Alabama Department of Mental Health
Developmental Disabilities Division

Community Waiver Program

Scopes of Service
And
Scopes of Work for
Memorandum of Agreement

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Adult Family Home

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Supports to Sustain Community Living:** Individuals 3+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	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.
2.2	Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing activities of daily living.
2.3	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.
2.4	Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing instrumental activities of daily living.
2.5	Overseeing/assisting with managing self-administered medication and/or medication administration, as permitted under Alabama's Nurse Practice Act.
2.6	Performing other non-complex health maintenance tasks, as needed and as permitted by state law.
2.7	Achieving health and wellness goals as outlined in the Person-Centered Plan.
2.8	Scheduling and attending appropriate medical services appointments with transportation reimbursement through Non-Emergency Medical Transportation under the Medicaid State Plan.
2.9	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.
2.10	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.
2.11	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.
2.12	Developing and maintaining positive relationships with neighbors.
2.13	Assistance to participate fully in community life, including faith-based, social, and leisure activities selected by the person.
2.14	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.
2.15	Assistance with exercising civil and statutory rights (e.g. voting).
2.16	Implementation of behavioral support plans developed by qualified behavioral specialist.
2.17	Ensuring home and community safety is addressed including emergency preparedness planning.
2.18	Assistance with effectively using police, fire, and emergency help available in the community to the general public.
2.19	Supervision and companionship only if needed by the individual.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	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.
3.3	Adult Family Home services are individualized based on the needs of each person, as specified in the Adult Family Home Plan

4.0	Units of Service and Reimbursement Guidelines
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	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.
4.4	Personal Assistance-Community and/or Community Integration Connections and Skills Training shall not duplicate any supports included as part of Adult Family Home services.
4.5	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.
4.6	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.
4.7	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.
4.8	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.
4.9	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.
4.10	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.
4.11	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.
4.12	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.
4.13	The provider shall provide and execute with the person, a legally enforceable lease or rental agreement that meets HCBS Settings Rule standards.
4.14	Unit: Day
4.15	Unit Rate: Individualized Rate Based on Assessment
4.16	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).
4.17	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.
4.18	24/7 unplanned/emergency response to residence included.
4.19	Minimum face-to-face contact: once a day.
4.20	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.
5.0	**Staff Qualifications and Training**

5.1	Background Checks – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense. Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Must pass a pre-employment drug screen.
5.3	TB skin test as required by Alabama Medicaid Agency.
5.4	Overview of intellectual disabilities
5.5	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.6	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.7	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.8	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.9	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.10	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.11	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.12	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.13	First Aid
5.14	CPR
5.14	Infection Control
5.15	Medication side effects; recognizing signs and symptoms of illness
5.16	Emergency preparedness

5.17	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.18	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
5.19	Provider agency minimum qualifications do not apply.
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	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.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Supports to Sustain Community Living
7.3	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

8.0	Communication, Documentation and Reporting Requirements
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected.

	It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication

	• Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Assistive Technology and Adaptive Aids

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 3+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	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.
2.2	Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, updating, repairing, or replacing assistive technology devices and adaptive equipment.
2.3	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: o Adaptive switches and attachments.
2.4	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).
2.5	Adaptive toileting equipment.
2.6	Communication devices and aids that enable the person to perceive, control or communicate with the environment, including a variety of devices for augmentative communication.
2.7	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).
2.8	Computer equipment, adaptive peripherals and adaptive workstations to accommodate active participation in the workplace and in the community.
2.9	Software, when required to operate accessories included for environmental control.
2.10	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.
2.11	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.

2.12	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.
2.13	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.
2.14	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.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	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.
3.3	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).
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
4.3	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.
4.4	Items reimbursed with waiver funds shall exclude those items which are not of direct medical or remedial benefit to the recipient.
4.5	All items must meet applicable standards of manufacture, design and installation.
4.6	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.
4.7	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.
4.8	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.
4.9	Unit: Item Rate: At Cost
4.10	Unit: Hour (Assessment and/or Training) Rate: $40/hour
5.0	**Staff Qualifications and Training**
5.1	Must meet all applicable state (Alabama Board of Home Medical Equipment Services Providers) and local licensure requirements.
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:**

	Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living **1915i Modified Family, Career and Community Life Supports**
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose**

	Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities**

	Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Breaks and Opportunities (Respite)

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** A service provides alternate provide support, care and supervision to a waiver participant that lives with family or other natural supports who are providing support, care and supervision to the waiver participant.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports.
2.0	**Standards of Service**

2.1	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.
2.2	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.
2.3	The Breaks and Opportunities service is provided with goal of: (1) sustaining the family/natural support living arrangement and support-giving arrangement
2.4	The Breaks and Opportunities service is provided with goal of: (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.
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
3.3	This service can be provided in the waiver participant's home or the pre-approved private home of the Breaks and Opportunities service provider.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
4.3	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.)
4.4	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.
4.5	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.
4.6	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.
4.7	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.
4.8	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.
4.9	**Breaks and Opportunities (Planned Respite)**
4.10	Unit: Hour or Day (participant selects one option at beginning of each waiver year)
4.11	Unit Rate: $22/hour or $158/day
4.12	**Breaks and Opportunities (Emergency Respite)**
4.13	Unit: Day Unit Rate: $190/day
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations

	that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Provider staff are working collaboratively and communicating effectively with

	DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose**

	Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities**

	Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Community Integration Connection and Skills Training - Connections

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 22+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.

2.0	Standards of Service
2.1	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.
2.2	Connections to members of the broader community who share like interests and/or goals for community participation, involvement, membership and/or contribution.
2.3	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
2.4	Connections to formal/informal community associations and/or neighborhood groups
2.5	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
2.6	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.)
2.7	Connections to volunteer opportunities focused primarily on community contribution rather than preparation for employment
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
3.3	This service focuses on successful participation in community opportunities that offer the opportunity for meaningful, ongoing interactions with members of the broader community.
3.4	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.
3.5	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.
3.6	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.
4.0	**Units of Service and Reimbursement Guidelines**

4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	Unit of Service: 15 minutes
4.3	Unit Rate: $6.50 (1:1 ratio) $3.75 (1:2 ratio) $2.82 (1:3 ratio)
4.4	Maximum group size = 3
4.5	Minimum staffing ratio: 1:3
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting

5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Family, Career and Community Life Supports Support to Sustain Community Living **1915i Modified Family, Career and Community Life Supports**
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have

	accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	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.
8.6	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should

	there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements

	and reviewing the impact of the changes as a partner in the mission to serve individuals.

Community Integration Connection and Skills Training - Skills

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 22+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	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.
2.2	Developing and maintaining positive reciprocal relationships with members of the broader community who are not other waiver participants, paid staff or family members
2.3	Participation in community activities, clubs, formal or informal membership groups and other opportunities for community involvement, participation and contribution
2.4	Accessing and using community services and resources available to the general public
2.5	Safeguarding personal financial resources in the community

2.6	Mobility training and travel training
2.7	Cell phone and/or PERS use in the community
2.8	Skills for personal safety in the community.
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
3.3	The provider must further ensure consistent teaching methods if multiple staff share responsibility for delivery of the service to a waiver participant.
3.4	The provider must document weekly progress toward achieving each goal for community integration skill development and independence identified in the Person-Centered Plan.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	Unit of Service: 15 minutes
4.3	Unit Rate: $6.50 (1:1 ratio) $3.75 (1:2 ratio) $2.82 (1:3 ratio)
4.4	Maximum group size = 3
4.5	Minimum staffing ratio: 1:3
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served

5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.

7.2	**This service is authorized for the following groups:** Family, Career and Community Life Supports Support to Sustain Community Living **1915i Modified Family, Career and Community Life Supports**
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	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.
8.6	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.
8.7	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.

8.8	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.
8.9	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.
8.10	Staff-to-person ratios may vary from 1:1 to 1:3, with variable payment based on the specific ratio.
8.11	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.
812	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality.

	Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration

	DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Community Transportation

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 3+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	Transportation services that allow people to engage in typical day-to-day (non-medical) integrated community opportunities and activities.
3.0	**Service Description**
3.1	This service may be self-directed.

3.2	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	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.
4.4	For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
4.5	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.
4.6	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.
4.7	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.
4.8	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.
4.9	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.
4.10	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.
4.11	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.
4.12	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.
4.13	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.
4.14	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.
4.15	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.
4.16	Unit: 1 mile
4.17	Unit Rate: $0.68/mile agency volunteer driver $1.00/mile agency paid driver
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	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
5.3	Must adhere to any local certification/licensure requirements

6.0	Supervision and Staff Adequacy
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
7.3	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.
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.

