

# New Provider Orientation

Home & Community Based Medicaid Waiver Services

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Division of Developmental Disabilities



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## 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

# ADMH Division of Developmental Disabilities

- The Division of Developmental Disabilities (DDD) provides administrative oversight to the delivery of Medicaid Waiver services for individuals with intellectual and developmental disabilities (IDD). The purpose of these Home and Community Based Services (HCBS), federally funded Medicaid services is to support individuals to live independently in their community.
- Federal regulations provide specific guidelines for delivery of these services and protect the rights of individuals to live in the community, not an institution.
- Services provided through the DDD HCBS Medicaid waivers are funded with state and federal dollars.
- Individuals served through the Medicaid waivers must meet certain eligibility and criteria and be eligible for Medicaid.

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## ADMH Vision for Services

- Keeping families together
- Supporting individuals in their communities where friends and families are located.
- Supporting individuals to obtain employment
- Supporting independent living
- Emphasizing community integration
- Supporting individuals to hire their own staff for certain services (self-directed)
- Providing services before individuals are in crisis.

## Services That Best Support People In Their Home & Community

- Personal Care
- Community Day Services (non-facility day)
- Employment Services
- Companion Services
- Community Experience
- Self-Directed Services
- Respite (in & out of home)
- Supported Living
- Assistive Technology
- Remote Supports

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## Considerations for Applicants

- What will you do if no one chooses your group home?
- 19 Facility-based day services closed permanently since 2020 (many remain closed due to COVID-19).

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## ADMH-DDD Operates Three Waivers

- Living at Home Waiver (LAH) currently serves approximately 520 persons in all 67 counties.
- Intellectual Disabilities Waiver (ID) currently serves approximately 4,395 persons in all 67 counties.
- Community Waiver Program (CWP), a demonstration waiver, which currently serves approximately 318 persons in 11 counties.

The current waiting list for all waivers is 1,585 individuals across the state.

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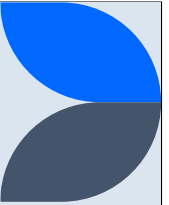
## Community Waiver Program (CWP)

The CWP is an innovative approach to services provided in Alabama. Some goals of the program are to:

- ☐ Eliminate the wait list
- ☐ Support individuals to live with their families
- ☐ Support individuals to live independently in their own home or apartment
- ☐ Support individuals to obtain employment
- ☐ Current program limited to 11 counties
  - Baldwin, Elmore, Houston, Jefferson, Limestone, Madison, Mobile, Montgomery, Morgan, Tuscaloosa and Walker
  - CWP waiver service providers enrollment is a different process than is required for the ID/LAH waivers for more information, contact [byron.white@mh@alabama.gov](mailto:byron.white@mh@alabama.gov)

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# HCBS Settings Rule Standards



- NEW providers **MUST** be in **FULL COMPLIANCE** the **FIRST DAY** they deliver services. What does this mean?
- ALL providers **MUST** operate under the same state and federal regulations, ensuring Full Compliance with Standards that measure the Quality of Services provided.

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## Home and Community-Based Settings

The HCBS Settings Rule **Ensures** providers *have the capacity to deliver services* that meet federal regulations. Services may include, but are not limited to:

- Transportation
- Supports for Employment Outcomes
  - Appropriate Staffing Ratios
- Respect and Support for Individuals' Choices

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## Managing Individual's Funds

- Must keep receipts, ledgers and develop a system to track funds.
- Must provide financial statement/ updated Ledger to beneficiary at least quarterly.
- Beneficiary should have access to funds and be involved in budgeting personal funds.

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**Home and Community- based settings must have all the following qualities based on the needs of the individual as indicated in their person-centered plan (PCP)**

<input type="checkbox"/> The setting is integrated and supports full access of individuals receiving Medicaid HCBS to the greater community.	<input type="checkbox"/> Includes opportunities to seek employment and work in competitive integrated settings.
<input type="checkbox"/> Control personal resources have full access to all monies that exceed the cost of basic needs.	<input type="checkbox"/> Engage in community life.
	<input type="checkbox"/> Receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

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# Home and Community-Based Settings

The setting is selected by the individual from setting options, including non-disability specific settings, and an option for a private room in a residential setting.

