established via the Person-Centered Planning process and documented in the Adult Family Home Service Plan which is made part of the Person-Centered Plan and which determines the specific monthly rate paid for the service. The Adult Family Home Plan and the corresponding goals/objectives, must consider:
  • The person’s current level of independence
  • Ability to utilize technology
  • Ability to rely on natural supports
  • Other services the person may be receiving regardless of funding source

Training and supervision of the host family caregivers by DMH/DDD Regional Office staff person qualified as QDDP/QIDP shall ensure the host family caregivers is prepared to carry out the necessary training and support functions to implement the Adult Family Home Service Plan and assist the individual to successfully achieve the goals/objectives identified in the Plan. Progress toward the goals/objectives will be documented by the provider, with corresponding adjustments to the Adult Family Home Service Plan implemented accordingly, as determined by the person and his/her Person-Centered Planning team.

**Service Limitations including Limitations on Amount, Duration or Frequency of the Service:**
• The provider’s home must be integrated in the greater community and not isolate the person from the opportunity to interact with members of the broader community and participate fully in community life. The provider shall ensure they meet all of the requirements of the HCBS Settings Rule which includes but is not limited to supporting full access to the greater community, opportunities to 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.
• A person receiving Adult Family Home services shall not be eligible to receive Personal Assistance-Home, Family Caregiving Preservation Stipend, Independent Living Skills Training, Adult Family Home or Community-Based Residential Services as separate services.
• Personal Assistance-Community and/or Community Integration Connections and Skills Training shall not duplicate any supports included as part of Adult Family Home services.
• Breaks and Opportunities (Respite), as needed, shall be available to preserve the Adult Family Home living situation for the person and shall be taken account of in the assessment that determines the reimbursement rate paid for Adult Family Home services.
• A person receiving Adult Family Home services may receive Remote Supports to maximize the use of technology supports. The Adult Family Home Plan must reflect the use of Remote Supports and
the monthly rate paid for this service must take account of the use of Remote Supports and the role
the Adult Family Home provider may play in the implementation of Remote Supports. Remote
supports shall not be utilized for periods of time when the Adult Family Home providers are present
in the home with the person receiving services unless approval from DMH/DDD central office is
received in advance.

- Transportation: Medical and non-medical transportation support will be determined as part of the
  assessment process. Medical transportation is covered separate from the waiver under Non-
  Emergency Medical Transportation available through the Medicaid State Plan. Transportation
covered under this service may not duplicate transportation provided through the Community
Transportation service. If individual non-medical transportation needs covered under this service
exceed a 20-mile radius and more than five trips per month, this would be considered excessive
transportation and can be captured as such on the assessment. Service workers may transport
consumers in their own vehicles as an incidental component of this service.

- Family members (e.g., parents, grandparent, siblings, children, or spouse, whether the relationship
  is by blood, marriage or adoption) are not eligible providers of Adult Family Home services. A
person receiving Adult Family Home services may not also have a family member receiving the
Family Caregiving Preservation Stipend.

- As a part of the Person-Centered Plan, the Adult Family Home services must be reviewed at least
  semi-annually, or more frequently, in the event of changes in needs or circumstances that require
changes to the Adult Family Home Plan.

- Adult Family Home services shall be provided in a manner which ensures the person’s rights of
  privacy, dignity, respect, and freedom from coercion and restraint. Any rights restrictions must be
implemented in accordance with DMH/DDD policy and procedures for rights restrictions.

- Reimbursement for this service shall include the cost of maintenance of the dwelling proportionate
to the area of the home the person is able to use, including private space and shared public spaces.

- The person’s appropriate portion of residential expenses (e.g., telephone, cable television, internet,
  food, electricity, heating/cooling, water, etc.) shall be paid by the person supported and, as
applicable, other residents of the home, through mutual agreement.

- The provider shall provide and execute with the person, a legally enforceable lease or rental
agreement that meets HCBS Settings Rule standards.

**Unit:** Day
**Unit Rate:** Individualized Rate Based on Assessment
**Daily rate determined using AFH assessment tool. Rate range:** $40/day (needs no more than
minimum F2F daily interaction) to $220/day (24 hour/day if exceptional medical or behavioral needs).
Up to three (3) people may reside together. Each will have an individualized rate based on assessment
which will account for time sharing staff and time receiving individualized supports.
24/7 unplanned/emergency response to residence included.
Minimum face-to-face contact: once a day.
Use of Remote Supports in combination with Adult Family Home is factored into AFH Assessment,
including factoring whether AFH provider is providing paid back-up support or not, and how many
individuals are sharing Remote/Back-up Support.
Service Title: Community-Based Residential Services
Enrollment Group(s): Supports to Sustain Community Living

Definition:
Community-Based Residential Services enable an individual to avoid institutionalization and live in a community setting that provides services to:

- Support the person’s maximum independence, autonomy and full integration in their community;
- Ensure each person’s rights and abilities to make choices; and
- Support each person in a manner that complies fully with HCBS Settings Rule standards, including standards for provider-owned or controlled homes.

