



Division of Developmental Disabilities

Quality Improvement Plan for HCBS Regulatory Compliance

Alabama Department of Mental Health
Terry Pezent, Associate Commissioner

Presented 6/22/22 to HCBS Taskforce
Presented 6/23/22 to ADMH DDD Provider Network

Compliance Issue – Individual Experience Survey

Individual Experience Survey (IEA) – The IEA is the approved assessment that describes and measures the participant's experience with ADMH HCBS Waiver services

Findings – The IEA does not ask individuals receiving residential services if they receive support to participate in the community, only if they want to.

ADMH QIP Solutions –

- The IEA was updated to include the following question: Does the individual receiving residential services receive support to participate in the community?
- ADMH will provide training to SCAs on completion and requirements of the IEA through July 2022
- ADMH Support Coordination Liaisons (SCL) will include the review of IEAs during SCA QI visits to determine if the IEA was completed and if so, if the individual's PCP addresses indicated findings
- The PCP will be determined incomplete without an IEA or if the PCP does not address the findings in the IEA
- The SCLs will use the information from their QI visits along with the Advocacy visits to develop a SCA QIP that will identify required action items to be taken to comply with this requirement beginning 7/1/22



Compliance Issue – Person Centered Plan

Person Centered Assessments and Plan (PCAP/PCP) – The PCP describes each individual waiver participant's experience and activities for community integration

Findings –

- Does not reference non-disability specific options offered
- Does not identify or address barriers to individualized employment, volunteer or other community integration opportunities

ADMH QIP Solutions –

PCP review

- The SCL will review records from each Support Coordination Agency on a quarterly basis. This is a continuous in depth review to determine whether all domains and other applicable areas within the PCP are completed, whether the PCP addressed opportunities noted in the IEA, whether non-disability specific options are offered and whether the PCP addresses modifications of HCBS regulation requirements are addressed.
- The review will also evaluate whether employment or volunteer opportunities are identified and that any barriers to these activities are also addressed.
- A random, stratified sample of individual records will be reviewed to achieve a 95% confidence level.



Compliance Issue – Person Centered Assessment & Plan (Cont'd)

Review of Redetermination Packets

- All redetermination packets will be reviewed to ensure:
 - First, if the packet includes the full *PCAP and PCP
 - Second, if the PCP is complete (all domains/sections completed, includes goals and objectives that reflect the individual's needs/desires and has appropriate signatures)
 - This information is recorded aggregately by ADMH. SCLs will include actions needed if redetermination packets do not include a completed PCP in the SCA specific QIP

Direct Service Provider Training

- All providers, including SCAs, were given an overview of the Direct Services Provider Training in May 2022
- The training is currently being finalized, formatted and will be added to a web-based platform
- The training will be released to all providers by 7/31/22

*Edited to include PCAP

Compliance Issue – Person Centered Assessment & Plan (Cont'd)

Support Coordination Agency Quality Improve Plan

- Support Coordination Agencies will be required to perform internal quality reviews using the ADMH PCAP Monitoring and Feedback Tool as a guide
- SCAs were provided a copy of the Monitoring and Feedback tool used by SCLs for Quality reviews in May 2022
- SCLs will review the SCA Quality Improvement Plan resulting from the internal reviews and provide technical assistance as needed

ADMH – ADMH Compliance Monitoring

ADMH Provider Quality Monitoring – The ADMH is required to provide onsite monitoring of its waiver provider network no less than twice per year to ensure compliance with waiver and certification requirements as well as the observe to ensure best health and safety of individuals served.

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

ADMH QIP Solutions –

- ADMH will continue monitoring and compiling data using the Alabama Model for Prong III (isolation) as prescribed in OG 5.5
- The Monitoring Form has been updated to ask more specific questions relating to HCBS requirements. Implementation will begin 7/1/22 and a copy of the form will be provided to all providers
- Monitors will need access to the setting and individuals living in the home and, will also require review of various provider documents. ADMH is developing a list of the information that will be needed to ensure consistency across all five regions
- ADMH will use various methods to evaluate information collected from the monitoring visits and to continuously track progress towards compliance

ADMH – DDD Certification

DDD Certification – The ADMH is required to provide onsite 'credentialing' of its waiver provider network to ensure CMS HCBS Waiver compliance requirements are met to include HCBS regulatory compliance, waiver and contract compliance.