8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving

	goals/outcomes, increased member independence and community participation, etc.) • Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers • Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.
9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Community-Based Residential Services

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition**

	Community-Based Residential Services enable an individual to avoid institutionalization and live in a community setting. Community-Based Residential Services provide care, supervision, and skills training in activities of daily living, home management and community integration.
1.2	**Supports to Sustain Community Living:** Individuals 3+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	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.
2.2	Training focused on enabling the person to acquire, retain, or improve skills needed for independently performing instrumental activities of daily living.
2.3	Overseeing/assisting with managing self-administered medication and/or medication administration, as permitted under Alabama's Nurse Practice Act.
2.4	Performing other non-complex health maintenance tasks, as needed and as permitted by state law.
2.5	Scheduling and attending appropriate medical services appointments with transportation reimbursement through Non-Emergency Medical Transportation under the Medicaid State Plan.
2.6	Assistance with achievement of health and wellness goals and related activities.
2.7	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..
2.8	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.
2.9	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.
2.10	Developing and maintaining positive relationships with neighbors.
2.11	Assistance to participate fully in community life, including faith-based, social, and leisure activities selected by the person.

2.12	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.
2.13	Assistance with exercising civil and statutory rights (e.g. voting).
2.14	Implementation of behavioral support plans developed by a qualified behavioral specialist.
2.15	Ensuring home and community safety is addressed including emergency preparedness planning.
2.16	Assistance with effectively using police, fire, and emergency help available in the community to the general public.
2.17	Supervision and companionship only if needed by the individual.
3.0	**Service Description**
3.1	Support the person's maximum independence, autonomy and full integration in their community.
3.2	Ensure each person's rights and abilities to make choices.
3.3	Support each person in a manner that complies fully with HCBS Settings Rule standards, including standards for provider-owned or controlled homes.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	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

4.4	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.
4.5	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.
4.6	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.
4.7	Community Integration Connections and Skills Training shall not duplicate any supports included as part of Community-Based Residential services.
4.8	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.
4.9	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.
4.10	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.
4.11	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.
4.12	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.
4.13	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.
4.14	The provider shall provide and execute with the person, a legally enforceable lease or rental agreement that meets HCBS Settings Rule standards.
4.15	Unit of Service: Day
4.16	Unit Rate: Individualized Rate Based on Assessment
4.17	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.
4.18	24/7 unplanned/emergency response to residence included.
4.19	Minimum face-to-face contact: once a day.
4.20	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.
5.0	**Staff Qualifications and Training**
5.1	Background Checks – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense. Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served

5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	An RN is required to perform the supervisory visit every 60 days for an LPN providing this service.

7.0	Service Referral and Authorization
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Supports to Sustain Community Living
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality.

	DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty

	• Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Employment Supports - Co-Worker Supports

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** One or more co-workers and/or supervisors, agreeable to the person supported, for supports in lieu of a Job Coach.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 16+. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 16+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	The provider must ensure 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.
2.2	The provider must ensure 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.
2.3	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.
2.4	The provider completes minimum monthly check-ins with the employer and the member.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	The provider of this service enters 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.
3.3	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.
3.4	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.
3.5	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.
3.6	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.
4.0	**Units of Service and Reimbursement Guidelines**

4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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; 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.
4.3	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.).
4.4	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.
4.5	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.
4.6	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.
4.7	Transportation of the person to and from this service is not included in the rate paid for this service.

4.8	This service does not include support for volunteering.
4.9	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.
4.10	This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
4.11	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.
4.12	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.
4.13	Unit (Supports provided by employer): 15 minutes
4.14	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.
4.15	Up to sixty (60) 15-minute units in first month that service is authorized for specific waiver beneficiary to cover negotiation and set-up the Co-Worker Support arrangement per ADMH/DDD requirements, including completion of brief orientation training for the Co-Worker(s) providing the direct support to the waiver beneficiary. (This billing requires qualified Job Developer to deliver this component of the service.)
4.16	One (1) hour at a rate of $40/hour in the first month that the service is authorized for specific waiver beneficiary to cover establishing co-worker personnel file including required background check, training record.
4.17	One (1) hour/month at rate of $40/hour commencing when the Co-Worker Support arrangement begins to support Medicaid billing and processing/paying invoice from employer for co-worker supports provided (to be billed in 15-minute units).
4.18	Up to twenty-five (25) 15-minute units per month from the month the waiver beneficiary begins working with Co-Worker Supports to cover ongoing monitoring and as-needed technical assistance, follow-up, and assistance to the employer that the supported employment agency does per ADMH/DDD requirements. Units billed must be for actual service delivered for the specific benefit of the waiver beneficiary -not

	for multiple waiver beneficiaries. (This billing requires qualified Job Developer to deliver this component of the service.)
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized

5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
5.18	Basic introduction to Supported Employment.
5.19	Explanation of the Co-Worker Supports model of support – what is covered/not covered; expected outcomes.
5.20	Overview of best practices for coaching to promote maximum independence and performance.
5.21	Training specific to the member, including support plan, communication style, learning style, support needs and specific needed related to performing and maintaining his/her job that the supervisor(s) or co-worker (s) is expected to address.
5.22	Role and availability of the provider in supporting the member, the employer/supervisor, and co-worker(s) providing support to the member.
5.23	Contact information for the provider, including emergency/back-up cell phone numbers.
5.24	Documentation requirements necessary for the provider to invoice Medicaid and make payment to the employer based on the supports provided to the member.
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	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.
6.4	DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass a course approved by DMH/DDD before providing the service. 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.
7.0	**Service Referral and Authorization**

7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose**

	Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities**

	Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Supported Employment – Individual: Career Advancement

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 16+. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 16+ who are not able to live independently live with family or live with other natural supports.

	1915i Modified Family, Career and Community Life Supports: Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	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.
2.2	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.
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	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.).
4.4	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.
4.5	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.
4.6	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.
4.7	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.
4.8	This service does not include support for volunteering.
4.9	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.
4.10	This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
4.11	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.

4.12	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.
4.13	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.
4.14	Unit: Outcome (Plan) Unit Rate: $240 Unit: Outcome (Promotion or Second Job) Unit Rate: $750
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation

	Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	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.
6.4	DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass a course approved by DMH/DDD before providing the service. 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.
7.0	**Service Referral and Authorization**
7.1	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.
7.2	**This service is authorized for the following groups:**

	Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
7.3	This service may not be authorized retroactive to a promotion or second job being made available to a person.
7.4	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.
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming.

	• Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers

	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.
9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Supported Employment – Individual: Support Discovery

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 16+. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 16+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	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.
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service

4.2	Discovery shall be limited to no more than sixty (60) calendar days from the date of service initiation.
4.3	The provider shall document each date of service, the activities performed that day, and the duration of each activity.
4.4	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 calendar (75) days after the service commences.
4.5	Discovery is paid on an outcome basis, after the written Profile is received and approved.
4.6	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.).
4.7	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.
4.8	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.
4.9	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.
4.10	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.
4.11	This service does not include support for volunteering.
4.12	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.

4.13	This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
4.14	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.
4.15	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.
4.16	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.
4.17	Unit of Service: Each (Outcome)
4.18	Unit Rate: $1,360
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills

5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	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.
6.4	DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass a course approved by DMH/DDD before providing the service. 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.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.

7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers.

	DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve.

	• Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Employment – Individual: Exploration

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 16+. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 16+ who are not able to live independently live with family or live with other natural supports.

	1915i Modified Family, Career and Community Life Supports: Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	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.
2.2	The service includes introductory activities to identify a person's areas of specific interest, experience and skill related to individualized, integrated employment.
2.3	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.
2.4	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).
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
3.3	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	The provider shall document each date of service, the activities performed that day, and the duration of each activity.

4.3	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.
4.4	Exploration is paid on an outcome basis, after the written report is received and approved.
4.5	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.).
4.6	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.
4.7	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.
4.8	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.
4.9	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.
4.10	This service does not include support for volunteering.
4.11	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.
4.12	This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
4.13	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.

4.14	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.
4.15	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.
4.16	Unit of Service: Each (Outcome)
4.17	Unit Rate: $1,200
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation

	Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	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.
6.4	DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass a course approved by DMH/DDD before providing the service. 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.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family, Career and Community Life Supports

	Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and

	Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication

	• Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Supported Employment – Individual: Job Coaching

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 16+. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 16+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.

2.0	Standards of Service
2.1	Job Coaching includes supports provided to the person and their supervisor or co-workers, either remotely (via technology) or face-to-face.
2.2	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.
2.3	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
2.4	Assistive Technology should also be introduced whenever possible to increase independence and productivity.
2.5	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.
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.

4.3	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.
4.4	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.).
4.5	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.
4.6	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.
4.7	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.
4.8	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.
4.9	This service does not include support for volunteering.
4.10	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.
4.11	This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
4.12	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.
4.13	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.
4.14	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.
4.15	Unit of Service: 15 minutes
4.16	Unit Rate: $7.00 to $9.00 depending on person's length of time on job and fading percentage**. See Provider Manual for specifics.**
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community

5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	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.
6.4	DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass a course approved by DMH/DDD before providing the service. 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.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:**

	Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality.

	DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty

	• Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Supported Employment – Individual: Job Development Plan

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 16+. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 16+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.

2.0	Standards of Service
2.1	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.
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	This service is limited to thirty (30) calendar days from the date of service initiation.
4.3	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.
4.4	This service is paid on an outcome basis, after the Job Development Plan is received and approved.
4.5	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.).
4.6	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.
4.7	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.
4.8	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.
4.9	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.
4.10	This service does not include support for volunteering.
4.11	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.
4.12	This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
4.13	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.
4.14	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.
4.15	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.
4.16	Unit of Service: Each (Outcome)
4.17	Unit Rate: $240
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities

5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and

	review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	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.
6.4	DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass a course approved by DMH/DDD before providing the service. 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.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.

8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.
9.2	**Quality Performance Indicators** • Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies • Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists. • Performance record of contracted activities: ○ tracking of number, frequency, and outcomes of Incident Reports

	related to provider performance ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.) • Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers • Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.
9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Supported Employment – Individual: Job Development

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 16+. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 16+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	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.
2.2	The Job Development strategy should reflect best practices and whether the person is seeking competitive or customized employment.
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services

	• Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	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.).
4.4	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.
4.5	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.
4.6	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.
4.7	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.
4.8	This service does not include support for volunteering.
4.9	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.
4.10	This service does not include payment for the supervisory activities rendered as a normal part of the business setting.
4.11	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.
4.12	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.
4.13	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.
4.14	Unit of Service: Each (Outcome)
4.15	Unit Rate: $1,600
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community

5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	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.
6.4	DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass a course approved by DMH/DDD before providing the service. 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.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:**

	Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality.

	DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty

	• Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Supported Employment - Integrated Employment Path

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 16-21 who are still in school and living with family or other natural supports a living independently (ages 16-21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 16+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	Services are expected to specifically involve strategies that facilitate a participant's successful transition to individualized integrated employment or self-employment.

2.2	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.
2.3	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.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	Time-limited customized learning and work experiences, including volunteering opportunities, where a person can develop general, non-job-task-specific strengths and skills for successful transition to individualized integrated employment or self-employment.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	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.

4.4	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.
4.5	Transportation of the person to and from this service, and during this service, is included in the rate paid for this service.
4.6	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.
4.7	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.
4.8	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.).
4.9	**Unit: 15 minutes**
4.10	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.
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph

5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.

6.3	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.
6.4	DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass a course approved by DMH/DDD before providing the service. 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.
7.0	**Service Referral and Authorization**
7.1	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.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
7.3	This service may not be authorized retroactive to a promotion or second job being made available to a person.
7.4	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.
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail

	Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Supported Employment Small Group

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 16+. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 3+ (after exit from high school) who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	Small group career planning and Exploration
2.2	Small group Discovery classes/activities
2.3	Other educational opportunities related to successful job acquisition and working successfully in individualized integrated employment
2.4	Employment in integrated business, industry and community settings
2.5	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.
2.6	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.

2.7	Paid work under Supported Employment—Small Group Supports must be compensated at minimum wage or higher.
2.8	Supported Employment—Small Group Supports does not include vocational or Employment Path services, employment or training provided in facility-based work settings.
2.9	Transportation to and from this service and during this service is included in the rate paid for this service.
2.10	This service will not duplicate other services provided through Medicaid state Waiver plan services and may not be billed for during the same period (e.g., the same hour) as other such services.
2.11	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.
2.12	This service does not include support for volunteering.
2.13	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.
2.14	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.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	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.
3.3	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.
3.4	In each model, the Supported Employment—Small Group Supports provider is responsible for training, supervision, and support of participants.
3.5	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.
3.6	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.

4.0	Units of Service and Reimbursement Guidelines
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	Unit of Service: 15 minutes
4.3	Unit Rate: $5.06 (Groups of 2-3) $3.60 (Groups of 4)
4.4	Transportation to/from and during service included in rate paid for service.
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid

5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	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.
6.4	DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass a course approved by DMH/DDD before providing the service. 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.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports

8.0	Communication, Documentation and Reporting Requirements
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected.

	It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication

	• Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Family Empowerment and Systems Navigation Counseling

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** Family Empowerment Counselor and Systems Navigator Services matches the involved family members (e.g. support/care givers; 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.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports.
2.0	**Standards of Service**
2.1	The service includes, researching as needed, and sharing of the identified information, connecting the family with assistance, and making referrals as appropriate.
2.2	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.
2.3	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.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	The focus of these services should be customized to the specific goal(s) of the individual and family receiving these services.
4.4	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.
4.5	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.
4.6	Unit of Service: 15 minutes
4.7	Unit Rate: $10.00
4.8	Maximum 30 hours/year. No more than five (5) hours/week. Specific amount authorized based on family's assessed level of need.
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.

	Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities training
5.3	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.4	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 stratifies and community mapping techniques.
5.5	Complete no less than two (2) hours of annual refresher training.
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have

	accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.
9.2	**Quality Performance Indicators** • Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies

	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Financial Literacy and Work Incentives Benefits Counseling

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** **Financial Literacy** is the ability and knowledge that allows an individual, family, or natural supports to make informed and effective decisions about the individual's financial resources. **Work Incentive Benefits Counseling** provides general education to develop multiple pathways to individualized integrated competitive employment.
1.2	**Essential Family Preservation Supports (Financial Literacy Counseling only):** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports (Financial Literacy Counseling only)**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals (Financial Literacy 16+; Work Incentives Benefits Counseling 22+) who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	***For Financial Literacy (Living independently or in a supported living arrangement)***
2.2	Enable a person to improve his/her economic self-sufficiency necessary to continue to maintain independent/supported living in the community.
2.3	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.
2.4	Teach the person financial literacy skills.

2.5	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.
2.6	***For Financial Literacy (Living with family or other natural supports)***
2.7	Support the individual to improve his/her economic self-sufficiency which contributes to ensuring the individual's safety and stability in maintaining stable housing, community tenure, and natural supports
2.8	Assist with evaluating financial health and current level of financial literacy, and making a plan with specific strategies to improve financial health and increase level of financial literacy;
2.9	Teach a family financial literacy skills.
2.10	Assist with access to community resources available to address improvement of economic self-sufficiency and financial health
2.11	***For Work Incentive Benefits Counseling***
2.12	Provider 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. (When this service is authorized, if individual is previously or currently receiving Supported Employment-Individual Exploration Service, this service does not include general introductory education but does include the other service components listed here).
2.13	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.
2.14	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.

2.15	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.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	The 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 though financial literacy and integrated competitive employment.
3.3	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 Incentive Benefits Counseling as appropriate to the needs of the person. Work Incentive Benefits Counseling services are specifically for waiver participants age 22 and older who are living independently or in a supported living arrangement
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	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.
4.4	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.
4.5	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.

4.6	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.
4.7	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.
4.8	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.
4.9	Unit of Service: 15 minutes
4.10	Unit Rate: $10.00
4.11	Up to four (4) hours/week and total maximum of 48 hours/year per waiver participant.
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
5.2	Overview of intellectual disabilities training
5.3	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.4	Minimum of Associates Degree in human service or related field.
5.5	For Work Incentives Benefits Counseling: Must be a certified Community Work Incentives Coordinator (CWIC) or Work Incentives Practitioner (WIP).
5.6	For Financial Literacy Counseling: Prior to service delivery, successful completion of a curriculum focused on financial literacy and empowerment from National Disability Institute and offered by qualified trainer from NDI and/or ADMH/DDD.
5.7	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 ADMH/DDD.
6.0	**Supervision and Staff Adequacy**

6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request.

	• Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of

	compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers • Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.
9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Housing Counseling Services

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.

1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently (for ages 18-21, if needed). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals (Financial Literacy 16+; Work Incentives Benefits Counseling 22+) who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	Exploring both home ownership and rental options.
2.2	Exploring both individual and shared housing situations.
2.3	Identifying financial resources and determining affordability.
2.4	Identifying how earned income, or an increase in earned income, could impact choice, access and affordability of housing options.
2.5	Identifying preferences of location and type of housing.
2.6	Identifying accessibility and modification needs.
2.7	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.
2.8	Identifying and assisting with access to financing if homeownership is goal.
2.9	Identifying and assistant with access to rental subsidies if renting is goal.
2.10	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.
2.11	Planning for ongoing management and maintenance if homeownership is goal.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	Housing Counseling Services 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.
3.3	Counseling and assistance based on individual needs and a plan reflecting those needs
4.0	**Units of Service and Reimbursement Guidelines**

4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	Not available to participants ages 14-17.
4.3	Up to 50 hours/service depending on number and scope of outcomes the service is expected to achieve.
4.4	Unit of Service: 15 minutes
4.5	Unit Rate: $12.50
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense. Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities training
5.3	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.4	Must have specialized training, certification and/or relevant experience in housing issues and how these impact people with disabilities.
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.