Community-Based Residential Services are provided for up to four individuals in a dwelling which may be rented, leased, or owned by the provider. The person has the right to a legally enforceable lease or rental agreement with the provider that offers the same appeal rights and eviction protections as is required under state landlord-tenant law. This service offers individualized services and supports that enable the person supported to acquire, retain, and improve skills necessary to reside in the least restrictive residential setting possible. The setting in which the service is provided must be an ADMH-certified, community-based residential setting which supports each person’s independence and full integration into the community and ensures each person’s basic needs (e.g., food, clothing, etc.), choice, rights, safety and security. Community-Based Residential Services provide care, supervision, and skills training in activities of daily living, home management and community integration. The service includes the following:

- Assistance, including hands-on assistance only as needed by the individual, with activities of daily living as needed, such as bathing, dressing, personal hygiene and grooming, eating, toileting, transfer, and mobility;
- Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing activities of daily living;
- Assistance, including hands-on assistance only as needed by the individual, with instrumental activities of daily living such as household chores, meal planning, shopping, preparation and storage of food, and managing personal finances;
- Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing instrumental activities of daily living;
- Overseeing/assisting with managing self-administered medication and/or medication administration, as permitted under Alabama’s Nurse Practice Act;
- Performing other non-complex health maintenance tasks, as needed and as permitted by state law;
- Scheduling and attending appropriate medical services appointments with transportation reimbursement through Non-Emergency Medical Transportation under the Medicaid State Plan;
- Assistance with achievement of health and wellness goals and related activities;
- Managing acute or chronic health conditions, including nurse oversight and monitoring, and skilled nursing services, only as needed, for routine, ongoing health care tasks, such as blood sugar monitoring and management, oral suctioning, tube feeding, bowel care, etc.;
• Travel training and support and/or assistance with arrangement of transportation by a third party, and/or provision of transportation as needed by the individual to support the person’s employment and community involvement, participation and/or contribution;
• Assistance with building interpersonal and social skills through assistance with planning, arranging and/or hosting social opportunities with family, friends, neighbors and other members of the broader community with whom the person desires to socialize;
• Developing and maintaining positive relationships with neighbors;
• Assistance to participate fully in community life, including faith-based, social, and leisure activities selected by the person;
• Coordinating with other service providers for the person if the person is receiving other services, regardless of funding source, to pursue employment or educational goals and opportunities;
• Assistance with exercising civil and statutory rights (e.g. voting);
• Implementation of behavioral support plans developed by a qualified behavioral specialist;
• Ensuring home and community safety is addressed including emergency preparedness planning;
• Assistance with effectively using police, fire, and emergency help available in the community to the general public;
• Supervision and companionship only if needed by the individual.

All individual goals/objectives for Community-Based Residential Services, along with a description of needed services and supports to achieve them, shall be established via the Person-Centered Planning process and documented in the Community-Based Residential Services Plan which is made part of the Person-Centered Plan and which determines the specific daily rate paid for the service. The Community-Based Residential Services Plan and the corresponding goals/objectives, must consider:

• The person’s current level of independence
• Ability to utilize technology
• Ability to rely on natural supports
• Other services the person may be receiving regardless of funding source

Training, mentoring and supervision of the provider’s direct support staff shall ensure the staff is prepared to carry out the necessary support and training functions to achieve the goals in the Community-Based Residential Services Plan, which supports the individual to have the lifestyle, routine and opportunities they desire. Progress toward these goals will be documented by the provider, with corresponding adjustments to the Plan implemented accordingly, as determined by the person and his/her Person-Centered Planning team.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:
• The provider’s home must be integrated in the greater community and not isolate the person from the opportunity to interact with members of the broader community and participate fully in community life. The provider shall ensure they meet all of the requirements of the HCBS Settings Rule which includes but is not limited to supporting full access to the greater community, opportunities to 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.
• A person receiving Community-Based Residential services shall not be eligible to receive Personal Assistance-Home, Family Caregiving Preservation Stipend, Independent Living Skills Training,
Personal Assistance-Community, Adult Family Home or Breaks and Opportunities (Respite) as separate services.

