

Scope of Services ID and LAH Waivers

Introduction

This Scope of Services is intended to provide you with the information needed when providing services to waiver participants. This information is not a complete list of requirements or all services and must be used in conjunction with other information found in ADMH Administrative Code and the DD Division Operational Guidelines, both of which can be found on the ADMH website. The complete list of services can be found by looking at the ID and LAH waiver documents on the website.

<https://mh.alabama.gov/wp-content/uploads/2020/12/12-17-Approved-LAH.pdf>

[Application for 1915\(c\) HCBS Waiver: AL.0001.R09.00 - Oct 01, 2020 \(alabama.gov\)](#)

Residential Habilitation Services (ID Waiver)

Residential Habilitation service is a type of residential service selected by the person supported, offering individualized services and supports that enable the person supported to acquire, retain, or improve skills necessary to reside in a community-based setting and which supports each resident's independence and full integration into the community, and ensures each resident's choice and rights. Residential Habilitation services shall be provided in a dwelling which may be rented, leased, or owned by the Residential Habilitation provider, and shall comport fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, and set forth in the person-centered plan and plan of care. Participants receiving residential services should have enforceable leases agreed upon and signed by the individual and he/she is entitled to file an appeal, as needed, and are regarded similarly as those without disabilities in respect to signed lease/rental agreements. Freedom of choice also includes the right to select any provider with an active provider agreement with the Department of Mental Health Division of Developmental Disabilities if the provider is available, willing, and able to provide the services needed, and choice of the setting in which services and supports are received which shall be integrated in, and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, 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. The individual has the right to a rental agreement that is fully enforceable.

Residential habilitation services provide care, supervision, and skills training in activities of daily living, home management and community integration. All settings that are so required must have appropriate site and programmatic certification from the Operating Agency.

Residential habilitation activities must relate to identified, planned goals. Training and supervision of staff by a QIDP shall assure the staff is prepared to carry out the necessary training and support functions to achieve these goals. Initial training requirements must be met prior to the staff beginning work. For recipients living in certified residences, staff must be trained regarding the individual's person centered plan prior to beginning work with the recipient.

The service includes the following:

- a) Habilitation training and intervention in the areas of self-care, sensory/motor development, interpersonal skills, communication, behavior shaping and supports, community living skills, mobility, health care, socialization, community inclusion, money management, pursuit of leisure and recreational activities and household responsibilities. Training and intervention may consist of incidental learning in addition to formal training plans and will also encompass modification of the physical and/or social environment. This may mean changing factors that impede progress (i.e. moving a chair, substituting Velcro closures for buttons or shoe laces, helping to shift attitudes toward the individual being supported, opening a door for someone, etc.) and provision of direct support, as alternatives to formal habilitative training.
- b) Habilitation supplies and equipment that are not considered as a waiver service (specialized medical supplies and specialized medical equipment) are not considered in the daily rate for residential services and should be included as room and board; transportation costs to transport individuals to day programs, social events or community activities when public transportation and/or transportation covered under the Medicaid state plan are not available will be included in payments made to providers of residential habilitation. Residential Habilitation service workers may transport individuals in their own vehicles as an incidental component of Residential rates.

Providers of Residential Habilitation must present proof certification of training and qualifications of staff delivering services in Specialized Medical Homes and/or in Specialized Behavioral homes to Certification and when staffing changes occur, must present proof to the CSD in the Regional Office. The provider of residential service is responsible for checking both AMA and the OIG exclusion lists each month to ensure employee have not been debarred from providing Medicaid services. Documentation of the monthly checks is required.

Providers of residential habilitation must be certified by the Department of Mental Health. Small settings are encouraged. No new home will be certified for residence of more than six individuals. The DDD shall not certify programs or settings where there exists a cluster of such settings. Clusters shall be defined as multiple program or residential settings located on the same street, court, etc. where these type settings constitute more than twenty five percent (25%) of all settings. The DDD shall not certify programs or settings where two or more are directly next to one another or share a property line, regardless of whether these settings result in less that twenty-five (25%) percent of the total settings on a street, court, etc.

The service excludes the following:

Services, directly or indirectly, provided by a member of the individuals immediate family; Routine care and supervision which would be expected to be provided by a family; Activities or supervision for which a payment is made by a source other than Medicaid; and Room and board costs.

Home accessibility modifications, when covered as a distinct service under the waiver may not be furnished to a individual in a provider setting. Residential Services shall not be provided in inpatient hospitals, nursing facilities, and Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFs/IID).

Documentation:

Providers must have documented record of having completed training prior to providing services. Providers of service must maintain a service log that documents specific dates on which services were delivered, consistent with the consumer's person centered plan.