7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family Career and Community Life Supports Supports to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
7.3	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.
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose**

	Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities**

	Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Housing Start-Up Assistance

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID (ages 18-21, if needed) who are still in school and living with family or other natural supports a living independently. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals (Financial Literacy 16+; Work Incentives Benefits Counseling 22+) who are not able to live independently live with family or live with other natural supports.

	1915i Modified Family, Career and Community Life Supports: Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	Deposit required for a leased or rented living arrangement.
2.2	Initial fees and/or deposits to establish utility service for water, heat, electricity, phone.
2.3	Purchase of basic and essential items needed to establish a safe and secure home.
2.4	Moving costs.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	Housing Start-Up Assistance is intended to enable the person to establish an independent or supported living arrangement.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	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.
4.4	Housing Start-Up Assistance services exclude: o Purchase of food; o Payment of rent beyond advanced payment of one month's rent required at the time of signing a lease or residency agreement; o Purchase of leisure or recreational devices or services (e.g., television or video equipment, cable or satellite service); o Purchase of service agreements or extended warranties for appliances or home furnishings;

	o 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, o Housekeeping services provided after occupancy which, if needed, may be provided through other sources or other waiver or Medicaid state plan services.
4.5	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.
4.6	Unit: Actual Start-Up Cost Unit Rate: At Cost
4.7	Unit of Service: 15 minutes Unit Rate: $8.00
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail

	Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Independent Living Skills Training

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 3+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	Independent Living Skills Training may include only education and training for skill development related to
2.2	Personal hygiene, self-care skills and routines
2.3	Food and meal preparation, including menu planning
2.4	Home upkeep/maintenance including outdoor upkeep/maintenance as applicable
2.5	Money management including skills for controlling and safeguarding personal financial resources at home

2.6	Home-based communication device use (e.g. computer/phone/cell phone)
2.7	Skills for personal safety at home
2.8	Parenting skills (if minor children of waiver participant residing with waiver participant)
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
3.3	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.
3.4	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	The provider must document weekly progress toward achieving each independent living skill identified in the Person-Centered Plan.
4.3	For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
4.4	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

4.5	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.
4.6	Unit of Service: 15 minutes
4.7	Unit Rate: $6.50
4.8	Minimum Staffing Ratio: 1:1
4.9	In-home service
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Must have at least one (1) year of experience working directly with individuals with intellectual disabilities or other developmental disabilities.
5.3	Must hold at least a bachelor's degree from an accredited institution in a human services field.
5.4	Must complete a training course on training methods provided by DDD.
5.5	Overview of intellectual disabilities
5.6	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.7	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.8	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.9	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.10	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.11	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.12	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community

5.13	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.14	First Aid
5.15	CPR
5.16	Infection Control
5.17	Medication side effects; recognizing signs and symptoms of illness
5.18	Emergency preparedness
5.19	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.20	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats:

	• Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality.

	Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration

	DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Minor Home Modifications

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** Provision and installation of certain home mobility aids 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.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID (ages 18-21, if needed) who are still in school and living with family or other natural supports a living independently. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports.
2.0	**Standards of Service**
2.1	Must meet all construction, wiring, and/or plumbing building codes, as applicable.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	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).
3.3	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.
4.0	**Units of Service and Reimbursement Guidelines**

4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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).
4.3	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
4.4	An evaluation by an appropriate professional (e.g., a Physical Therapist) may be necessary to assist in the determination of structural requirements.
4.5	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.
4.6	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.
4.7	Adaptations that add to the total square footage of the home are excluded.
4.8	Minor Home Modifications do not include the installation of equipment for Remote Supports monitoring which are covered under Remote Supports.
4.9	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.
4.10	Unit: Job Unit Rate: At Cost [$10,000 total lifetime limit for a particular residence.]
5.0	**Staff Qualifications and Training**

5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Must meet all applicable state (Alabama Code 230-X-1) and local licensure requirements.
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.

8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving

	goals/outcomes, increased member independence and community participation, etc.) • Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers • Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.
9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Natural Support or Caregiver Education and Training

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition**

	Provides a natural, unpaid support or natural, unpaid caregiver of a waiver participant with education, training and technical assistance, as needed, to enable the natural support or natural caregiver to effectively provide supports to the waiver participant as documented in the person-centered plan.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID (ages 14-21, if needed). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports.
2.0	**Standards of Service**
2.1	Natural Support or Caregiver Education and Training is offered only for an unpaid natural support or natural caregiver identified as such in person-centered plan for the waiver participant.
2.2	Education, training and technical assistance activities are based on the unique needs of the waiver participant and his/her natural support or natural caregiver and are specifically identified in the Person-Centered Plan prior to authorization of this service.
3.0	**Service Description**
3.1	The service enables the natural support or natural caregiver for a waiver participant to achieve greater competence and confidence in providing supports.
3.2	The service enables the natural support or natural caregiver for a waiver participant to support the waiver participant's growth and development.
3.3	The service enables the natural support or natural caregiver for a waiver participant to sustain their role in providing natural, unpaid support and/or care for the waiver participant.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	Service authorization valued up to $500 per year is maximum for each waiver participant, regardless of how many natural support or caregivers may receive assistance through this service. The authorization may be used to benefit more than one care or support giver involved with the waiver participant so long as each of these support/caregivers are documented in the person-centered plan.
4.2	Reimbursement will only be made after a report summarizing the education, training and technical assistance services provided, outcomes achieved, time spent, and associated expenses is submitted to, and approved by, the Support Coordinator.
5.0	**Staff Qualifications and Training**
5.1	Not applicable.
6.0	**Supervision and Staff Adequacy**

6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.

8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance**

	• Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Occupational Therapy

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** Occupational therapy is the application of occupation-oriented or goal-oriented activity to achieve optimum functioning, to prevent dysfunction, and to promote health. The term occupation as used in occupational therapy refers to any activity engaged in for evaluation, specifying, and treating problems interfering with functional performance.

1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently (for age 21 only). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 21+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	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.
2.2	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.
2.3	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.
2.4	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.
2.5	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.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	The evaluation of an individual to determine level of functioning, need for therapy, an all information necessary for the development of the treatment plan.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided

	• Place of service
4.2	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.
4.3	Services must begin with the OT evaluation that, if necessary, results in the development of a treatment plan.
4.4	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 physical 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.
4.5	Occupational therapy under the waiver is not available to children under the age of 21 because the service is covered under State Plan EPSDT services.
4.6	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.
4.7	Service delivery in less than 1:1 ratio is not permitted.
4.8	Unit of Service: 15 minutes
4.9	Unit Rate: $14.30
4.10	Minimum staffing ratio: 1:1 No group service provision permitted.
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense. Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities training
5.3	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.4	Occupational Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec.34-39-5.

6.0	Supervision and Staff Adequacy
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family Career and Community Life Supports Supports to Sustain Community Living
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming.

	• Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	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.
8.6	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving

	goals/outcomes, increased member independence and community participation, etc.) • Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers • Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.
9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Peer Specialist Services

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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; ands • Understanding and considering independent and supported living community living options.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID (ages 14-21, if needed) who are still in school and living with family or other natural supports a living independently. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 3+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	Education and training on the principles of self-determination, informed decision making and informed risk-taking.
2.2	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.
2.3	Education on self-direction, including best practices recruiting, hiring and supervising staff
2.4	Planning support and support for exercising self-determination and using self-advocacy skills in regard to pursuing individualized, integrated competitive employment.
2.5	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.
2.6	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.

3.0	Service Description
3.1	This service may NOT be self-directed.
3.2	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.
3.3	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	The focus of these services should be customized to the specific goal(s) of the person receiving these services.
4.4	Transportation of the person receiving this service is not included in the rate or in the scope of expectations for the Peer Specialist.
4.5	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.
4.6	Unit of Service: 15 minutes
4.7	Unit Rate: $10.00
4.8	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.

5.0	Staff Qualifications and Training
5.1	**Background Checks** – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense. Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities training
5.3	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.4	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
5.5	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.
5.6	Must have successfully directed their own Person-Centered Planning process and self-directed their own services for a minimum of one (1) year.
5.7	Must have successfully obtained individualized integrated employment at a competitive wage, and/or utilizes independent/supported living options
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family Career and Community Life Supports Support to Sustain Community Living

	1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and

	Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication

	• Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Personal Assistance Community

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 3+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	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

2.2	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.
2.3	Assisting individuals to develop an increased range of positive, reciprocal relationships is a key goal of Personal Assistance-Community.
2.4	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.
2.5	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.
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided

	• Place of service
4.2	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.
4.3	This service shall not supplant or duplicate Personal Care services available through the Alabama Medicaid State Plan for waiver enrollees under age 21.
4.4	Not available to a waiver enrollee enrolled in public school during the hours public school is in session.
4.5	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.
4.6	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.
4.7	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.
4.8	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.
4.9	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.
4.10	Transportation for attending medical appointments is covered under Non-Emergency Medical Transportation and not included in this service.
4.11	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.
4.12	Unit of Service: 15 minutes
4.13	Unit Rate: $5.25
4.14	Minimum Staffing Ratio: 1:2

4.15	Maximum Group Size: 2
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).

6.0	Supervision and Staff Adequacy
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request.

	• Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of

	compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers • Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.
9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Personal Assistance Home

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 3+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	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.
2.2	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.
2.3	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.
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	Unit of Service: 15 minutes
4.3	Unit Rate: $5.00
4.4	Minimum Staffing Ratio: 1:1
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community

5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Supports to Sustain Community Living
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology

	• Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below

	an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements

	and reviewing the impact of the changes as a partner in the mission to serve individuals.