- Community Integration Connections and Skills Training shall not duplicate any supports included as part of Community-Based Residential services.
- Transportation: Medical and non-medical transportation support will be determined as part of the assessment process. Medical transportation is covered separate from the waiver under Non-Emergency Medical Transportation available through the Medicaid State Plan. Transportation covered under this service may not duplicate transportation provided through the Community Transportation service. If individual non-medical transportation needs exceed a 20-mile radius and more than five trips per month, this would be considered excessive transportation and can be captured as such on the assessment. Service workers may transport consumers in their own vehicles as an incidental component of this service.
- Family members (i.e., parents, grandparent, siblings, children, or spouse, whether the relationship is by blood, marriage or adoption) are not eligible providers of Community-Based Residential services.
- As a part of the Person-Centered Plan, the Community-Based Residential services must be reviewed at least semi-annually, or more frequently, in the event of changes in needs or circumstances that require changes to the Community-Based Residential Services Plan.
- Community-Based Residential services shall be provided in a manner which ensures the person’s rights of privacy, dignity, respect, and freedom from coercion and restraint. Any rights restrictions must be implemented in accordance with DMH/DDD policy and procedures for rights restrictions.
- Reimbursement for this service shall include the cost of maintenance of the dwelling proportionate to the area of the home the person is able to use, including private space and shared public spaces.
- The person’s appropriate portion of room and board expenses shall be paid by the person supported and, as applicable, other residents of the home, through mutual agreement.
- The provider shall provide and execute with the person, a legally enforceable lease or rental agreement that meets HCBS Settings Rule standards.

**Unit:** Day

**Unit Rate:** Individualized Rate Based on Assessment

Daily rate determined using CBRS assessment tool. Rate range: $50/day (needs no more than minimum F2F contact) to $262/day (24-hour support if exceptional medical or behavioral needs). Up to four (4) people may reside together. Each will have an individualized rate based on assessment which will account for time sharing staff and time receiving individualized supports.

24/7 unplanned/emergency response to residence included.
Minimum face-to-face contact: once a day.
Use of Remote Supports in combination with CBRS is factored into CBRS Assessment, including factoring whether CBRS provider is providing paid back-up support or not, and how many individuals are sharing Remote/Back-up Support.
Service Title:  Physical Therapy  
Enrollment Group(s):  Seamless Transition to Adulthood Supports (for age 21 only)  
Family, Career and Community Life Supports  
Supports to Sustain Community Living (21+)

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 evaluation of an individual to determine level of functioning, need for therapy, all information necessary for the development of the treatment plan. The treatment plan should outline the frequency of service (maximum one session per week in combination with home-based program implementation natural/paid direct support providers), goals of therapy, and outcomes or milestones to be reached by the participant.

Physical therapy involves 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. The PT is expected to recommend exercises to the participant and his/her natural/paid direct support providers that will be completed at home or other appropriate integrated community setting(s), and that will help to ensure maximum benefit of PT is achieved and gains are sustained over time, after and if PT sessions have ended. To this end, the PT may also provide consultation and training to natural/paid direct support providers. Services to natural/paid direct support providers will be allowed when the services are for the direct benefit of the recipient and are necessary to enable the recipient to experience maximum benefit of PT, and ensure gains are sustained over time, after PT sessions have ended. The PT should teach the primary natural/paid direct support providers how to continue all relevant exercises that can be done at home or other appropriate integrated community setting(s), including ROM exercises for the participant.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:
- Physical Therapy requires a physician’s prescription and documentation in the form of an initial evaluation 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 Plan of Care and be provided and billed in 15-minute units of service.
- Physical therapy is limited to no more than 50 hours or 200 units annually and no more than one session a week. If it appears that more frequent physical therapy is needed, and the benefit from which cannot be accomplished through natural/paid direct support providers,
trained by the PT, implementing a home or community-based PT program in-between PT sessions, the PT must re-evaluate and submit another treatment plan as described above to the Support Coordinator who will complete a request for action to the Regional Office and Central Office to approve. No more than an additional 50 hours, or 200 units will be allowed per individual per waiver year.

- Physical therapy under the waiver is not available to children under the age of 21 because the service is covered under State Plan EPSDT services.
- Medicaid State Plan physical therapy in a hospital outpatient setting must be utilized first or documentation maintained it was confirmed unavailable to or previously exhausted by the individual.
- Service delivery in less than 1:1 ratio is not permitted.
- Documentation: Providers of service must maintain a service log that documents specific days on which physical therapy services were delivered, including detailed documentation of what the service entailed. Physical therapist must sign each treatment note and must describe progress made on goals established in the treatment plan.

**Unit:** 15 minutes

**Unit Rate:** $14.30

**Minimum staffing ratio:** 1:1  
**No group service provision permitted.**
Service Title: Occupational Therapy
Enrollment Group(s): Seamless Transition to Adulthood Supports (for age 21 only)
Family, Career and Community Life Supports
Supports to Sustain Community Living (21+)

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 performance. Services must begin with the OT evaluation that, if necessary, results in the development of a treatment plan.

The evaluation of an individual is to determine level of functioning, need for therapy, and all information necessary for the development of the treatment plan. The treatment plan should outline the frequency of service (maximum one session per week in combination with home or community-based program implementation by natural/paid direct support providers), goals of therapy, and outcomes or milestones to be reached by the participant.