The residential provider must have a fully enforceable lease agreement that is applicable to state law and gives the same protections as those non-disabled who live in rental housing in the community.

The setting options are identified and documented in PCP and based on the individual's needs, preferences, and resources available for room and board.

When landlord/tenant laws do not apply, the State must ensure a written residency agreement will be in place for each HCBS participant, and that the document provides protections that addresses the eviction process and appeals comparable to those provided under the jurisdiction's landlord/tenant law.

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# Home and Community-Based Settings

- Rent charged must be comparable to the local market. [2023 Fair Market Rent in Alabama | RentData.org](#)
- All utilities and services furnished by the residential provider must be included in the agreement.
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices including, but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitates individual choice regarding services and supports and who provides them.

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# NON-NEGOTIABLES

- ☐ Each participant has privacy in their sleeping or living unit.
- ☐ Units have lockable entrance doors by the individual. If more than one bedroom, each bedroom should be considered a unit and tenant should have a key to their lockable door.
- ☐ Individuals sharing units have a choice of roommates in that setting.
- ☐ Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement. Individuals have the freedom and support to control their own schedules and activities. Individuals have access to food at any time home and community-based settings
- ☐ Individuals can have visitors of their choice at anytime. The setting is physically accessible to the individual.

## Rules for Individual Limitations to the HCBS Rule

**Any modifications for the participant or additional conditions to the rules specified must be supported by a specific assessed need and justified in the PCP.**

- ☐ The following requirements must be documented in the PCP:
  - ✓ a specific and individualized assessed need (to make the change).
  - ✓ Positive interventions and supports used prior to any modification to the PCP documented in the case file.
  - ✓ Less intrusive methods of meeting the need that has been tried but did not work.
  - ✓ A clear description of the condition directly proportionate to the specific assessed need.
  - ✓ Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
  - ✓ Regular collection and review of data to measure the ongoing effectiveness of the modification.
  - ✓ Informed consent of the individual .
  - ✓ Assurance that interventions and supports will cause no harm to the individual.





## HCBS Settings Standards (continued)

State must ensure, through person centered planning, the setting is selected by the individual from an array of setting options.

- ❖ Setting options offered must include non-disabled specific settings.
- ❖ The setting options offered must be identified and documented in the Person-Centered Plan (PCP).

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### Settings That Are Not Home and Community-Based Settings that are presumed to have the qualities of an institution:

- ❖ Any setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.
- ❖ Any setting located in a building that is on the grounds of, or immediately adjacent to a public institution.
- ❖ Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.

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# Person Centered Planning

- ❑ All individuals receiving HCBS waiver services must have a Person-Centered Plan (PCP) developed by an unbiased party to ensure there is no conflict of interest.
- ❑ In October 2020, ADMH completed its transition to a conflict free Support Coordination State.
- ❑ Support Coordination agencies are now responsible for assessing an individual's needs and preference and developing a "Person Centered Plan" that identifies strategies and goals that will support them to live their best life.
- ❑ Support Coordinators are also required to advocate on behalf of individuals served through the HCBS waivers and ensure their rights are protected.
- ❑ Person Centered Plans MUST address the HCBS rule requirements.
- ❑ All providers of services must attend team meetings for the individuals served as part of the person-centered planning process.

## ID and LAH Service Needs for HCBS Waivers

- Crisis Intervention
- Day Habilitation, Community Based
- Employment
- Job Developer
- Job Coach
- Out of Home Respite
- Personal Care
- Behavior Supports
- Nursing

## Services Provided Include (but are not limited to):

### Hourly Services:

- Personal care: assistance with activities of daily living (ADL) in accordance with treatment plan.
- Companion: Support/Supervision in non-medical care.
- Respite: Short-term, temporary relief for unpaid caregiver (in/out of family home).
- Supported Employment: Support to perform in a competitive work setting (paid work).

## Services Provided Continued:

Residential Services: Care/Supervision, skill training in individual's residents or in a certified community setting.