Physical Therapy

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** Physical therapy is treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures with or without assistive devices, for the purpose of preventing, correcting, or alleviating a physical or mental disability
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently (for age 21 only). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 21+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	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.
2.2	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.
2.3	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.
2.4	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.
2.5	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.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	The evaluation of an individual to determine level of functioning, need for therapy, an all information necessary for the development of the treatment plan.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	Services must begin with the PT evaluation that, if necessary, results in the development of a treatment plan.
4.4	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.
4.5	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.

4.6	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.
4.7	Service delivery in less than 1:1 ratio is not permitted.
4.8	Unit of Service: 15 minutes
4.9	Unit Rate: $14.30
4.10	Minimum staffing ratio: 1:1 No group service provision permitted.
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense. Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities training
5.3	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.4	Physical Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec.34-24-212.
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family Career and Community Life Supports Supports to Sustain Community Living

8.0	Communication, Documentation and Reporting Requirements
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	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.
8.6	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices:

	Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness

	• Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Positive Behavior Supports

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 3+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	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.
2.2	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.
2.3	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.
2.4	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.
2.5	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.
3.0	**Service Description**
3.1	This service may NOT be self-directed.

3.2	Assessment to inform the development of behavior support plans for settings where needed (home; work; community), including methods for evaluating effectiveness.
3.3	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.).
4.3	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.
4.4	The Positive Behavior Supports specialist and the paid direct support staff are able to bill for their service time for an individual concurrently.
4.5	Positive Behavior Supports must be implemented to comply with the ADMH Division of Developmental Disabilities Behavioral Services Procedural Guidelines. 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.
4.6	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.
4.7	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.
4.8	Unit of Service: 15 minutes
4.9	Unit Rate (Non-Crisis Intervention Services): $15.00

4.10	Unit Rate (Crisis Intervention Services): $20.00
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense. Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities training
5.3	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.4	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).
5.5	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.
5.6	Has completed training in positive behavior supports and/or behavioral psychology.
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family Career and Community Life Supports

	Supports to Sustain Community Living
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and

	Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication

	• Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Remote Supports Backup Contractor

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** The provision of supports to a waiver participant at their place of residence as backup for 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently. (Age 18 thorough 21) **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 18+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	Remote Supports Contractor and Remote Supports Backup Contractor 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 and Remote Supports Backup 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.
2.2	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.
2.3	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.
2.4	The Remote Supports Backup Contractor 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.
2.5	The Remote Supports Contractor 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 Contractor 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.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	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 live two-way communication and Remote Support Backup staff.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
4.3	Categories of Service:
4.4	(1) Assessment, Plan and Protocols $150 Back-Up Support Provider
4.5	(2) Paid Back-Up Support Provider On-Call Service per Residence. $3.50/Hour
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Must pass a pre-employment drug screen.
5.3	TB skin test as required by Alabama Medicaid Agency.
5.4	Overview of intellectual disabilities
5.5	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.6	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.7	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional

5.8	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.9	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.10	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.11	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.12	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.13	First Aid
5.14	CPR
5.15	Infection Control
5.16	Medication side effects; recognizing signs and symptoms of illness
5.17	Emergency preparedness
5.18	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.19	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
5.20	Provider agency minimum qualifications do not apply.
6.0	**Supervision and Staff Adequacy**
6.1	The Remote Supports Backup Contractor shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	The Remote Supports Backup Contractor will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:**

	Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Supports to Sustain Family Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. The Remote Supports Backup Contractor are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	The Remote Supports Backup Contractor will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	The Remote Supports Backup Contractor shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The Remote Supports Backup Contractor must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The Remote Supports Backup Contractor shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers.

	DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve.

	• Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Remote Supports Contractor

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently. (Age 18 through 21) **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 18+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**

2.1	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
2.2	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.
2.3	While Remote Supports are being provided, the remote support staff shall not have duties other than remote support.
2.4	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.
2.5	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 Contractor of waiver services. When backup support is provided on a paid basis by a local Contractor, that Contractor shall be the primary contact for the Remote Support vendor.
2.6	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.
2.7	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.
2.8	The Remote Support Contractor 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 Support Contractor shall ensure a suitably trained person from their agency, or from another Remote Support Contractor 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.
2.9	The Remote Support Contractor 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 Support Contractor 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 Support Contractor 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 Support Contractor shall have an effective system for notifying emergency personnel such as police, fire, emergency medical services, and psychiatric crisis response entities.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	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 live two-way communication.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Contractor's records must contain the following information:** • Name of recipient • Dates of service • Name of Remote Support Contractor and person providing services • Nature, extent, or units of services provided • Place of service

4.2	For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
4.3	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 Contractor shall be adjusted to account for the use of Remote Supports and the Contractor's role in providing backup support for the waiver participant(s) in the residence.
4.4	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.
4.5	A monitoring base shall not be located at the residence of a person who receives Remote Supports.
4.6	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.
4.7	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 Contractor 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.
4.8	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.
4.9	Categories of Service:
4.10	(1) Assessment, Plan and Protocols $250 Remote Supports Contractor

4.11	(2) Installation of Technology Up to $1000/Residence* *Regional/Central Office approval required to exceed this amount.
4.12	(3) Remote Support Vendor Service/Technology Payment Plan per Residence $6.50/Hour
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Contractors will comply with all applicable standards and/or regulations related to background checks.
5.2	For Remote Support Contractor: 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.
6.0	**Supervision and Staff Adequacy**
6.1	The Remote Support Contractor shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Remote Support Contractor will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Contractor staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Supports to Sustain Family Living 1915i Modified Family, Career and Community Life Supports
7.3	Regional/Central Office approval required to exceed $1000/Residence amount for Installation of Technology.
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with Contractors regularly in the following formats: • Online Contractor forums and regional Contractor meeting via Zoom or other technology • Onsite regional Contractor meeting • Mass notifications via email or mail

	Notices are sent to Contractors via email when the Contractor has email available to ensure timeliness of communication. Contractor agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current Contractor contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Contractors will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.4	The Remote Support Contractor must maintain the following documentation and make available for review by DDD upon request. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Records which support billing.
8.5	The Remote Support Contractor shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The Remote Support Contractor shall be responsible to provide authorized services during this time period. DDD will notify the Remote Support Contractor when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by Contractors. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of Contractor quality. DDD Contractor quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of Contractors and Contractor agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the Contractor to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.
9.2	**Quality Performance Indicators** • Education/Training of staff: effective training of staff members in all aspects of

	their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to Contractor performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with Contractor contract terms, Contractor service expectation terms, applicable policies/procedures for Contractors
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Contractor Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Contractors and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with Contractors to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Skilled Nursing

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently (age 21 only). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living:** Individuals 3+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	Services listed in the plan of care which are within the scope of the State's Nurse Practice Act.
2.2	Nursing procedures that meet the person's health needs as ordered by a physician.
3.0	**Service Description**
3.1	This service may be self-directed.
3.2	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.
3.3	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services

	• Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	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.
4.4	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.
4.5	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.
4.6	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.
4.7	Unit of Service: Hour
4.8	Unit Rate: $20.80/Hour LPN $36.40/Hour RN
4.9	1:1 ratio required.
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense. Providers will comply with all applicable standards and/or regulations related to background checks.

5.2	Nurses are licensed under the Code of Alabama; 1975 Sec. 34-21.
5.3	Overview of intellectual disabilities
5.4	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.5	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.6	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.7	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.8	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.9	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.10	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.11	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.12	First Aid
5.13	CPR
5.14	Infection Control
5.15	Medication side effects; recognizing signs and symptoms of illness
5.16	Emergency preparedness
5.17	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.18	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.

6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	An RN is required to perform the supervisory visit every 60 days for an LPN providing this service.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family Career and Community Life Supports Supports to Sustain Community Living
7.3	To authorize this service, a physician's order based on medical necessity 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.
7.4	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. Of the 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.
7.5	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.
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail

	Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

9.5	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.
9.6	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.
9.7	A record of the RN/LPN visit will be captured by an Electronic Visit Verification Monitoring system.