Occupational therapy involves the application of diagnostic and prognostic tasks and treating individuals in the prescribed therapy, including treatment training programs, to secure and/or obtain necessary functioning. The OT is expected to recommend exercises to the participant and his/her natural/paid direct support providers that will be completed at home or other appropriate integrated community setting(s), and that will help to ensure maximum benefit of OT is achieved and gains are sustained over time, after OT sessions have ended. To this end, the OT may also provide consultation and training to natural/paid direct support providers. Services to natural/paid direct support providers will be allowed when the services are for the direct benefit of the recipient and are necessary to enable the recipient to experience maximum benefit of OT, and ensure gains are sustained over time, after OT sessions have ended. The OT should teach the primary natural/paid direct support providers how to continue all relevant exercises and activities that can be done at home or other appropriate integrated community setting(s) with the participant.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:
- Occupational Therapy requires a physician's prescription and documentation in the form of an initial evaluation 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 Plan of Care and be provided and billed in 15-minute units of service.
- Occupational therapy is limited to no more than 50 hours or 200 units annually and no more than one session a week. If it appears that more frequent occupational therapy is needed, and the benefit from which cannot be accomplished through natural/paid direct support providers, trained by the OT, implementing a home or community-based OT program in-between OT sessions, the OT must re-evaluate and submit another treatment plan as described above to
the Support Coordinator who will complete a request for action to the Regional Office and Central Office to approve. No more than an additional 50 hours, or 200 units will be allowed per individual per waiver year.

- Occupational therapy under the waiver is not available to children under the age of 21 because this service is covered under the State Plan EPSDT services.
- Service delivery in less than 1:1 ratio is not permitted.
- Documentation: Providers of service must maintain a service log that documents specific days on which occupational therapy services were delivered, including detailed documentation of what the service entailed. Occupational therapist must sign each treatment note and must describe progress made on goals established in the treatment plan.

**Unit:** 15 minutes

**Unit Rate:** $14.30

**Minimum staffing ratio:** 1:1  
**No group service provision permitted.**
Service Title: Speech and Language Therapy
Enrollment Group(s): Seamless Transition to Adulthood Supports (age 21 only)
Family, Career and Community Life Supports
Supports to Sustain Community Living (21+)

Definition:
Speech and language therapy includes diagnostic, screening, preventive and corrective services provided on an individual basis, when referred by a physician (M.D., D.O.). Services must begin with the SLT evaluation that, if necessary, results in the development of a treatment plan.

The evaluation of an individual is to determine level of functioning, need for therapy, and all information necessary for the development of the treatment plan. The evaluation is customized to the individual and may include screening and evaluation of the individual’s speech and hearing functions or a comprehensive speech and language evaluation. The treatment plan should outline the frequency of service (maximum one session per week in combination with home or community-based program implementation by natural/paid direct support providers), goals of therapy, and outcomes or milestones to be reached by the participant.

These services address improvement in speech fluency and intelligibility and development of an individual’s communications skills including expressive and receptive communication skills. These services may include swallowing therapy in additional to other treatment services if the evaluation identifies this as an assessed need. The SLT is expected to recommend exercises and activities to the participant and his/her natural/paid direct support providers that will be completed at home or other appropriate integrated community setting(s), and that will help to ensure maximum benefit of SLT is achieved and gains are sustained over time, after SLT sessions have ended. To this end, the SLT may also provide consultation and training to natural/paid direct support providers. Services to natural/paid direct support providers will be allowed when the services are for the direct benefit of the recipient and are necessary to enable the recipient to experience maximum benefit of SLT, and ensure gains are sustained over time, after SLT sessions have ended. The SLT should teach the primary natural/paid direct support providers how to continue all relevant exercises and activities that can be done at home or other appropriate integrated community setting(s) with the participant.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:

- Services must be listed on the Plan of Care and prescribed by the participant's physician and related to a participant's particular diagnosis.
- An evaluation is required by the qualified 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 service must be expected to result in improvement in functioning for the waiver participant.
- Speech/Language Therapy must be due to an acute episode and should terminate once therapy becomes maintenance in nature.
• Speech and Language Therapy is limited to no more than thirty (30) hours or 120 units annually and no more than one session a week. If it appears that more frequent SLT is needed, and the benefit from which cannot be accomplished through natural/paid direct support providers, trained by the SLT, implementing a home or community-based SLT program in-between SLT sessions, the SLT must re-evaluate and submit another treatment plan as described above to the Support Coordinator who will complete a request for action to the Regional Office and Central Office to approve. No more than an additional 30 hours, or 120 units will be allowed per individual per waiver year.

• Speech and Language Therapy under the waiver is not available to children under the age of 21 because this service is covered under the State Plan EPSDT services.

• Service delivery in less than 1:1 ratio is not permitted.

• Documentation: Providers of service must maintain a service log that documents specific days on which speech and language therapy services were delivered, including detailed documentation of what the service entailed. The speech therapist must sign each treatment note and describe progress made toward goals established in the treatment plan.