Residential Habilitation Provider Qualifications

The Department of Mental Health, Division of Developmental Disabilities requires certification of programs delivering Residential Habilitation services. Standards are in Al. Administrative Code Chapters 580-3-23 and 580-5-33.

An applicant wishing to provide Residential Habilitation Services must provide written statements of certification of the facility's compliance with fire and health standards where applicable and submit these and other documentation to the Division of Developmental Disabilities. If residential habilitation is provided in the individual's home (including family home) then the structure is not reviewed by DMH for compliance with fire and health standards.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Residential Habilitation services shall have a written mission statement for dissemination to prospective clients and their families. This mission statement shall address:

Program philosophy and purpose;

Geographical area served;

Range of services provided; and

Population served, including criteria for service eligibility, program admission and program discharge.

Each Residential Habilitation program must develop and maintain appropriate, up-to-date staffing schedules for each facility. Program staff ratios and staff work schedules shall be maintained to meet the needs of clients. An emergency, on-call staff person, in addition to those normally required to maintain appropriate staffing patterns, shall be available. Staff scheduling and workplace assignments shall be so arranged as to provide continuous on-site response capability in the event of client needs. The staffing pattern shall be appropriate to the type and scope of programmed services and shall include staff members who meet qualifications set forth in the approved job descriptions. If a program is contracted to serve clients who require considerable guidance and supervision (i.e., moderately, and severely physically handicapped clients, clients who are aggressive, assaultive or are security risks, or clients who exhibit severely hyperactive or psychotic behavior), the daily ratio of training staff to clients may vary from 1:1 to 1:8, depending on programmatic and support need. This ratio shall be justified and documented. If a program is contracted to serve clients requiring training or assistance in basic independent living skills, the training staff-to-client daily ratio shall not exceed 1:10.

Residential Habilitation services will be delivered/supervised by a Qualified Intellectual Disabilities Professional in coordination with the individual's person centered plan.

Day Habilitation Services (ID and LAH Waivers)

Day Habilitation services are services which involve the provision of regularly scheduled activities in non-residential settings, separate from the member's residence or other residential living arrangement. This service can be provided in a Day Habilitation Facility or in the Community. Regardless of where the service is delivered, activities are designed to foster the acquisition of positive social skills and interpersonal competence, greater independence and ability to exercise and communicate personal choices and preferences. When delivered in the community, services must be designed to enhance opportunities for community integration, participation and involvement including opportunities for positive interactions and relationships with members of the broader community and opportunities to acquire and maintain valued social roles in one's community. The service provides assistance that supports community participation including achievement of valued social roles that reflect a member's individualized interests and desires with regard to type(s) of community involvement and community contributions the member prefers. Activities build on the strengths and gifts that each member has to offer to the wider community, identified through individualized strengths-based assessment, and enable the member to broaden horizons and develop/pursue adult learning and personal enrichment goals. For individuals of retirement age, Day Habilitation services may be used to provide retirement activities. Services should provide supports to assist individuals of retirement age to participate in meaningful retirement activities in their communities and to develop relationships through participation in those activities. Day Habilitation services shall support and enhance, rather than supplant, an individual's involvement in public education, post-secondary education/training and competitive integrated employment (or services designed to lead to competitive integrated employment). Day Habilitation services shall be coordinated with any needed therapies in the individual's person-centered services plan, such as physical, occupational, or speech therapy. For members with documented degenerative medical conditions, Day Habilitation activities in both facility and integrated community settings may include training, supports and community involvement opportunities that are designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills. Day habilitation services are expected to be furnished in a variety of settings, except for the member's residence, and utilize a provider-owned or controlled setting as a hub or base. Day Habilitation settings must comply fully with the HCBS Settings Rule, therefore ensuring each member's Day Habilitation service plan includes opportunities to participate a variety of community-based opportunities that are consistent with the purpose and intended outcome of the service and that facilitate the member's interactions with people from the broader community. This includes opportunities for career exploration and career planning activities specific to pursuing competitive integrated employment for working-age members not already engaged in competitive integrated employment. When Day Habilitation is authorized, four levels of Day Habilitation can be used for authorization, based on participant characteristics: Level one day

