ADMH-DDD HCBS Quality and Compliance Improvement Plan

Contact persons:	HCBS Waivers:		
Quality and Compliance Plan: Terry Pezent, Associate PCP/IEA: Francilla Allen, Support Coordination Monitoring: Amy Waren, Community Services Certification/TA: Connie Batiste, Certification	ID, LAH, CWP Waivers	Plan initiation Date:	5/26/22
		AMA Reporting Schedule:	Bi-weekly begging 7/1/22
Review Dates: 5/26/22 – 10/31/22 (6 months)		AMA Reviewer:	

Terms: IEA – Individual Experience Survey; HCBS – Home & Community Based Setting/Services; SCA – Support Coordination Agency; SC – Support Coordinator; SCL- Support Coordination Liaisons; PCAP – Person-Centered Assessment Plan; PCP – Person Centered Plan; AMA – Alabama Medicaid Agency; ADMH – Alabama Department of Mental Health; DDD – Division of Developmental Disabilities; TA – Technical Assistance; PQIP – Provider Quality Improvement Plan; CAP – Correction Action Plan

Compliance Issue	Actions to improve Quality and address Compliance Issues	Implementation/Time Frame	Responsible Staff
Individual Experience Survey (IEA) – The IEA is the approved assessment that describes and measures the participant's experience with ADMH HCBS Waiver services AMA Findings: 1. The IEA does not ask individuals receiving residential services if they receive support to participate in the community. Only a yes/no to "If you want to, can you go out into the community?"	1. The IEA will be updated to ask if 'individuals receiving residential services receive support to participate in the community'	1. 5/26/22	1. Francilla Allen
	2. DDD will provide training to Support Coordination Agencies' (SCA) Support Coordinators (SC) on completion and requirements of the IEA to meet the HCBS rules and how to address IEA responses in the PCP.	2. By 7/31/22	2. Francilla Allen, Cellestine Walker
	3. New Hire Support Coordinators: Person Centered Planning and New Hire Orientation Training. This training covers PCP, Dignity of Risk, HCBS Regulatory Requirements and the Individual Experience Assessment (IEA) and the connections between them. This training will be six full days spanning two weeks. Then a 30-day and 60-day follow-up trainings for 2-4 hours. (See Attached proposed outline). (NOTE: Training will include the SCA's role to ensure adequate probing and discussion of individual's preferences and preferred outcomes in all domains but more specifically those probes related to employment/volunteer or community integration.)	3. Ongoing beginning 6/1/22	3. Cellestine Walker
	4. Support Coordination Agencies (SCA) Support Coordinators (SC) are required to complete the IEA annually and address IEA responses in the PCP. Support Coordination Liaisons will use the Person-Centered Assessment and Plan Feedback and Monitoring tool (see attached) to review PCPs to verify the IEA was completed and the issues addressed in the PCP	4. 7/1/22	4. Francilla/SCLs
	5. The data resulting from the SCL PCAP Feedback and Monitoring reviews will be used by DDD to track and evaluate ongoing performance of PCP/IEAs by the SCA to identify new training needs and/or systems improvement needs.	5. Ongoing	5. Francilla/SCLs
	6. ADMH will use findings from ADMH Advocacy reviews to provide TA, identify corrective action and QIP actions or to provide positive feedback to the SCA	6. 7/1/22	6. Francilla/SCLs
	7. Failure to complete the IEA and adequately address responses indicating "no" in the PCP will be determined an insufficient PCP and require a QIP action.	7. 7/1//22	7. Francilla/SCLs
	8. ALL Support Coordination Agencies (SCAs) must be in FULL COMPLIANCE with all HCBS regulations. Noncompliant findings will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the SCA.	8. 7/1/22	8. Francilla/SCLs