Unit: 15 minutes

Unit Rate: $14.30

Minimum staffing ratio: 1:1  No group service provision permitted.
Service Title: Skilled Nursing  
Enrollment Group(s):  
Seamless Transition to Adulthood Supports (Age 21 only)  
Family, Career and Community Life Supports  
Supports to Sustain Community Living

Definition:
Services listed in the plan of care which are within the scope of the State’s Nurse Practice Act and must be provided by a registered professional nurse (RN), or licensed practical (LPN) or vocational nurse under the supervision of a registered nurse, licensed to practice in the state of Alabama. An RN is required to perform the supervisory visit every 60 days for an LPN providing this service. To authorize this service, a physician’s order is required followed by a Regional Office RN completing an assessment to determine if the services may be safely and effectively administered in the home or community (the place or places of service where the individual desires to receive the service). There is no restriction on the place of service except the service may not be provided in facility-based non-residential service settings or other settings that do not fully comport with the setting standards contained in the federal HCBS settings rule, including the additional standards that apply to provider owned or controlled settings. This assessment by the Regional Office RN also will identify and confirm the specific type of Skilled Nursing service needed and the amount of time needed. Services are of two types:

1. Training and supervision provided to natural caregivers and/or direct support professionals (self-direction or agency workers) related to medical care and/or assistance with ordinarily self-administered medications to be provided by the natural caregiver or direct support professional. This training is not available to direct support professionals working for agencies providing residential services (Supported Living; Adult Family Home; Community-Based Residential Services) because payment for the nurse supervision is already included in the rate paid for those services.

2. Nursing procedures that meet the person’s health needs as ordered by a physician. LPN services may provide skilled care for the recipient if a licensed physician prescribes the service. The supervising RN evaluates the participant and establishes the nursing plan of care prior to assigning services to the LPN.

Of the above two ways to provide this service, the Regional Office RN will authorize the most cost-effective option for the meeting the waiver participant’s needs through this service, ensuring consistency with the physician’s order in all cases. When Skill Nursing Services are provided to waiver participants living in their own homes or living with family, it is intended to focus on training of the natural caregiver and training/supervision of the person’s direct support professional(s) and is not intended as a private duty nursing service.

The services 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 the participant’s condition, follow-up measures, communications with family, caregivers or physicians, training or other pertinent information. The nurse must sign and date the note. A record of the RN/LPN visit will be captured by an Electronic Visit Verification Monitoring system.

Service Limitations including Limitations on Amount, Duration or Frequency of the Service:
• Authorization of this service, and inclusion in the Plan of Care, is subject to a physician’s order, based on medical necessity, and an assessment by a Regional Office RN. The need for continued medically necessary Skilled Nursing services must be ordered by the individual’s physician every year at the time of the annual redetermination and a reassessment by a Regional Office RN must occur at least annually.

• This service is not available to individuals during the time they are receiving residential services, including training and supervision of direct support professionals working for agencies providing residential services in the Supports to Sustain Community Living enrollment group (Supported Living-Intensive; Adult Family Home; Community-Based Residential Services) because payment for the nursing services, including nurse supervision, is already included in the rate paid for those services.

• For individuals living with natural caregivers, the individual must require skilled nursing training, supervision and/or care which exceeds the caregiver’s ability to care for the recipient. If a caregiver has been providing care that is otherwise proposed to be provided through Skilled Nursing services, there must be a negative change in the individual’s condition or the caregiver’s status that has occurred to warrant supplanting the caregiver’s role by authorizing Skilled Nursing services.

• For individuals living with natural caregivers, a commitment on the part of the natural caregiver to participate in and complete training with the Skilled Nursing service provider is essential. The primary natural caregiver will indicate this commitment by participating in the creation, and signing, of the Skilled Nursing Agreement for Care form. Additional caregivers identified for training must be indicated on the Skilled Nursing Agreement for Care form. In the event that multiple caregivers exist who need training at separate times or in separate places, an adjustment in the hours approved for this service may be made.

• The service may not be provided in facility-based non-residential service settings or other settings that do not fully comport with the setting standards contained in the federal HCBS settings rule, including the additional standards that apply to provider owned or controlled settings.

• Skilled Nursing under the waiver is not available to children under the age of 21 because Private Duty Nursing is covered under the State Plan EPSDT services.

Unit: Hour

Unit Rate: $20.80/Hour LPN $36.40/Hour RN

1:1 ratio required.
Service Title: Support Coordination

Enrollment Group(s):
Essential Family Preservation Supports
Seamless Transition to Adulthood Supports
Family, Career and Community Life Supports
Supports to Sustain Community Living

Definition:

A case management and comprehensive supports/services coordination role involving direct assistance with gaining access to waiver program services that are desired by and selected by the individual, from among available services that are effective options for meeting one or more assessed needs. Support Coordination also involves the effective coordination of waiver program services with other Medicaid-funded services, other publicly-funded services and programs (e.g. ADRS, school, workforce and generic community services), and other generic community services and resources (e.g. social, educational, religious, etc.) available to the individual, and family as applicable, regardless of the funding source.