habilitation is for individuals whose ICAP service score is 61 to 99. Minimum staffing ratio for Facility-Based is 1:15; minimum staffing ratio for Community-Based is 1:4; maximum group size for Community- Based is 4 individuals. Level two day habilitation is for individuals whose ICAP service score is 36 to 60. Minimum staffing ratio for Facility-Based is 1:12; minimum staffing ratio for Community-Based is 1:3; maximum group size for Community- Based is 4 individuals. Level three day habilitation is for individuals whose ICAP service score is 1 to 35. Minimum staffing ratio for Facility-Based is 1:8; minimum staffing ratio for Community-Based is 1:2; maximum group size for Community- Based is 4 individuals. Level four day habilitation is for individuals who need one to one support. Minimum staffing ratio for Facility-Based is 1:1; minimum staffing ratio for Community-Based is 1:1; maximum group size for Community-Based is 4 individuals. Reimbursement rates are associated with each level, based on the associated minimum staffing ratios needed to support persons with different ICAP scores, and whether the service is delivered in a facility-based (provider owned or controlled) setting or integrated community settings. Rates for community-based Day Habilitation (Day Habilitation-Community Access) take account of the more intensive staffing ratios and different costs that are applicable for services delivered in integrated community settings. For each individual whom the day program transports between his place of residence and the Day Habilitation facility, when his residence is more than 10 miles as measured in a straight radius from the day program site, an additional payment is available per day of transport. The transportation add-on is also available for Community Day Habilitation, with the same 10-mile rule. Meals provided as part of these services shall not constitute a “full nutritional regimen” (3 meals per day). Members who receive Day Habilitation services may also receive one or more Supported Employment services included in the waiver, Prevocational services and physical, occupational, or speech therapy.

Day Habilitation services may not be authorized for any individual also receiving Community Experience services per their Plan of Care. • Day Habilitation services may not be used to support or provide activities involving paid work, including any situation where work done by an individual is required to be paid under state and federal labor laws and any services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services). • Volunteering cannot involve volunteering for the provider of the service or volunteering in situations where an individual must be paid under existing state and federal labor laws • Day Habilitation services (both facility and community-based) must be delivered according to the individual person-centered plan and using the minimum staffing ratios outlined above. Individuals with similar interests and goals may share staff support as part of the provider meeting the minimum staffing ratios outlined above and the maximum group size of 4 individuals. • Day habilitation services cannot exceed 5 hours per day. • Day services can only be billed for 247 days (248 days in leap years) per waiver participant. • Different types of face-to-face waiver services may not be billed for the same unit of time.

Day Habilitation Providers Must Demonstrate:

- Ability and capacity to offer members regular (daily) opportunities to access the broader community.

- Use of an individualized service planning process that ensures individual member goals are identified and used to guide service delivery and opportunities offered both in the facility and in the broader community.
- Understanding and use of community mapping strategies to identify opportunities for community involvement and participation that align with each member's individualized interests and desires with regard to type(s) of community involvement and community contributions they prefer.

Personal Care Services (ID and LAH Waivers)

Personal Care Services include assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Assistance for ADLs includes bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, routine care of adaptive equipment primarily involving cleaning as needed, meal preparation, assistance with eating, and incidental household cleaning and laundry. IADLs include assistance with shopping, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance with IADLs includes accompaniment, coaching and minor problem-solving necessary to achieve the objectives of increased independence, productivity and inclusion in the community.

Personal Care can also include supporting a person at an integrated worksite where the individual is paid a competitive wage. There is a separate code for this service, to distinguish it from other personal care activities.

Personal care attendants may transport individuals in their own (the attendant's) vehicles as an incidental component of this service. For this component to be reimbursed, the personal care attendant must be needed to support the individuals in accessing the community, and not merely to provide transportation. The attendant must have a valid driver's license and his/her own insurance coverage as required by State law. The provider agency shall assure the attendant has a good driving record and is in-serviced on safety procedures when transporting an individual. This service will provide transportation into the community to shop, attend recreational and civic events, go to work and participate in People First and other community building activities. It shall not replace transportation that is already reimbursable under day or residential habilitation nor the Medicaid non-emergency medical transportation program. The planning team must also assure the most cost effective means of transportation, which would include public transport where available. Transportation by a personal care attendant is not intended to replace generic transportation or to be used merely for convenience. Personal Care Transportation by a personal care provider is only paid for according to what is specified in the person-centered plan.

Personal care under the waiver may also include general supervision and protective oversight reasonable to accomplishing of health, safety and inclusion. The worker may directly perform some activities and support the client in learning how to perform others; the planning team (composed at minimum of the person and family, and support coordinator) shall determine the composition of the service and assure it does not duplicate, nor is duplicated by, any other service provided to the individual. A written description of what the personal care worker will provide to the person is required

to be submitted to the state as part of or in addition to the plan of care, and will require approval by the Division of Developmental Disabilities and be subject to review by the Single State Agency for Medicaid.