Speech and Language Therapy

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.).
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently (for age 21 only). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 21+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	These services may include swallowing therapy in additional to other treatment services if the evaluation identifies this as an assessed need.
2.2	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.

2.3	The SLT may also provide consultation and training to natural/paid direct support providers.
2.4	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.
2.5	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.
2.6	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.
2.7	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
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	The evaluation of an individual to determine level of functioning, need for therapy, an all information necessary for the development of the treatment plan.
3.3	These services address improvement in speech fluency and intelligibility and development of an individual's communications skills including expressive and receptive communication skills.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	Services must be listed on the Plan of Care and prescribed by the participant's physician and related to a participant's particular diagnosis.
4.3	Services must begin with the SLT evaluation that, if necessary, results in the development of a treatment plan.

4.4	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.
4.5	Speech/Language Therapy must be due to an acute episode and should terminate once therapy becomes maintenance in nature.
4.6	Speech and Language Therapy is limited to no more than thirty (3O) 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.
4.7	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.
4.8	Service delivery in less than 1:1 ratio is not permitted.
4.9	Unit of Service: 15 minutes
4.10	Unit Rate: $14.30
4.11	Minimum staffing ratio: 1:1 No group service provision permitted.
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense. Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities training
5.3	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.4	Occupational Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec.34-39-5.
6.0	**Supervision and Staff Adequacy**

6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family Career and Community Life Supports Supports to Sustain Community Living
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required.

	• Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	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.
8.6	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving

	goals/outcomes, increased member independence and community participation, etc.) • Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers • Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.
9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Support Coordination

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Support Coordination Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions

1.1	**Service 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
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 3+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	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.
2.2	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.
2.3	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).
2.4	Providing education and assistance with enrollment in self-direction and ongoing participation in self-direction 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.
2.5	Providing education to individuals (and legal representatives/involved family as applicable) about the available providers for each service and support available through the waiver and supporting individuals to engage with available providers to learn about each of them and make an informed choice of provider.
2.6	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; ○ Any modification(s) to HCBS Setting Rule requirements that may be necessary consistent with federal requirements for including such modification(s) in the PCP.
2.7	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.
2.8	Undertaking ongoing monitoring of the person's health, safety and welfare.

2.9	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.
2.10	Coordinating services and supports over time, which preserve the individual's ability to live in a community setting.
2.11	Conducting evaluations specified by DDD related to continued functional and financial eligibility for the waiver.
2.12	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
3.0	**Service Description**
3.1	Support Coordination Services are comprehensive services that assist eligible individuals in gaining access to needed medical, social, educational and other services. Support Coordination providers do not have to obtain prior authorization from DXC Provider Communication Unit for authorization of support coordination services.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Support Coordination provider's records must contain the following information:** • Name of recipient • Dates of service • Name of Support Coordination provider agency and person providing services • Nature, extent, or units of services provided • Place of service **Note: Units of service provided contiguously must only be documented once (e.g. 30 minutes spent with an individual would be documented once and billed as six 5-minute units of service).**
4.2	**Services must consist of at least one of the following activities:** • All Standards of Service in 2.0 above. Establishment of a comprehensive case file for development and implementation of an individualized service plan to meet the assessed service needs of -the recipient • Assistance for the recipient in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan • Assessment of the recipient and service providers to determine that the services received are adequate in meeting the identified needs • Reassessment of the recipient to determine services needed to resolve any crisis situation resulting from changes in the family structure, living conditions, or other events
4.3	**Billable Services** The following services are examples of considered billable activities::

	• All Standards of Service in 2.0 above. •Meeting with the individual and the individual's team to carry out one or more of the Standards of Service in 2.0 above. • Telephone contact to gather information for an assessment. • Travel time that is specific to a single waiver participant. (Travel time done for the benefit of more than one waiver participant must be split between the waiver participants when billed.) • Telephone calls and face to face meetings with family, friends, community members, and agencies for the purpose of developing, arranging for, or coordinating formal and informal supports for a specific waiver participant (not a group of waiver participants). • Reviewing records of providers of services to ensure proper documentation is in place for a specific waiver participant (not a group of waiver participants). • Providing a specific waiver participant with information on advocacy groups and other community agencies/services, I.e ADAP, Legal Aid. • Documentation of assessments, person-centered planning meetings for a specific waiver participant (not a group of waiver participants). • Checking an individual's Medicaid eligibility.
4.4	**Non-Billable Services** The following services and activities are considered non-billable: • Travel time that is not specific to a single waiver participant. • The scheduling of a meetings not specific to an individual waiver participant. • Transporting an individual/family. Documentation not specific to an individual waiver participant. • Completing travel forms, leave slips, or any other general administrative activities, including copy work and other clerical activities. • Staff meetings, supervision, training • Visiting an individual, not enrolled or disenrolled from the CWP, who is in a hospital or nursing home. (Exception, services will be available for up to 180 consecutive days of a covered stay in a medical institution). • Visiting an individual, not enrolled or disenrolled from the CWP, in a prison or jail. • Visiting an individual in an ICF/ID facility.
4.5	1 unit = 5 minutes
4.6	Unite Rate: $5.28

5.0	Staff Qualifications and Training
5.1	**Background Checks** – Support Coordination providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Support coordinators for the CWP must complete a Support Coordination training program provided and/or approved by DDD and the Alabama Medicaid Agency including but not limited to the content listed in 5.3 through 5.18
5.3	Overview of intellectual disabilities
5.4	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.5	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served
5.6	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.7	Person-Centered supports – understanding the difference between person-centered supports and system-centered supports
5.8	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.9	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.10	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.11	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.12	First Aid
5.13	CPR
5.14	Infection Control
5.15	Medication side effects; recognizing signs and symptoms of illness
5.16	Emergency preparedness
5.17	Training on all of the specific service(s) available through the waivers, including the service definition, expected outcomes, and reasons the service is authorized.

5.18	Training on best practices for performing all of the Standards of Service outlined in 2.0 above.
6.0	**Supervision and Staff Adequacy**
6.1	The Support Coordination provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Support Coordination provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Support Coordination provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	The case load maximum (per full time employee) for support coordinators shall not exceed 23 individuals.
6.4	Support Coordinator Supervisors ratio to staff shall be no more than 1:8.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with Support Coordination providers regularly in the following formats: • Online Support Coordination provider forums and regional Support Coordination provider meeting via Zoom or other technology • Onsite regional Support Coordination provider meeting • Mass notifications via email or mail Notices are sent to Support Coordination providers via email when the Support Coordination provider has email available to ensure timeliness of communication. Support Coordination provider agencies are required to ensure that guardians and other identified members of the person-centered planning team for an individual have accurate and current Support Coordination

	provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.
8.3	Support Coordination provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The Support Coordination provider agency must maintain the following documentation and make available for review by DDD upon request. • Support Coordination provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	The Support Coordination provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The Support Coordination provider agency shall be responsible to provide authorized services during this time period. DDD will notify the Support Coordination provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by Support Coordination providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of Support Coordination provider quality. DDD Support Coordination provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected.

	It is the responsibility of Support Coordination providers and Support Coordination provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the Support Coordination provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to Support Coordination provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with Support Coordination provider contract terms, Support Coordination provider service expectation terms, applicable policies/procedures for Support Coordination providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Support Coordination Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Support Coordination providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness

	• Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with Support Coordination providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Supported Living Services

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the Provider Contract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently. (Age 18 through 21, if needed) **Family Career and Community Life Supports (Non-Intensive):** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living (Intensive):** Individuals 3+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	Maintaining home tenancy or ownership.
2.2	Managing money, budgeting and banking.
2.3	Planning and preparing meals.
2.4	Shopping for food and home supplies.

2.5	Maintaining personal appearance and hygiene.
2.6	Health and wellness goals and activities.
2.7	Developing and maintaining positive relationships with neighbors.
2.8	Overseeing/assisting with managing self-administered medication and/or medication administration, as permitted under Alabama's Nurse Practice Act.
2.9	Performing other non-complex health maintenance tasks, as needed and as permitted by state law.
2.10	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.
2.11	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.
2.12	Ensuring home and community safety is addressed including emergency preparedness planning.
2.13	Implementation of behavioral support plans developed by qualified behavioral specialists.
2.14	On-call supports for as-needed or emergency assistance.
3.0	**Service Description**
3.1	This service may NOT be self-directed.
3.2	The home may be shared with other freely chosen housemates who may or may not also receive waiver services and/or have a disability.
3.3	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.
3.4	Supported Living Services are delivered according to the person's Supported Living Service Plan.
3.5	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient

	• Dates of service • Name of provider agency and person providing services • Nature, extent, or units of services provided • Place of service
4.2	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.
4.3	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.
4.4	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.
4.5	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.
4.6	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.
4.7	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.
4.8	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.

