

New Provider Orientation

Home & Community Based Medicaid Waiver Services

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Alabama Department of Mental Health
Division of Developmental Disabilities

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 certain services (self-directed)
- Providing services before individuals are in crisis.

Services That Best Support People In Their Home & Community

- **Personal Care**-Assistance with any activity of daily living. For example, bathing, toileting, exercising, grooming, dressing, etc.
- **Community Day Services (non-facility day)**-None work related activities that are customized to the individual(s) desires to access & experience community participation. New skills can be acquired to become an active part of the community.
- **Employment Services**-Providing services and training activities that are in regular businesses, industries, & community settings for groups of individuals.

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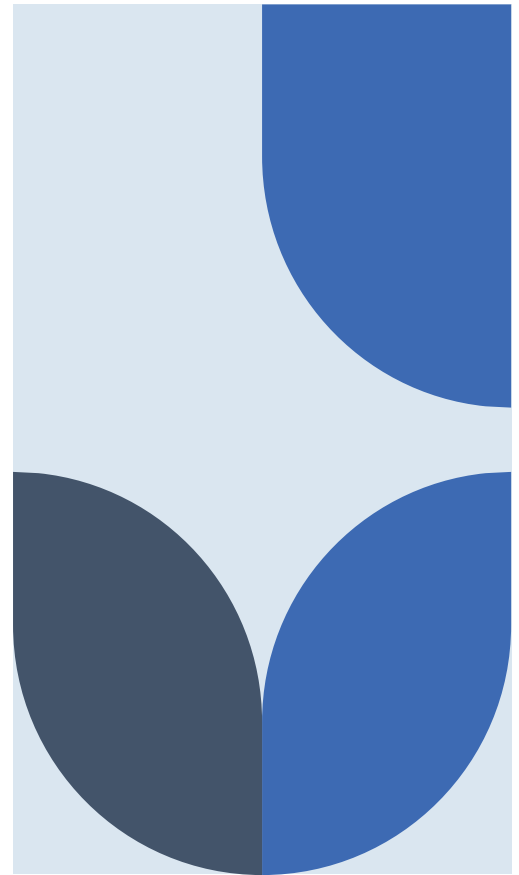
Services That Best Support People In Their Home & Community Continued....

- **Companion Services**-Non-medical care, supervision & socialization, such as meal preparation, laundry, shopping, etc. provided to a functionally impaired adult(s).
- **Community Experience**-None work related activities that are customized to the individual(s) desires to access & experience community participation.
- **Self-Directed Services-Non-medical Care**-A service delivery option in which the individual(s) who receives waiver services decides how, when, and from whom those services will be delivered.



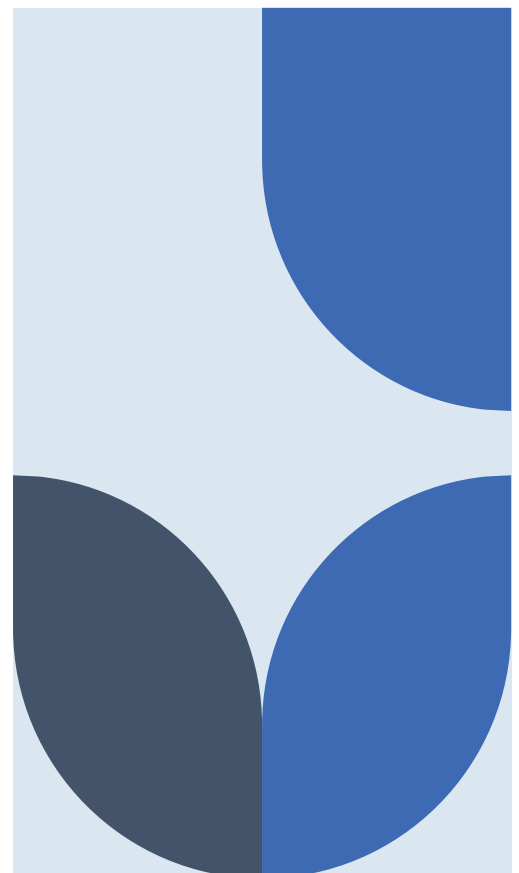
Services That Best Support People In Their Home & Community Continued....