Support Coordinators are responsible for:

- Conducting a comprehensive assessment of the individual, using both strengths and needs-based assessment tools provided by DDD, in collaboration with the individual and others that know the individual well;
- Engaging with the individual (and legal representative/involved family members, as applicable) to accurately identify the individual’s vision for his/her life and key goals/outcomes the individual wants to achieve;
- Providing education to individuals (and legal representatives/involved family as applicable) about the various services and supports available through the waiver that are effective options for enabling the individual to achieve each of the key goals/outcomes identified by the individual (and legal representative/involved family members, as applicable);
- Providing education to individuals (and legal representatives/involved family as applicable) about the option to self-direct certain services and supports that are available through the waiver;
- Providing education to individuals (and legal representatives/involved family as applicable) about the available providers for each service and support available through the waiver;
- Coordinating a person-centered planning process, consistent with the HCBS Settings Rule requirements, and developing a written person-centered plan (PCP), utilizing a template provided by DDD, which defines and documents:
  - The individual’s goals/outcomes desired by the individual as part of his/her vision for a good and full life;
  - The individual’s needs related to achieving his/her identified goals/outcomes necessary for achieving his/her vision for a good and full life;
  - The natural supports, other publicly funded supports and other community supports that the individual has available to assist him/her with achieving his/her identified goals/outcomes necessary for achieving his/her vision for a good and full life;
  - The types and amounts of waiver services and supports that are needed, in addition to the natural supports, other publicly funded supports and other community supports that the individual has available to assist him/her, in order to ensure the individual can
achieve his/her identified goals/outcomes which are considered necessary for achieving his/her vision for a good and full life;

- The setting in which the individual chooses to receive each waiver service, chosen from among setting options that are also documented in the PCP, including at least one non-disability specific setting option for each service;

- The individual’s choices regarding the option to self-direct certain services and supports that are included in the PCP;

- The individual’s choice of provider for each service and support included in the PCP that will not be self-directed;

- Ensuring the person is aware of their rights, including choice of providers. Secures the person’s signature on the Free-Choice of Qualified and Contracted Providers form and provides the Due Process Rights Form;

- Any modification(s) to HCBS Setting Rule requirements that may be necessary consistent with federal requirements for including such modification(s) in the PCP;

- Undertaking ongoing monitoring of the provision, adequacy, quality and effectiveness of waiver services/supports included in the person’s PCP and progress toward goals/outcomes documented in the PCP;

- Undertaking ongoing monitoring of the person’s health, safety and welfare;

- Providing ongoing support and information, as needed, to individuals (and legal representatives/involved family as applicable) who choose to self-direct certain services and supports that are included in the PCP;

- Coordinating services and supports over time, which preserve the individual’s ability to live in a community setting; and

- There is a requirement of at least one (1) face-to-face visit with the person each month during the first twelve (12) months of enrollment and then quarterly after that time period, in addition to any other Support Coordination activities.

Limitations on Amount, Duration or Frequency of the Service:

- From the person-centered planning process, informed by the requisite assessments, the individual and the SC identify supports and services to address desired goals and outcomes. The individual and Support Coordinator first explore unpaid and natural supports, then supports and services from other systems and programs available to the individual, followed by services and support funded by the waiver program, utilizing waiver funding as the funding source of last resort. When considering waiver services, the Support Coordinator is required to assist the individual in evaluating the waiver services and supports that will most effectively meet the individual’s desired goals, outcomes and needs. Support Coordinators are trained to be skilled in explaining services and supports, including those available through generic community resources and other systems and programs.

- Support Coordinators are required to document the individual’s goals/outcomes, needs and preferences that are identified through a collaborative review of assessment results and exploratory discussion involving the individual’s person-centered planning team. Prior to concluding the PCP development process, Support Coordinators must review their documentation of all of the planning conversations with the individual to ensure the PCP meets all of the person’s identified needs and preferences related to their identified goals and outcomes.

- When an individual chooses not to address one of their needs on the PCP, the Support Coordinator discusses this choice with the individual. If the individual elects to not address an identified need through the waiver PCP, this conversation must be documented,
including the Support Coordinator’s effort to encourage the individual to address the need. In cases wherein the unaddressed need is related to health and safety or presents another type of risk, the Support Coordinator completes the document, “Risk Agreement – Waiver Program” with the individual to document information and resources provided to the individual.

- Support Coordination Supervisors (SCS) are required to ensure that the PCP’s developed by their Support Coordinators meet the needs of the individual as required by this waiver and waiver program policy and work instructions.