Day Habilitation: Planning, training, support to increase independent functioning and build skills to influence changes in behavior.

## Application/Approval Process

- ✓ Complete online course (Phase I).
- ✓ Attend Perspective Provider Orientation Class (Phase II). *Must participate in the full training.*
- Complete application packet.
- Forward completed application packet to Certification Administration within 1 year of Phase II training.
- Background check will begin when application is received.
  - Must not have convictions or pending charges for any crime of violence.
  - Must not have any felony convictions / pending felony arrest.
  - See operational guidelines for additional criminal activities that will permanently disqualify eligibility.

## Application/Approval Process (Cont.):

Certification administration fast forwards completed packet & to DD Certification.

DD certification reviews packet info & makes recommendations. Applications may not be approved for:

- unfavorable background check for executive director (may reapply with new ED).
- falsification of information (cannot apply again).
- lack of educational background for Executive Director (may apply with new ED).
- required experience (5 years) for the Executive Director (can reapply with new director).
- Application reviewed three times (cannot apply again).
- Pattern of substantiated incidents of abuse, neglect, mistreatment, and exploitation.
- Settings does not meet HCBS settings rule (can reapply with new settings).



# Application/Approval Process (Cont.)

- ☐ Presence On the Medicaid exclusion list, OIG DUNS and/or SAM 's websites
- ☐ Inappropriate name for organization (Can reapply with favorable name).
- ☐ Previously Decertified
- ☐ Medicaid fraud

See ADMH Administrative Code Chapter 580-5-30 & DD Operational Guidelines

<https://mh.alabama.gov/wp-content/uploads/2022/04/11.-Administrative-Code-580-5-30.pdf>

- ☐ Bachelor's degree from accredited institution in Human Services field
- ☐ 5 years expertise/experience working with individuals with an intellectual disability
- ☐ Independent Board of Directors/Executive Committee
- ☐ 90-day cash reserve operating expenses (determined by monthly budget X 3)

## Provider Requirements

## Provider Requirements (Cont.)

- ☐ Agency Policies –ADMH standards 10.–DD-Operational-Guidelines-5-21-21.pdf(alabama.gov).
- ☐ Committee Access - Human Rights Committee (HRC), Behavioral Program Review Committee (BPRC), Incident Program Management Systems (IPMS).
- ☐ Personnel requirements:
  - Qualified Developmental Disabilities Professional (QDDP)
  - Medication Assistance Supervising (MAS) Nurse (medication administration)
- ☐ See packet for additional documents to be included.
- ☐ Provider must meet all HCBS Settings Rule criteria except for the Individual Experience Assessment prior to individual's service date.
- ☐ Provider is responsible for knowing the city/county's business licensing requirements.
- ☐ Do not acquire property (setting) prior to approval of application and review by the Regional Community Service Office. Setting must meet HCBS requirements.

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## ADMH DD Division

- TOA- Temporary Operating Authority-only good for six months
- Licensed to do business with ADMH
- Does NOT guarantee a contract with ADMH

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## Application/Approval Process (Cont.)

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> \$1500 application fee due upon approval of application (cashier's check)</li><li><input type="checkbox"/> Office of life safety inspects physical setting (residential &amp; day settings)</li><li><input type="checkbox"/> TOA Certificate to RCS office and local 310 (Support Coordination) Agency</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Applicant contacts Regional Office to observe potential settings</li><li><input type="checkbox"/> Temporary Operating Authority (TOA) issued.</li><li><input type="checkbox"/> Provider on Free Choice of Provider List</li></ul> |
| <ul style="list-style-type: none"><li><input type="checkbox"/> RCS trains Provider on billing once selected for services</li><li><input type="checkbox"/> Monitoring: Advocacy, RCS , Support Coordination</li></ul>  | <ul style="list-style-type: none"><li><input type="checkbox"/> Certification reviews agency within 6 months of Provider's selection for services</li></ul>   |