	a. Non-compliant findings should be corrected across all IEA/PCPs b. SCAs must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan. c. SCAs must address ALL findings within 30 days of receiving HCBS QIP. d. SCAs who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements for Person Centered Planning. e. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training to termination of employment. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.		
<u>Person Centered Plans (PCP)</u> – describes the individual waiver participant's experience and activities for community integration. AMA Findings: 1) Does not reference specific non-disability specific options offered 2) Does not identify/address barriers to individualized employment/volunteer or community integration opportunities	1) Support Coordination Liaisons will review records for each agency on a quarterly basis. This review includes all domains of the PCAP/PCP, addressing IEA issues in PCP and quarterly narratives. a. PCAP/PCPs will be reviewed to ensure non-disability specific options are offered. SCAs will be required to update PCAP/PCPs not addressing this area within 30 days. b. PCAP/PCPs will be reviewed to ensure barriers to individualized employment/volunteer or community integration opportunities are addressed. SCAs will be required to update PCAP/PCPs not addressing this area within 30 days. c. Record reviews will consist of a random, stratified sample to achieve a 95% confidence level based on total number of records that should be reviewed annually. 2) Review of Redetermination Packets for PCP information will be conducted as follows: a. PCA and PCP must be included in redetermination packet which are currently reviewed by Waiver Coordinator using a monthly checklist. (Attached) The checklist will be provided to the SCL for verification prior to submission to Regional Office Fiscal Manager. b. The SCL will review the Redetermination Teams channel prior the SCA quarterly Quality Review. The SCL should include an action in the SCA's QIP to address redetermination packets that do not have the PCAP/PCP included. c. The data is maintained in Teams and provided to the Directors of SC and Community Programs or monthly submission to the Associate Commissioner and Fiscal Officer. d. Prior to submitting redetermination packet, the Support Coordination Supervisors must review all person-centered assessments and plans to be submitted to ensure the assessment is complete. This includes a review to ensure i) The information is entered in PCAPv2 in ADIDIS	1. Ongoing 2. Ongoing a. 8/1/22	1. Francilla Allen, Support Coordination Liaisons, Waiver Coordinators 2. Amy Waren

	ii) Information pertaining to all domains has been entered and provide a clear description of the individual iii) The individuals desire and goals are identified in his/her language iv) PCAPv2 meets all HCBS regulations, v) The IEA findings are addressed in PCP 3) All Direct Service Providers and SCAs will receive an overview of the PCP provider training. This will be an opportunity for provider feedback before final training materials are developed. a. Finalize, format and add training to web-based platform b. Release training to direct service provider 4) Support Coordination Agencies will perform internal quality reviews using the PCAP DDD Monitoring and Feedback Tool a. SCAs will be provided the Monitoring and Feedback tool used by the SCLs for Quality review. b. SCAs will be required to complete an internal review of their PCAP/PCPs and IEAs to ensure compliance with PCAP/PCP and HCBS requirements and regulations for ongoing quality improvement. c. The SCA will use the same monitoring form used by Support Coordination Liaisons. The SCA will enter this information into ADIDIS, track their findings and submit to ADMH. d. SCLs will review SCA QIP to ensure compliance. Questions regarding QIP will be added to the PCAP Monitoring and Feedback tool. 5) **ALL Support Coordination Agencies (SCAs) must be in FULL COMPLIANCE with all HCBS regulations.** Noncompliant findings will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the SCA. a. Non-compliant findings should be corrected across all IEA/PCPs b. SCAs must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan. c. SCAs must address ALL findings within 30 days of receiving HCBS QIP. d. SCAs who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements for Person Centered Planning. e. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training to termination of employment. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.	3. 5/26/22 a. June 2022 b. July 2022 4. 8/1/22 5. Beginning 7/1/22	3. Francilla, Terry H (Madison Arc), Kate H (Madison 310) 4. Francilla, SCLs 5. Francilla, SCLs
Compliance Monitoring Tools/Process -	1. Monitoring and compiling Prong III (Alabama Model) data will continue as prescribed in Operational Guideline 5.5 (See Attached)	1. On-going 2. 7/1/22	Amy Waren and Regional Office Staff