- *Respite (in & out of home)*-A service provided in or outside of the family's home to temporarily relieve the unpaid primary caregiver. This offers a brief period of rest for the family.
- *Supported Living*-SLS include training and assistance in maintaining a home of one's own, not owned or controlled by any waiver service provider. SLS includes supports for maintaining home ownership, managing money, preparing meals, shopping, maintaining positive relationships, etc.



Services That Best Support People In Their Home & Community Continued....

- *Assistive Technology*-An item, piece of equipment (including any equipment not covered by Medicaid State Plan Services) service animal or product system used to increase, maintain, or improve functional capabilities of participants.
- *Remote Supports*-Services provided to recipients at their place of residence in real time by a remote support staff member. This is done by way of two-way communication.



Considerations for Applicants



- What will you do if no one chooses your group home?
- There is no time frame concerning how long it will take for an individual to select your 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 430 persons in 11 counties.

Mr. Donald McGraw, CWP Provider Network Manager, will provide an overview of this waiver later in the presentation.

- ❖ The current waiting list for all waivers is 1,607 individuals across the state.

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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.
- Individuals must have bank accounts in their name with access when they choose to do so, unless he/she is deemed unable to do so during the Person-Centered Planning meeting.

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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 must be integrated and support full access of individuals receiving Medicaid HCBS in the community.	<input type="checkbox"/> Individuals will have opportunities to seek employment and work in competitive integrated settings.
<input type="checkbox"/> Individuals must engage in community life.	<input type="checkbox"/> Individuals will receive services in the community to the same degree as individuals not receiving Medicaid HCBS.
<input type="checkbox"/> Individuals will control personal resources have full access to all monies that exceed the cost of basic needs. (if capable of doing so)	

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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.

Home and Community-Based Settings

- Rent charged must be comparable to the local market. [2023 Fair Market Rent in Alabama | RentData.org](#). **The rental amount must be a set monthly amount NOT a monthly percentage.**
- All utilities and services furnished by the residential provider must be included in the agreement.
- Providers will ensure individuals rights to privacy, dignity and respect, and freedom from coercion and restraint are met.
- Providers will not regiment an individual's initiative, autonomy, and independence in making life choices including, but not limited to, daily activities, physical environment, and with whom to interact.
- Providers will ensure individuals have a choice regarding services and supports and who provides them.

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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Examples of 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>

- Executive Director must have a Bachelor's degree from accredited institution in Human Services field**
- Executive Director must also have five years expertise/experience working with individuals with an intellectual disability. This is evidenced by a resume displaying experience working with the ID/DD population.**
- Independent Board of Directors/Executive Committee
- 90-day cash reserve operating expenses (determined by monthly budget X 3). This is evidenced by a bank statement in the company's name showing at least 3 times the amount of the monthly budget.

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.)

- \$1500 application fee due upon approval of application (cashier's check)
- Office of life safety inspects physical setting (residential & day settings)
- TOA Certificate to RCS office and local 310 (Support Coordination) Agency

- Applicant contacts Regional Office to observe potential settings
- Temporary Operating Authority (TOA) issued.
- Provider on Free Choice of Provider List

- RCS trains Provider on billing once selected for services
- Monitoring: Advocacy, RCS , Support Coordination

- Certification reviews agency within 6 months of Provider's selection for services

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 an important key to what a society values. Anthropologists recognizes names as one of the chief methods for imposing order on perception.

-David S. Slawson-

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-

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-



NAMING YOUR AGENCY

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

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.

*Medicaid Provider Manual

COMMUNITY WAIVER PROGRAM

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 donald.mcgraw@region3.mh.alabama.gov

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES



Regional Community Services (RCS) Offices

Region I	Decatur
Region II	Tuscaloosa
Region III	Mobile
Region IV	Montgomery
Region V	Birmingham



Thank You

Questions, feel free to contact:

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