## Fiscal Management

- ☐ May Be Subject To Audit Requirements
  - \*\$300,000 or more of DMH Funding
  - \*Compliance or governmental audit must be prepared by a CPA (Office of Internal Audit)#10
- ☐ Administrative Needs in Managing Contract
  - \*Financial Management
  - \*Who will perform critical functions?
  - \*Will you need to hire or contract for assistance?
- ☐ Record Keeping
  - \*Individual and financial records must be available upon request
  - \*Records must be maintained for five FISCAL years following the termination of the participant.
- ☐ Maintain inventory of supplies when funds are provided to purchase.
- ☐ **YOU are responsible for managing the financial well-being of your organization.**

## Billing Medicaid

### Training on ADIDIS

- Proper knowledge & documentation/records to support billing \*Recipient Signatures:  
While a recipient's signature is not required on individual claim forms, all providers must obtain a signature to be kept on file, (such as release form or sign in sheets ) as verification that the recipient was present on the date of service for which the provider seeks payment. Exceptions to the recipient signature are listed below: illiterate recipients may make their mark, for example, "X," witnessed by someone with his dated signature after the phrase "witnessed by ".
- A representative may sign for a recipient who is not competent to sign because of age, mental, or physical impairment.
- For services rendered in a licensed facility setting other than the provider's office, the recipient's signature on file in the Facility's record is acceptable: **NOTE The use of sign-in-sheets, as verification that the recipient was present on the date of service for which the provider seeks payment, is permissible under the Privacy Rule, but should be limited to the minimum necessary. For example, it should not have a column asking for "reason for visit." A Provider's sign-in-sheet may simply ask for the individual's name and nothing more.**
- Internal Controls-signatures by individual served, support personnel, and executive/administrative approval are some recommended best practices.

## Fiscal Management

\*Medicaid Provider Manual

## Important Documents to Review

- ADMH Administrative Codes, Chapter 580-5-30
- DD Operational Guideline Manual– Chapter 5 –Provider Requirements
- ADMH DD Division Assessment Tool for Certification Reviews
- ADMH Community Incident Prevention & Management System (IPMS)



Names are the sweetest and most important sound in any language.  
-Dale Carnegie-

Names have power.  
-Rick Riordan-

A name represents identity, a deep feeling, and holds tremendous significance to its owner.  
-Rachel Ingher-

Names are an important key to what a society values. Anthropologists recognizes naming as one of the chief methods for imposing order on perception.  
-David S. Slawson-

Integrity: A name is the blueprint of the thing we call character. You ask, what's in a name? I answer just about everything you do.  
-Morris Mandel-

Tigers die and leave their stripes; people die and leave their names.

The beginning of wisdom is to call things by their proper name.  
-Confucius-



**What Not To Use When Naming Your Organization!!!!**  
(This represents some, not all, words to avoid in the name)

Heavenly/Heaven's	Amazing	Angel/Angels
God's	Little	Big
Care	Helping	House of
Loving	Health	Emotions (Love, Joy)
Prayer	Promise	Keepers
Foods (Fruits, Deserts)	Church of	Religion
My	Our	Precious
"R" Word	Faith	Hope
Virtues (Goodness, Honor)	Body Parts (Arms, Hands, Heart)	



Subcontractors are those individuals or companies that are hired by a Provider that has been certified by the Office of Certification Administration (OCA). They may provide services that the Provider may not have the ability to provide due to the lack of staff or services.

Subcontractors fall under the leadership of the Provider (Organization) in that the subcontractor must also be compliant with the organizations policies and procedures, including knowledge of the Home and Community Based Settings Rule (HCBS). It is up to the organization to provide the subcontractor training as they would to an employee. The organization is responsible for submitting the bill for your services to Medicaid. When the organization is paid on the service, they will in turn give the subcontractor a percentage of the fee. The amount is usually agreed upon by the organization and the subcontractor.

## SUBCONTRACTORS

\*Medicaid Provider Manual

### ***DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES***



#### **Regional Community Services (RCS) Offices**

<b>Region I</b>	<b>Decatur</b>
<b>Region II</b>	<b>Tuscaloosa</b>
<b>Region III</b>	<b>Mobile</b>
<b>Region IV</b>	<b>Montgomery</b>
<b>Region V</b>	<b>Birmingham</b>

# Thank You

Questions, feel free to contact:

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