1. The Regional Monitor monitors every certified DMH/DDD setting twice annually, once each during periods April 1- September 30 and October 1- March 31. 2. The Regional Monitor uses the Monitoring tool and reviews the latest Transition to Compliance Plan to complete the monitoring assignment, comprehensively addressing each item included and verifying with direct observation of substantiating documentation, interviews, and/or visual inspection, as appropriate. 3. The Regional Monitor completes the monitoring report and transmits to the Provider via email within ten (10) business days, delineating those findings requiring follow up. AMA Findings: Unable to confirm if all needed areas of noncompliance were addressed due to lack of specific documentation to indicate actions taken and current evidence of compliance	2. Monitoring Form will be updated to be more specific regarding the HCBS questions (See Attached) 3. A check list of the Transition to Compliance Plans/ Monitoring findings follow up process will be developed and implemented (See Attached) 4. Regional/Statewide internal meetings will be held to address findings from monthly regional monitoring reports using a standardized agenda for all meetings. (See Attached) 5. A standardized report will be used to monitor and report Prong III (Alabama Model) compliance data. (Example of monthly report Attached) 6. **ALL Direct Service Providers must be in FULL COMPLIANCE with all HCBS regulations.** Noncompliant findings will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the SCA. a. Non-compliant findings should be corrected across all settings b. Providers must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan. c. Providers must address ALL findings within 30 days of receiving HCBS QIP. d. Providers who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements. 7. **Response to AMA findings:** a. Original information contained on validation. Transition to compliance plans only contained areas of noncompliance. Ongoing monitoring indicates actions taken. Updated the Monitoring Form to be more specific regarding the HCBS questions, including the requirement for an explanation and provision of specific evidence (Attached)	3. 7/1/22 4. 7/1/22 5. Ongoing	
Certification Reviews	All HCBS related Probes have been added and identified in the Assessment Tool for Certification Reviews. Certification staff uses the Tool when conducting all certification site reviews. (A copy of the Assessment Tool is attached) 1. All areas identified as HCBS must be 100% compliant 2. Personal Outcome Measures (POMs) a. Results of Personal Outcome Measures (POM) interviews conducted prior to certification site reviews will be recorded on the POM Information - Gathering Notes form effective April 1, 2022. This form includes the interviewer's notes necessary in determining the presence of individual	1. 8/1/22 2. Ongoing	Connie Batiste

	outcomes and supports and the status of an individual's satisfaction with services and supports. (Form and interview questions attached) b. In conjunction with the standard probing interview questions, a checklist of additional questions will be developed from the Certification Supplemental Assessment Tool specific to the HCBS Rule. Use of the checklist will be effective June 15, 2022. (Supplemental assessment tool is attached) 3. Agency Policy and Procedure review will include a requirement for organizational, staff and participant knowledge of the Settings Rule and its specific requirements. 4. ADMH is evaluating actions to be taken when current PCPs are not available during a certification review of a direct support provider. If confirmed the SCA did not provide the PCP, correction action will be required and the SCA will have 15 business days to provide the direct service provider the missing PCPs. Failure to provide the missing PCPs will result in further action as indicated in "6.f." below. 5. ADMH is evaluating a weighted score for SCAs so that completion and quality of Person-Centered Planning can be more appropriately measured for Certification reviews by 9/1/22 for implementation 10/1/22. 6. **ALL Direct Service and Support Coordination Providers must be in FULL COMPLIANCE with all HCBS regulations.** Noncompliant findings will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the provider. a. Non-compliant findings should be corrected across all settings and IEA/PCPs b. Providers must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan. c. Providers must address ALL findings within 30 days of receiving HCBS QIP. d. Providers who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements. e. All Direct Service and Support Coordination providers must meet 100% compliance with all HCBS requirements beginning 10/1/22 f. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training to termination of employment. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.	3. 8/1/22 4. 8/1/22 5. 10/1/22	
BSPs and Due Process - AMA Findings: Lacked documentation of less restrictive interventions	1. The updated monitoring form include specifics of less restrictive interventions used and requirement of BPRC and HRC signature pages (See updated monitoring tool attached and also, OG, 5.5 that describes monitoring process) 2. Office of Psychological and Behavioral Services provides clear guidelines that outline the requirements for BSPs to include less restrictive interventions. Providers of behavioral supports are required to have this training and adhere to these guidelines.	1. 7/1/22 2. Ongoing	1. Amy Waren 2. Dr. Eliza Belle