- Person Centered Plans are subject to continuous revision, as needed. However, at a minimum, the PCP is reviewed by the individual and SC during a formal review at least annually. During this time, the individual’s progress on the goals and outcomes identified on the previous year’s PCP is reviewed as a priority. The individual and Support Coordinator collaborate to ensure the new PCP is an accurate and current reflection of the individual’s goals/outcomes and needs/preferences related to these goals/outcomes, and that the PCP adequately supports the individual’s goals and outcomes with waiver-funded services used to wrap around generic community services and supports and services and supports available through other programs and systems. When the cost of an individual’s needs exceed the person’s expenditure cap, the Support Coordinator is required to involve their Supervisor to review the PCP and assist the individual, as needed, in completing documentation for approval to exceed the expenditure cap (or receive approval for a one-time emergency expense) to avoid enrollment in an enrollment group with a higher expenditure cap, particularly to avoid residential placement if the person is living with natural supports or living independently.

- Through the SC’s monthly and quarterly contacts, the SC will monitor the individual’s health and welfare. Progress notes will document the contact and whether the outcomes stated in the person’s plan are occurring for the individual and being effectively addressed by the person’s providers of waiver services and supports.

- It is also the SC’s responsibility to review the provider’s submitted documentation at least monthly, and note any problems, concerns, discrepancies, dramatic changes or other occurrences that would indicate a need for review of the provider’s performance or the individual’s goals/outcomes or needs. The SC’s review of the provider documentation will include making further inquiries and taking appropriate action if there is reason to believe the person’s health or welfare is potentially at risk and/or if services are not being delivered according to the PCP.

**Unit of Service:** 5 minutes

**Unit Rate:** $5.28

**Minimum Staffing Ratio:** 1:1 (This service may not be delivered in group format.)

**Minimum Caseload Size:** 23
SECTION III

A. Proposal Content

Instructions must be followed or responses will not be graded.

Each proposal is to contain specific responses to each of the following requests and respondents are encouraged to respond fully to each inquiry, but to be as concise as possible. Submit the response to each item with the item reproduced at the top of the page(s) of the response.

1. Submit a cover letter summarizing your proposal. Limit the cover letter to no more than one page.
2. Attach the Vendor Contact Page (if multiple providers jointly submitting proposal, submit a Vendor Contact Page for each provider and identify one provider as the LEAD Vendor, marking their Vendor Contract Page “LEAD”).
3. A Table of Contents of the submitted information.
4. Attach vendor information (for all providers, if multiple providers jointly submitting proposal) to include:
   • Documentation of provider’s current qualifications including how the provider meets the minimum qualifications described in this RFP and how the provider may meet one or more of the preferred provider qualifications described in this RFP
   • For providers proposing to provide Support Coordination, disclosure of any and all business relationships with other providers of Waiver services, either currently via the ID or LAH Waivers or proposed via the CWP Waivers, or with any agencies who own or sub-contract with providers of any of the aforementioned Waiver services.
   • Details on the leadership of the provider organization including, as applicable, the board of directors, owners, and operational leadership team (current resumes for operational leadership team are also expected to be included)
   • Documentation of any accolades or awards bestowed upon the provider in recognition of special honors or acknowledgement of merit
   • Description of community relationships/partnerships leveraged to assist persons served on the waiver in pursuit of integrated, competitive employment and other integrated community engagement
   • Description of the provider’s financial position (attach most recently completed audited financial statements) and ability of provider to make investments necessary to provide services as described in this RFP
   • Description (including exact dollar amounts) of any Medicaid (or other) recoupment actions taken against the provider in the past ten (10) years
   • Statement of the provider’s mission, philosophy, and purpose.
   • Description of the provider’s current certification status (e.g., good standing, provisional, in the process of obtaining certification, an history of provisional status or decertification, etc.)
   • Description of the provider’s current HCBS Settings Rule compliance (e.g., full compliance, transition to compliance plan submitted/approved, transition to compliance plan in development, non-compliant)
   • Description of previous experience relevant to the Scope of Work described in this RFP (e.g., waiver services previously/currently offered by your agency) and the specific services the provider wishes to provide via the new waiver program
   • Information demonstrating knowledge and understanding of the services and/or any experience, training or qualifications that the provider agency’s staff have relevant to the services.
• Include any information pertaining to the respondent’s abilities to provide the scope of work for this RFP.
• Clearly include the county(s) the provider is proposing to serve and history of providing similar services in this county(s).
• List support coordination/case management organizations currently supporting the provider (not applicable if provider is support coordination provider).
• For each service the provider wishes to provide, please identify the minimum salary the agency plans to pay, and minimum benefits the agency plans to offer, to direct service workers providing this service, given the reimbursement rate and billing rules for the service included in this RFP. Benefits refer to the following: health insurance (include worker premiums); dental insurance (include worker premiums); vision coverage (include worker premiums); retirement; paid vacation; paid holidays; paid sick leave; short and/or long-term disability coverage; life insurance.
• Description of provider’s processes for development/maintenance of appropriate/up-to-date staffing schedules for each person served and, as applicable, small groups of individuals served
• Description of service initiation, via the person-centered planning process, to ensure services are reflective of the person’s unique goals upon selection of the provider by a person served on the waiver
• Description of the disenrollment process when services to a person served on the waiver are terminated by the provider

5. All pages should be numbered consecutively beginning with number 1 after the cover letter.
6. Submit one (1) signed original and four (4) copies of your entire proposal. Note: Make sure at least one copy is single-sided.
7. Clearly print on the outside of the envelope RFP 2021-09-Waiver Services.