4.9	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.
4.10	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.
4.11	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.
4.12	Reimbursement for this service shall not include the cost of maintenance of the dwelling.
4.13	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.
4.14	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-planed transition with no gap in supports for the person.
4.15	**Family Career and Community Life Supports Enrollment Group:** **Non-Intensive Supported Living Services**
4.16	Unit of Service: Week
4.17	Unit Rate: Individualized Rate Based on Assessment
4.18	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)
4.19	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
4.20	A week is 7 contiguous calendar days.

4.21	24/7 unplanned/emergency response to residence included.
4.22	Minimum face-to-face contact: twice a week.
4.23	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.
4.24	**Supports to Sustain Community Living Enrollment Group** **Intensive Supported Living Services**
4.25	Unit of Service: Day
4.26	Unit Rate: Individualized Rate Based on Assessment
4.27	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).
4.28	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.
4.29	24/7 unplanned/emergency response to residence included.
4.30	Minimum face-to-face contact: once a day.
4.31	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.
5.0	**Staff Qualifications and Training**
5.1	Background Checks – Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense. Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	Overview of intellectual disabilities
5.3	Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions from community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afford the same rights and opportunities as people without disabilities paragraph
5.4	Overview of American with Disabilities Act findings, purpose, history, and importance of respecting the rights of people served

5.5	Philosophy of Self-Determination and supporting Self-Determination as a direct support professional
5.6	Person-Centered supports – understanding the difference between person-centered supports Anna system-centered supports
5.7	Keys to provide effective and respectful direct support services including understanding of Social Role Valorization
5.8	Teaching to maximize independence basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
5.9	Positive behavior support and managing threatening confrontations (aggressive behavior) at home. at workplaces and in the community
5.10	Understanding, recognizing, and preventing abuse neglect maltreatment and exploitation Reportable events (critical incident) identification and reporting
5.11	First Aid
5.12	CPR
5.13	Infection Control
5.14	Medication side effects; recognizing signs and symptoms of illness
5.15	Emergency preparedness
5.16	Training on specific service(s) the DSP will be providing including the service definition expected outcomes reasons the service is authorized
5.17	Training specific to the individual(s) being served including training on their person-centered plan and service implementation plan(s).
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of individuals referred to services and accepted by the agency for service.
6.2	Provider agency will ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision. • Provider staff are working collaboratively and communicating effectively with DDD staff.
6.3	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.
6.4	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.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family Career and Community Life Supports Supports to Sustain Community Living
7.3	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
8.0	**Communication, Documentation and Reporting Requirements**
8.1	DDD communicates with providers regularly in the following formats: • Online provider forums and regional provider meeting via Zoom or other technology • Onsite regional provider meeting • Mass notifications via email or mail Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.
8.2	Providers will inform DDD Regional Office of formal complaints or grievances received from individuals within 24 hours and must submit the grievance investigation within 15 working days to the Incident Manager.

8.3	Provider agencies shall report all incidents according to the DDD Community Incident Prevention and Management System (IPMS) guidelines.
8.4	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification, training and programming. • Verification of background checks as required. • Policy and procedure for responding to complaints or inappropriate practices. • Employee visit records which support billing and ISP.
8.5	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
8.6	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Purpose** Quality assurance activities are responsible for ensuring that optimally safe, efficient and effective care is provided by providers. DDD will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. DDD provider quality assurance practices: Establish the definition of quality services; Assess and document performance against these standards; and Review and approval of plan of action if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. DDD will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance: evidenced by site/certification review with no deficiencies, type of deficiency and/or effective and timely response to deficiencies
	• Education/Training of staff: effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists.
	• Performance record of contracted activities:
	  ○ tracking of number, frequency, and outcomes of Incident Reports related to provider performance
	  ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)
	• Contract Compliance: formal or informal review and identification of compliance with provider contract terms, provider service expectation terms, applicable policies/procedures for providers
	• Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.

9.3	**Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams (as assigned based on significant incidents, trend in quality concerns or individual-related incidents) • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration DDD is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve individuals.

Community Transportation

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the MOA and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID ages 14-21 who are still in school and living with family or other natural supports a living independently (18 through 21). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 3+ who are not able to live independently live with family or live with other natural supports. **1915i Modified Family, Career and Community Life Supports:** Working-age and older adults, ages 22+, that meet do not meet institutional level of care, and who are living with family, living with other natural supports, or living independently.
2.0	**Standards of Service**
2.1	Transportation services that allow people to engage in typical day-to-day (non-medical) integrated community opportunities and activities.
3.0	**Service Description**
3.1	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.

4.0	Units of Service and Reimbursement Guidelines
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, and units of services provided • Place of service
4.2	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.
4.3	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.
4.4	For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.
4.5	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.
4.6	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.
4.7	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.
4.8	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.
4.9	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.

4.10	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.
4.11	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.
4.12	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.
4.13	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.
4.14	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.
4.15	Unit: 1 mile
4.16	Unit Rate: $0.68/mile agency volunteer driver $1.00/mile agency paid driver
5.0	**Staff Qualifications and Training**
5.1	**Background Checks** – Providers will comply with all applicable standards and/or regulations related to background checks.
5.2	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
5.3	Must adhere to any local certification/licensure requirements
6.0	**Supervision and Staff Adequacy**
6.1	This section is N/A.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports

	Support to Sustain Community Living 1915i Modified Family, Career and Community Life Supports
7.3	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.
8.0	**Communication, Documentation and Reporting Requirements**
8.1	Provider agencies are required to ensure that DDD staff, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information.
8.2	The provider agency must maintain the following documentation and make available for review by DDD upon request. • Provider staff meets the required standards for applicable staff qualification. • Verification of background checks as required. • Records which support billing and the Person-Centered Plan.
8.3	The provider agency shall give at least 30 days' written advance notice to the DDD Regional Office when it is unable to provide authorized services to an individual. The provider agency shall be responsible to provide authorized services during this time period. DDD will notify the provider agency when services are to be discontinued.
9.0	**Quality Assurance**
9.1	**Quality Performance Indicators** • Timely action on referrals – communicating either acceptance or denial within five (5) business days. • Availability and Responsiveness: related to referrals or updates to services, reporting and communication activities with DDD staff.
9.2	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration

Minor Home Modifications

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the MOA and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** Provision and installation of certain home mobility aids 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.
1.2	**Essential Family Preservation Supports:** Children with ID ages 3-13 that are living with family or other natural supports. **Seamless Transition to Adulthood Supports**: Transition age youth with ID (ages 18-21, if needed) who are still in school and living with family or other natural supports a living independently. **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports.
2.0	**Standards of Service**
2.1	Must meet all construction, wiring, and/or plumbing building codes, as applicable.
3.0	**Service Description**
3.1	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).
3.2	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.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, and units of services provided • Place of service

4.2	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).
4.3	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
4.4	An evaluation by an appropriate professional (e.g., a Physical Therapist) may be necessary to assist in the determination of structural requirements.
4.5	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.
4.6	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.
4.7	Adaptations that add to the total square footage of the home are excluded.
4.8	Minor Home Modifications do not include the installation of equipment for Remote Supports monitoring which are covered under Remote Supports.
4.9	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.
4.10	Unit: Job Unit Rate: At Cost [$10,000 total lifetime limit for a particular residence.]
5.0	**Staff Qualifications and Training**
5.1	Must meet all applicable state (Alabama Code 230-X-1) and local licensure requirements.
6.0	**Supervision and Staff Adequacy**
	This section is N/A.
7.0	**Service Referral and Authorization**

7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Essential Family Preservation Supports Seamless Transition to Adulthood Supports Family, Career and Community Life Supports
8.0	**Communication, Documentation and Reporting Requirements**
8.1	The provider must maintain records which support billing.
8.2	Providers are required to ensure that ADMH/DDD staff, persons served, legal guardians (if applicable) and the designated Support Coordinator for each person served have accurate and current contact information.
8.3	Providers will give a three (3) days business notice for any stoppage of work that will lead to noncompletion or work.
8.4	Providers will respond timely to referrals for services, indicating acceptance or denial of the referral within five (5) business days.
9.0	**Quality Assurance**
9.1	**Quality Performance Indicators** • Timely action on referrals – communicating either acceptance or denial within five (5) business days. • Referral acceptance rate: no less than 80 percent during the COVID-19 public health emergency (PHE); no less than 90 percent after the COVID-19 PHE • Timely service initiation after acceptance of referral: timeframe from referral acceptance to service initiation does not exceed 45 days during the COVID-19 PHE or does not exceed 21 days after the COVID-19 PHE.
9.2	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration

Occupational Therapy

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the MOA and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** Occupational therapy is the application of occupation-oriented or goal-oriented activity to achieve optimum functioning, to prevent dysfunction, and to promote health. The term occupation as used in occupational therapy refers to any activity engaged in for evaluation, specifying, and treating problems interfering with functional performance.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently (for age 21 only). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 21+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	The treatment plan should outline the frequency of service (i.e. 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.
2.2	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.
2.3	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.
2.4	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.
2.5	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.
3.0	**Service Description**
3.1	The evaluation of an individual to determine level of functioning, need for therapy, an all information necessary for the development of the treatment plan.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, and units of services provided • Place of service
4.2	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.
4.3	Services must begin with the OT evaluation that, if necessary, results in the development of a treatment plan.
4.4	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.
4.5	Occupational therapy under the waiver is not available to children under the age of 21 because the service is covered under State Plan EPSDT services.
4.6	Medicaid State Plan occupational therapy in a hospital outpatient setting must be utilized first or documentation maintained it was confirmed unavailable to or previously exhausted by the individual.
4.7	Service delivery in less than 1:1 ratio is not permitted.
4.8	Unit of Service: 15 minutes
4.9	Unit Rate: $14.30

4.10	Minimum staffing ratio: 1:1 No group service provision permitted.
5.0	**Staff Qualifications and Training**
5.1	Occupational Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec.34-39-5.
6.0	**Supervision and Staff Adequacy**
6.1	This section is N/A.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family Career and Community Life Supports Supports to Sustain Community Living
8.0	**Communication, Documentation and Reporting Requirements**
8.1	The Occupational Therapist must maintain records which support billing.
8.2	Occupational Therapists are required to ensure that ADMH/DDD staff, persons served, legal guardians (if applicable) and the designated Support Coordinator for each person served have accurate and current provider contact information.
8.3	Occupational Therapist shall give at least 30 days' written advance notice to the Support Coordinator if the provider plans to discontinue services to an individual served under this MOA, with the advance notice specifying if the individual continues to require the services and therefore needs to have a new provider identified. The provider shall be responsible to provide authorized services during this time period if they remain medically necessary. The Support Coordinator will confirm receipt of notice from the provider and confirm date services are to be discontinued.
8.4	Occupational Therapist will respond timely to referrals for services, indicating acceptance or denial of the referral within five (5) business days.
9.0	**Quality Assurance**
9.1	**Quality Performance Indicators** • Timely action on referrals – communicating either acceptance or denial within five (5) business days. • Referral acceptance rate: no less than 80 percent during the COVID-19 public health emergency (PHE); no less than 90 percent after the COVID-19 PHE • Timely service initiation after acceptance of referral: timeframe from referral acceptance to service initiation does not exceed 45 days during the COVID-19 PHE or does not exceed 21 days after the COVID-19 PHE.
9.2	**Expectations of Providers and DDD for Quality Assurance Activities**

	Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration

Physical Therapy

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the MOA and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service Definition** Physical therapy is treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures with or without assistive devices, for the purpose of preventing, correcting, or alleviating a physical or mental disability.
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently (for age 21 only). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 21+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	The treatment plan should outline the frequency of service (i.e. 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.

2.2	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.
2.3	The Physical Therapist 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.
2.4	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.
2.5	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.
3.0	**Service Description**
3.1	The evaluation of an individual to determine level of functioning, need for therapy, an all information necessary for the development of the treatment plan.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, and units of services provided • Place of service
4.2	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.
4.3	Services must begin with the PT evaluation that, if necessary, results in the development of a treatment plan.
4.4	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.
4.5	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.
4.6	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.
4.7	Service delivery in less than 1:1 ratio is not permitted.
4.8	Unit of Service: 15 minutes
4.9	Unit Rate: $14.30
4.10	Minimum staffing ratio: 1:1 No group service provision permitted.
5.0	**Staff Qualifications and Training**
5.1	Physical Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec.34-24-212.
6.0	**Supervision and Staff Adequacy**
	This section is N/A.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the ADMH POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family Career and Community Life Supports Supports to Sustain Community Living
8.0	**Communication, Documentation and Reporting Requirements**
8.1	The Physical Therapist must maintain records which support billing.
8.2	Physical Therapists are required to ensure that ADMH/DDD staff, persons served, legal guardians (if applicable) and the designated Support Coordinator for each person served have accurate and current provider contact information.
8.3	Physical Therapist shall give at least 30 days' written advance notice to the Support Coordinator if the provider plans to discontinue services to an individual served under this MOA, with the advance notice specifying if the individual continues to require the services and therefore needs to have a new provider identified. The provider shall be

	responsible to provide authorized services during this time period if they remain medically necessary. The Support Coordinator will confirm receipt of notice from the provider and confirm date services are to be discontinued.
8.4	Physical Therapist will respond timely to referrals for services, indicating acceptance or denial of the referral within five (5) business days.
9.0	**Quality Assurance**
9.1	**Quality Performance Indicators** • Timely action on referrals – communicating either acceptance or denial within five (5) business days. • Referral acceptance rate: no less than 80 percent during the COVID-19 public health emergency (PHE); no less than 90 percent after the COVID-19 PHE • Timely service initiation after acceptance of referral: timeframe from referral acceptance to service initiation does not exceed 45 days during the COVID-19 PHE or does not exceed 21 days after the COVID-19 PHE.
9.2	**Expectations of Providers** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration

Speech and Language Therapy

Purpose: Defines requirements and expectations for the provision of contracted, authorized and rendered services. Services shall be in compliance with the MOA and the provisions of this service expectations document.

1.0	Definitions
1.1	**Service 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.).
1.2	**Seamless Transition to Adulthood Supports**: Transition age youth with ID who are still in school and living with family or other natural supports a living independently (for age 21 only). **Family Career and Community Life Supports:** Working age and older adults age 22+ who are living independently living with family or living with other natural supports. **Supports to Sustain Community Living**: Individuals 21+ who are not able to live independently live with family or live with other natural supports.
2.0	**Standards of Service**
2.1	These services may include swallowing therapy in additional to other treatment services if the evaluation identifies this as an assessed need.
2.2	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.
2.3	The SLT may also provide consultation and training to natural/paid direct support providers.
2.4	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.
2.5	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.
2.6	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.
2.7	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

3.0	Service Description
3.1	The evaluation of an individual to determine level of functioning, need for therapy, an all information necessary for the development of the treatment plan.
3.2	These services address improvement in speech fluency and intelligibility and development of an individual's communications skills including expressive and receptive communication skills.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Provider's records must contain the following information:** • Name of recipient • Dates of service • Name of provider agency and person providing services • Nature, extent, and units of services provided • Place of service
4.2	Services must be listed on the Plan of Care and prescribed by the participant's physician and related to a participant's particular diagnosis.
4.3	Services must begin with the SLT evaluation that, if necessary, results in the development of a treatment plan.
4.4	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.
4.5	Speech/Language Therapy must be due to an acute episode and should terminate once therapy becomes maintenance in nature.
4.6	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.
4.7	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.
4.8	Service delivery in less than 1:1 ratio is not permitted.
4.9	Unit of Service: 15 minutes

4.10	Unit Rate: $14.30
4.11	Minimum staffing ratio: 1:1 No group service provision permitted.
5.0	**Staff Qualifications and Training**
5.1	Speech and Language Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec.34-39-5.
6.0	**Supervision and Staff Adequacy**
	This section is N/A.
7.0	**Service Referral and Authorization**
7.1	This service must be authorized on the POC.
7.2	**This service is authorized for the following groups:** Seamless Transition to Adulthood Supports Family Career and Community Life Supports Supports to Sustain Community Living
8.0	**Communication, Documentation and Reporting Requirements**
8.1	The Speech and Language Therapist must maintain records which support billing.
8.2	Speech and Language Therapists are required to ensure that ADMH/DDD staff, persons served, legal guardians (if applicable) and the designated Support Coordinator for each person served have accurate and current provider contact information.
8.3	The Speech and Language Therapist shall give at least 30 days' written advance notice to the Support Coordinator if the provider plans to discontinue services to an individual served under this MOA, with the advance notice specifying if the individual continues to require the services and therefore needs to have a new provider identified. The provider shall be responsible to provide authorized services during this time period if they remain medically necessary. The Support Coordinator will confirm receipt of notice from the provider and confirm date services are to be discontinued.
8.4	Speech and Language Therapist will respond timely to referrals for services, indicating acceptance or denial of the referral within five (5) business days.
9.0	**Quality Assurance**
9.1	**Quality Performance Indicators** • Timely action on referrals – communicating either acceptance or denial within five (5) business days. • Referral acceptance rate: no less than 80 percent during the COVID-19 public health emergency (PHE); no less than 90 percent after the COVID-19 PHE • Timely service initiation after acceptance of referral: timeframe from referral acceptance to service initiation does not exceed 45 days during the COVID-19

	PHE or does not exceed 21 days after the COVID-19 PHE.
9.2	**Expectations of Providers and DDD for Quality Assurance Activities** Core values are the basis on which decision are made, strategies are planned, and who we interact with each other and those we serve. • Honesty • Respect • Selflessness • Communication • Dedication • Integrity • Collaboration