and did not provide BPRC/HRC review	The guidelines are also considered the minimum standards for the provision of positive behavior supports. 3. ADMH will send a communication to providers describing all requirements for BSPs (along with a checklist) and advise providers to update their BSPs. 4. **ALL Direct Service Providers must be in FULL COMPLIANCE with all HCBS regulations.** Noncompliant findings will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the SCA. a. Non-compliant findings should be corrected across all settings b. Providers must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan. c. Providers must address ALL findings within 30 days of receiving HCBS QIP. d. Providers who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements. e. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training to termination of employment. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.	3. 7/15/22	3. Dr. Eliza Belle
Uniform Lease Agreements AMA reports 50% of leases reviewed met compliance	1. ADMH (HCBS Stakeholder Taskforce) will develop a guideline for lease agreements to include a lease agreement template for review/comment by AMA by 6/30/22. 2. All applicable settings will be required to have lease agreements that are in compliance with the guidelines beginning 7/31/22. 3. All Providers will be trained on the lease requirements and provided an example lease template by 7/31/22. Upon completion of training, providers will be expected to replace current lease agreements with those that meet compliance with the guidelines as leases are renewed. 4. Certification will review lease agreements using guidelines as part of the certification review to ensure requirements are met beginning 8/1/22. 5. **ALL Direct Service Providers must be in FULL COMPLIANCE with all HCBS regulations.** Noncompliant findings will result in a mandated HCBS Quality Improvement Plan (QIP) developed by ADMH to be implemented by the SCA. a. Non-compliant findings should be corrected across all settings b. Providers must respond in agreement with the HCBS QIP and dates TA will be provided within 5 business days of receipt of plan. c. Providers must address ALL findings within 30 days of receiving HCBS QIP. d. Providers who fail to implement strategies to meet compliance will be considered noncompliant with the HCBS requirements.	1.Ongoing beginning 8/1/22 2. Beginning 7/31/22 3. Beginning 7/31/22 4. Beginning 8/1/22	Amy Waren/Connie Batiste

	e. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training to termination of employment. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.		
Technical Assistance- Identify specific strategies to come in compliance with HCBS Rule	1. Opportunities for technical assistance will be identified throughout all ADMH oversight activities identified in the Remediation Plan i.e. Advocacy Reviews, Ongoing Compliance Monitoring, etc. 2. ADMH staff will be provided training by AMA as well as additional resources that will enable them to work with the provider to develop strategies to meet compliance 3. TA will be a mandated activity and will be tracked across all five regions.	6/1/22	Connie/Amy/AMA

Provider Compliance Checklist	1. A mandatory Provider Compliance Checklist and supporting information will be provided to all direct service providers for completion within 30 days of receipt. 2. AMA will provide training to ADMH Certification, Advocacy and Monitoring Staff about HCBS Compliance and the mandated Provider Compliance Checklist. 3. ADMH/AMA will provide the PCC training to providers 4. Certification, Advocacy and Monitors will request a review of the Provider's Compliance Checklist during regularly scheduled provider visits in support of the provider to ensure areas of expected compliance are addressed. This will be an opportunity for the provider to discuss with the ADMH staff any further opportunities for technical assistance specifically related to HCBS compliance for those full compliance areas that must be in place by March 17, 2023 per the new CMS compliance strategy: a. Privacy, dignity, respect, and freedom from coercion and restraint b. Control of personal resources c. A lease or other legally enforceable agreement providing similar protections d. Privacy in their unit, including lockable doors, and freedom to furnish or decorate the unit e. Access to food at any time f. Access to visitors at any time g. Physical accessibility h. For any modifications to the relevant regulatory criteria, there must be person-centered service plan documentation. 5. This checklist will become part of the Heightened Scrutiny packet submitted to AMA and CMS for review. Supporting documentation of compliance should also be included with submission. NOTE: CMS reviews those areas of compliance listed above as an individual's civil rights. Therefore, providers must be in full compliance with the items in this list by March 17, 2023. Furthermore, even though CMS has provided some flexibility with the requirements related to community integration and has not set a date for full compliance, all providers are expected to continue their work to achieve community integration as much as is possible. The state will be required to develop a correct action plan for submission to CMS that continues to monitor and report on provider's progress to full compliance.	1. By 7/15/22 2. By 7/8/22 3. By 7/15/22 4. Beginning 8/15/22	Connie/Amy/Terry/AMA
Enforcement Actions	1. The ADMH-DDD will employ its progressive discipline procedures, as needed, to address any failures on the part of staff to implement actions as outlined in the Quality Improvement Plan. Such procedures may include further staff training up to termination of employment. 2. Similarly, the ADMH-DDD will take enforcement actions, where needed, to address providers failure to perform and provide services in accordance with this Quality Improvement Plan and related ADMH policies, procedures, and operational guidelines. Such enforcement actions may range from mandated technical assistance to monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.	5/26/22	Terry Pezent, Associate Commissioner Kim Boswell, Commissioner