Your entire proposal must be received at the following address no later than 12:00 pm on August 14, 2020. Please review the mailing note.

Submit RFP Responses To:
AL Department of Mental Health
Office of Contracts & Purchasing
RSA Union Building
100 N. Union Street, Suite 570
Montgomery, AL  36104

The Department of Mental Health assumes no responsibility for expenses incurred in the preparation of the proposal and reserves the right to reject any and all proposals. Additionally, ADMH reserves the right to waive irregularities in any proposals and request clarification of any information and negotiate with proposal submitters to secure more favorable conditions.

B. Evaluation Process

ADMH will examine each proposal submitted and may elect to conduct interviews with finalists. The department expects a final selection on or before September 17, 2020.

NOTE that the service definitions and proposed rates have not yet been approved by CMS are remain subject to modification by DDD in order to receive final approval by CMS.
C. Selection Criteria

Selection shall be based on factors to be developed by the procuring state entity, which shall include, but not be limited to, the following:

1. Provider qualifications including any preferred provider qualifications.
2. Provider experience.
3. Provider leadership.
4. Provider financial position and ability to commit resources necessary to provide services.
5. Provider’s knowledge and understanding of the services to be provided.
6. Relevant expertise, capabilities, technical competence, and/or any experience, training or qualifications that the provider agency’s staff have relevant to the services.
7. Evidence of ability to undertake necessary steps to begin providing services in the second quarter of FY 2021.
8. Size of geographic area in which the provider is proposing to provide services (Note: must include Tuscaloosa and/or Walker counties).

D. Evaluation Criteria

Proposals will be evaluated based on their responsiveness to the items contained in the content section of this Request for Proposal. It is expected that the review committee will rate responses according to the following ways:

<table>
<thead>
<tr>
<th>1. Provider preferred provider qualifications and experience</th>
<th>25%</th>
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<tbody>
<tr>
<td>2. Provider leadership, financial position and ability to commit resources necessary to provide services</td>
<td>15%</td>
</tr>
<tr>
<td>3. Provider’s knowledge and understanding of the services to be provided, relevant expertise, capabilities, technical competence, and/or any experience, training or qualifications that the provider agency’s staff have relevant to the services.</td>
<td>40%</td>
</tr>
<tr>
<td>4. Evidence of ability to undertake necessary steps to begin providing services in the second quarter of FY2021 and size of geographic area the provider in which the provider is proposing to provide services.</td>
<td>20%</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
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## SECTION IV
### DATES and DEADLINES
RFP 2021-09 New Waiver Services

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 14, 2020</td>
<td>RFP Release</td>
<td>USPS, ADMH Website, and STAARs website</td>
</tr>
<tr>
<td>July 23, 2020</td>
<td>Deadline to submit RFP questions or requests for clarification</td>
<td>Email to <a href="mailto:leola.rogers@mh.alabama.gov">leola.rogers@mh.alabama.gov</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>ADMH website <a href="http://www.mh.alabama.gov">www.mh.alabama.gov</a></td>
</tr>
<tr>
<td>July 31, 2020</td>
<td>RFP Q&amp;A to be posted for review</td>
<td></td>
</tr>
<tr>
<td>August 14, 2020</td>
<td>RFP Submissions: 1 original &amp; 4 copies</td>
<td>USPS or FedEx or UPS (Review mailing note)</td>
</tr>
<tr>
<td>August 14, 2020 12:00 pm</td>
<td>RFP Closing Date</td>
<td>USPS or FedEx or UPS (Review mailing note)</td>
</tr>
<tr>
<td>September 17, 2020 Approximately</td>
<td>Notification of selection status</td>
<td>USPS (In writing)</td>
</tr>
</tbody>
</table>

**Submit RFP Responses To:**
AL Department of Mental Health
Office of Contracts & Purchasing
RSA Union Building
100 N. Union Street, Suite 570
Montgomery, AL  36104
VENDOR CONTACT PAGE

RFP 2021-09 New Waiver Services

Legal Name: __________________________________________________________

Address: __________________________________________________________

____________________________________________________________________

Agency Contact: ___________________________ Phone: __________________

Email: _____________________________________________________________

**NOTE:** Attach this page to the front of the RFP submission, immediately following the Cover Letter. See instructions in Section III of this RFP is multiple providers jointly submitting an RFP submission.