

A.5.13. New Settings HCBS Compliance

Responsible Office: Community Services

Reference: DMH Administrative Code 580-3-23-.08 (1) & (7); ADMH Policy 550-001

Effective: Historical Practice

Revised: July 1, 2024

Purpose/Intent: Ensure that Settings that receive Waiver Funding must be and maintain HCBS Compliance

Definitions: Temporary Operating Authority (TOA), Regional Community Services (RCS), Alabama Medicaid Agency (AMA), 310 Authority for Targeted Support Coordination (TSC), Individual Experience Assessment (IEA), Support Coordination Services (SCS), Person-Centered Plan (PCP)

Procedures:

HCBS Settings Rule Compliance (MUST MEET 100% COMPLIANCE)

1. The **completed** HCBS Compliance Checklist is to be submitted via the Information Management System to the assigned Community Services Monitor within 15 days of receiving the TOA or replacement certificate, with the exception of the IEA.
2. Community Service Monitors will review the HCBS Compliance Checklist for the assigned setting in DDD IMS.
 - a. If the HCBS Compliance Checklist is incomplete or is not submitted by a Provider:
 - i. The Provider will be notified in writing of the need to immediately complete and submit the HCBS Compliance Checklist
 - ii. If no HCBS Compliance Checklist is submitted within 5 business days, a second letter will be generated for the Provider, outlining the contractual consequences of failure to comply with the HCBS Compliance mandate.
 - iii. If no HCBS Compliance Checklist is submitted by 90 days of issuance of the TOA, the TOA is revoked.
3. Community Services Monitors will make all necessary arrangements with the Provider to:
 - a. Review the required documentation that supports the Compliance Checklist.
 - b. Community Services Monitors will complete the HCBS Monitoring visit, enter the Monitoring Findings into DDD IMS, including findings requiring Provider action, and provide a copy of the report to the Provider within 10 days.
 - c. The Provider will have 10 business days to complete the HCBS Monitoring response providing methods and timeframes for resolving all findings for the setting demonstrating non-compliance or partial compliance with the HCBS Settings Rule.
 - d. Upon receipt, the Community Services Monitor reviews the HCBS Monitoring response to ensure that it adequately addresses all findings and then submits it to the CSD/designee.
 - i. If the HCBS Monitoring response does not address all non-compliant findings or does so inadequately, the Community Services Monitor provides that feedback to the Provider via email within 5 business days, copying the Community Services Director (CSD)/designee.

- ii. The Provider then has 5 business days from the date this feedback is delivered to correct the plan and re-submit.
 - iii. The Community Services Monitor will contact the Provider about the revised plan within 5 business days.
- e. If the Provider comprehensively resolves some findings prior to submission of the HCBS Monitoring response these findings must be reflected in the written Provider's response as resolved in the Corrective Action Plan with date and method of resolution, along with accompanying substantiating documentation.
 - f. If the Corrective Action Plan is not submitted, the Community Services Monitor will inform the Community Services Director/designee on the 11th day, and the CSD/designee will contact the Provider immediately to request submission.
 - g. In the event the HCBS Monitoring response is not submitted, OR documentation requested to substantiate specific compliance is needed for DDD approval and there has been no response from the provider, a certified letter informing the provider of the unresolved items, the need for additional substantiating information will be mailed requesting a response within 10 business days.
 - h. Once the HCBS Monitoring response is received and deemed complete by the Community Services Monitor, they will notify the CSD/designee that it is available for review.
 - i. The CSD/designee will review/approve the Provider HCBS Monitoring response within 5 business days of receipt of the completed plan.
 - j. If the Setting-HCBS Monitoring response is not submitted or is not accepted upon resubmission, within 90 business days of the issuance of the TOA/replacement certificate, it will be revoked.
4. Provider will have met all HCBS Settings Rule criteria, as applicable, prior to the Medicaid beneficiary's service date. Provider should have met all HCBS Settings Rule criteria, as applicable, prior to the Medicaid beneficiary's service date.
 5. After transition occurs, the Individual Support Coordinator's first three monthly contacts occurs face-to-face. One visit will occur within 55-65 days to complete the Individual Experience Assessment (IEA).
 6. The IEA must be completed by Support Coordination Services (SCS) between 55-65 days and make needed adjustments to the Medicaid beneficiary's Person-Centered Plan (PCP) as appropriate. SCS should provide a copy of the IEA to the provider's Regional Office (RO) Monitor and Support Coordination Liaison in the information and management system for HCBS Settings Compliance review. The RO monitor completes validation within 60 days of the provider completing the HCBS Compliance Checklist. The provider then has 30 days to make corrections that meet expectations for 100% compliance.
 7. At 90 days, if provider does not meet 100% compliance with the HCBS Settings Rule, the TOA/replacement setting certificate is withdrawn, and Emergency facilitation of CHOICE meetings begin.
 8. At 90 days, if provider meets 100% compliance with the HCBS Settings Rule, the TOA/replacement certificate remains in good standing.

9. Certification completes a review of the TOA setting before the end date of the 6-month certification; If the TOA is revoked, Certification will not proceed with the 6-month review.
 - a. For new provider, full review is conducted once an individual has been admitted before the end of the TOA.
 - b. For established provider, a review of the TOA setting is conducted once an individual has been admitted before the end of the TOA certificate date. If all qualifications are met, the setting is aligned with the agency's certification date.
10. HCBS Settings Rule compliance monitoring continues with 6-month monitoring visits.