Personal care is limited to no more than 12 hours/48 units each day for individuals living in the home with relatives or caregivers and those waiver participants living independently. The number of hours provided may exceed 12 hours/48 units per day for those who have an assessed need for additional support, but the approval will be based upon the emergent need. The plan of care or an addendum shall specify any special requirements for training, more than the basic training, which may be needed to support the individual. Parents and other caretakers shall be key informers on the matter of special training, and will be encouraged to participate in the training and supervision of the worker.

When this service is provided to participants living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities. The number of hours/units provided to the individual documents assessed need for the service as an alternative to institutional care and the reasonable cost effectiveness of his or her plan.

There is no restriction on the place of service so long as the person is eligible for the waiver in that setting and no duplication of payment occurs. Payment is for a 15-minute unit of service delivered to the individual, not including worker's time of travel to and from the place of work.

Agency provided Personal Care Workers shall not be members of the immediate family (parents, spouses, children) of the person being supported, nor may they be legally obligated in any other way to provide the service. Any other relatives, or friends, who are employed to provide services shall meet the qualifications for providers of care and, as for all other personal care workers, payment shall only be made for services rendered. Employment of a relative or friend shall be noted and justified in the individual's record by the provider agency.

While in general personal care will not be approved for a person living in a group home or other residential setting, the Division of Developmental Disabilities may approve it for specific purposes that are not duplicative.

When this service is provided to individuals living with their family/guardians, it shall not supplant the cost and provision of support ordinarily provided by family/guardians without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities. Otherwise, the only limitation on hours provided is the individual's documented need for the service as an alternative to institutional care and the reasonable cost effectiveness of his or her plan.

For persons under the age of 21, this service may be used in addition to Personal Care Services available through the EPSDT benefit in order to meet an individual's goals in their PCCP and prevent institutionalization.

Personal Care Services Provider Qualifications

Personal care workers may be employed by, or under contract with, any agency qualified to provide services under the waiver, and by home health and other home care agencies, and individuals that may not otherwise be waiver providers. Any agency or individual undertaking the provision of this service must employ or contract with a QIDP to provide the required supervision and must meet the other requirements of this addendum related to training, plans of care, documentation and reporting.

Agencies are encouraged to partner with individuals and families in this endeavor, while providing a safe and effective backup system to meet contingencies.

Basic elements of training shall be provided prior to the worker delivering services and includes:

Procedures and expectations related to the personal care worker including following the Plan of Care, the rights and responsibilities of the worker and the individual, reporting and record keeping requirements, procedures for arranging backup when needed, and who to contact within the FMSA, the case management agency and regional office. In addition, and as needed, training in the following areas will be provided by the family or others and recorded.

- a) Information about the specific condition and needs of the person to be served, including his or her physical, psychological or behavioral challenges, his or her capabilities, and his or her support needs and preferences related to that support.
- b) If administration of ordinarily self-administered medication is required by the individual, training and ongoing supervision in medication administration.
- c) Training as needed in communication skills; in understanding and respecting individual choice and direction; in respecting the individual's confidentiality, cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints and in responding to emergencies.
- d) Training in assisting with activities of daily living and instrumental activities of daily living, as needed by the individual and identified by the plan of care.
- e) Training on the types of incidents and incident reporting is required.

Supervision: A QIDP/RN is required to visit the participant every sixty-days (60) to conduct a Supervisory Visit, a copy of which must be sent to the support coordinator within five working days of the visit.

Missed Visit reports are to be sent monthly to the support coordinator.

The Personal Care provider must maintain documentation of the dates and hours of service provided on file. These records are necessary for audits performed by CMS, Medicaid, and/or ADMH/DDD monitors and auditors. Daily or weekly logs, signed by the worker and by the individual or family member, which identify the individual, the worker providing the service, the date(s) of service, the time service began and the time service ended, and the activities provided within each span of work, will be required. Currently, Alabama Medicaid requires the worker and the supervisory personnel to use its Electronic Visit Verification System.

Additional Requirements for Service Providers

Executive Officers and owners of provider agencies must obtain both a statewide and a national criminal background clearance. This is a condition for initial certification. This is the responsibility of the Certification Administration Division of the Operating Agency. ADMH will check the exclusion list at AMA and the OIG websites to ensure the applicant provider has not been previously debarred. Direct care staff must have a national background check. Background checks are verified at initial

application/certification and at least every two years by the ADMH-DDD Certification Team. A sample size of 10%, which always includes the Executive Director/Director, is reviewed for each agency. Agencies not receiving a full two-year certification will be required to receive the background check verifications at their one-year follow up by the Office of Certification/DD Division.