Findings –

- ADMH addressed the need for documentation to support findings and, as a result of AMA review and other internal review findings, updated timelines and compliance requirement to reflect all HCBS requirements

DDD QIP Solutions –

- All areas identified as HCBS must be 100% compliant beginning 8/1/22
- Personal Outcome Measures data will include interviewer's notes necessary in determining the presence of individual outcomes and supports, the status of an individual's satisfaction with services and support.
- Certification Staff began using a checklist specific to HCBS regulatory requirements on 6/15/22
- Agency Policy and Procedure review will include a requirement for organizational, staff and participant knowledge of the HCBS Settings Rule and its specific requirements being 8/1/22
- ADMH is evaluating actions to be taken when current PCPs are not available for review.
- ADMH is evaluating a weighted score for SCA so that completion and quality of PCPs can be more appropriately measured for the purpose of Certification reviews (Target 10/1/22)

ADMH – DDD BSPs and Due Process

DDD BSPs and Due Process – The ADMH is required to review BSPs to ensure less restrictive interventions and Due Process. Modifications to HCBS Regulations require Due Process plans.

Findings –

- Lacked documentation of less restrictive interventions tried
- Did not provide BPRC/HRC review

DDD QIP Solutions –

- The ADMH-DDD Monitoring Form will include questions relating to the specifics of less restrictive interventions used and the requirement of BPRC and HRC signature pages, 7/1/22
- The Office of Psychological and Behavioral Services provides training about DDD's Behavioral guidelines; the training is available upon request
- ADMH-DDD will send a communication to all providers describing all requirements for BSPs (along with a checklist of required components of the plan) by 7/15/22. Providers should use this guidance to review and update BSPs as appropriate
- ADMH will be further assessing provider's compliance relating to Human Rights Committee review of right's restrictions

ADMH – DDD HCBS Guidelines and Template for Lease Agreements

HCBS Compliant Lease Agreements – All lease, roommate, and other related agreements must be in full compliance with HCBS regulations

Findings –

- AMA reports 50% of leases reviewed met compliance

DDD QIP Solutions –

- The HCBS Stakeholder Taskforce will develop guidelines for lease agreements to include a lease agreement template for DD Sub Committee review, agreement and Organizational Guideline by 8/1/22
- All applicable settings will be required to have lease agreements that are in compliance beginning 8/1/22 as leases are renewed
- ADMH will provide provider training relating to lease agreements by 8/1/22
- Certification will review Lease agreements using the guidelines beginning 8/1/22

ADMH – DDD HCBS Enforcement Actions

ADMH – DDD Employees

- 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.

ADMH – DDD Providers

- 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 will be progressive meaning the actions may range from Quality Improvement actions to mandated technical assistance, monetary penalties and termination of service contract. Actions may also include notification to Medicaid of areas of non-compliance.

Technical Assistance

- Opportunities for technical assistance will be identified throughout all ADMH oversight activities
- Technical Assistance will be a mandated activity to address non-compliance
- Providers always have the option to request TA.

New TA on the WAY!!!

Provider Compliance Checklist (PCC)

AMA and ADMH has initiated the development of a checklist to further assist you in ensuring your agency is in compliance with the March 17, 2023 regulations.

- The Provider Compliance Checklist will be mandatory and must be completed within 30 days of receipt
- The purpose of the Provider Compliance Checklist is to assist all providers in achieving compliance with HCBS regulations
- ADMH Advocates, Certification and Monitoring Staff will request a review of the PCC during regularly scheduled provider visits to ensure areas of expected compliance are addressed. This will be an opportunity for the provider to discuss with the ADMH staff 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 recalibration strategy:
 - Privacy, dignity, respect, and freedom from coercion and restraint
 - Control of personal resources
 - A lease or other legally enforceable agreement providing similar protections
 - Privacy in their unit, including lockable doors, and freedom to furnish or decorate the unit
 - Access to food at any time
 - Access to visitors at any time
 - Physical accessibility
 - For any modifications to the relevant regulatory criteria, there must be person-centered service plan documentation.
- This checklist will also become part of the Heightened Scrutiny packet submitted to AMA and CMS for review. Providers will be asked to submit information to support the items referenced on the checklist

The ADMH Mission:
Serve • Empower • Support

The ADMH Vision:

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



Thank you