A.5.2 Certifications

A.5.2.a Certification Status and Adding New Settings, Services, and/or Individuals

Responsible Office: Office of Quality and Planning/Certification

Reference: Administrative Code 580-3-23-. (08)(10); 580-5-30-. (03); Certification of Community Programs

Effective: Historical Practice

Revised: July 1, 2024

Statement: This process is a guide for community providers wanting to add new settings, new services, and/or individuals.

Purpose/Intent: To provide prospective and established providers with a clear process for applying for New Settings, New Services, and/or Individuals.

HCBS Waivers: ID, LAH

Definitions:

Home and Community Based Settings Rule (HCBS) – The Centers for Medicare and Medicaid Services (CMS) issued the HCBS Settings Rule to require that every state ensures services delivered to individuals with disabilities living in the community meet minimum standards for integration, access to community life, choice, autonomy, and other important protections.

Decertification- To withdraw or revoke the certification of certified providers, typically occurring when the provider fails to consistently meet standards, including but not limited to, the receipt of provisional certification status by a program at least twice within on 12-month period.

Temporary Operating Authority (TOA) – Once a provider's application is approved for a new setting or new service, the program is issued a letter of Temporary Authority by the ADMH/DDD Commissioner allowing it to operate for a period of up to 6 months.

Provisional Status is a temporary condition, usually a specified timeframe, given to providers to correct noncompliant deficits identified during a site review, which allows an agency to implement a quality improvement plan of action and bring the deficits back into compliance.

Replacement Setting – A setting used to replace a current ADMH/DDD certified setting.

Certified Findings Quality Improvement Plan of Action – the tool used to report deficiencies identified during the site review. It is also a Plan of Action created by Certification staff and implemented by the provider.

Office of Certification Administration – The Office that receives and processes all applications for services and supports at the Alabama Department of Mental Health.

Procedures:

I. NEW PROVIDER ENROLLMENT

A. NEW SETTING/NEW SERVICE

1. Prospective Providers completes Phase I and Phase II training, submits a complete application to ADMH Office of Certification Administration (OCA) within a year of attending orientation.

2. The Office of Certification receives the prospective provider application package with background check to the Office of Certification from OCA.
    a. If Know my Hire reports prospective provider meets requirements, application moves to next step.
    b. If Know my Hire reports prospective provider does not meet requirements, application is denied, and a notification is sent to the applicant.
3. The Office of Certification reviews prospective provider applications and approves the application package once all criteria are met. All required supporting documents must be submitted with the application. This applies to contractors and subcontractors.
    a. If The Office of Certification approves the prospective provider application, it is sent to the Office of Certification Administration (OCA) which notifies the provider that they need to submit the application for the *proposed setting*.
    b. If The Office of Certification denies the prospective provider application, after review, and/or after it is determined that the application package does not meet criteria, or the packet is returned to the applicant for additional information, the prospective provider has 3 opportunities to resubmit/update the information.
4. The Office of Certification Administration notifies the Regional Office of the approval to provide SERVICES, the receipt of the $1500, and the new provider status.
5. The provider agency submits an application for a '***proposed setting***' location to OCA and notifies the Regional Office that the setting needs to be reviewed.
6. The Office of Certification receives the Prospective provider's application for a setting, the Setting Review Form, and supporting documentation from the Office of Certification Administration **after** the Regional Director completes applicable documentation and provides an initial approval or denial recommendation.
7. The Office of Certification reviews the application and supporting documents for a final review and returns the documents to the OCA as follows:
    a. Approved for Certification: If for a **new Setting**, the application is approved for the TOA ***PENDING*** the Life Safety Inspection and the application is returned to the OCA.
    b. Approved for Certification: If for a **new Service**, the application is approved for the TOA. No Life Safety Inspection and the application is returned to the OCA.
    c. Not Approved for Certification: If for a new setting or new service, the application is not approved, a letter detailing the denial is returned to the OCA.
8. The Office of Certification awaits the completion of the Life Safety Review and receives the following recommendations:
    a. Setting passes: Life Safety review, documentation/application returned to OCA. OCA notifies the Office of Certification when the TOA is APPROVED by the ADMH/DDD Commissioner.
    b. Setting does not pass: Life Safety reviews, documentation/application remains in OCA. Life Safety gives the provider an opportunity to correct deficiencies. The provider has the option to acquire another property. If the provider choses to acquire new property, the new settings process starts over with the provider submitting a new proposed setting application to the OCA.

9. The Office of Certification assigns a service number and notifies the Office of Systems management (OSM), and the Regional Office so the (RO) can begin the HCBS/validation Settings Review process.

B. CERTIFICATION SITE REVIEW

1. The Certification Specialist schedules the TOA follow-up on-site review after the Regional Office validates that the provider agency has met all HCBS Setting Rule criteria, as applicable, prior to the Medicaid beneficiary service date and after the Support Coordination Services (SCS) has made any needed adjustments to the Medicaid beneficiary's Person -Centered Plan (PCP). The TOA certification will not occur until 30 days after the recipient has been in the setting and validation has occurred.
2. The Regional Office notifies the Office of Certification, at 90 days, if the provider does not meet 100% compliance with the HCBS Settings Rule, the TOA is withdrawn, and Emergency facilitation of CHOICE meetings begin. Certification will not proceed with the review of the TOA.
3. The Regional Office notifies the Office of Certification, at 90 days, if the provider meets 100% compliance with the HCBS Settings Rule, the TOA is validated and can proceed with the certification review.
4. The Certification Specialist contacts the provider agency and schedules a review of the TOA setting.
5. The Certification Specialist completes a review of the TOA setting (after the Regional Office validates HCBS compliance, after the Support Coordination adjusts the Person-Centered Plan) before the end date of the 6-month TOA.
6. The Certification Specialist will schedule an initial program site visit and/or administrative site review with the agency.
    a. For a new provider, the Certification Specialist conducts a full review once (according to the validation process) an individual has been admitted no earlier than 30 days after the individual has been in the setting and prior to the end of the TOA.
    b. All subsequent program site visits will occur in accordance with the period of temporary operating authority of certification renewal date and may be unannounced.
    c. All subsequent administrative reviews will be conducted in accordance with the period of temporary operating authority or certification renewal date with ADMH/DDD policies.
    d. If no services are provided in the setting at the end of the 6-month certification date, the TOA must be renewed. The provider must submit another application.

C. THE CERTIFICATION SPECIALIST WILL CONDUCT THE REVIEW AS FOLLOWS:

1. The Certification Specialist will, during site reviews with certified providers, review all applicable Factors including HCBS Compliance, Human Rights Committee, Safety or Quality Assurances/Quality Improvement System monitoring, or facilitation of individualized goals and objectives identified in the Person-Centered Plan. The purpose of this visit is to ensure that the actual experiences of Medicaid Waiver participants in the setting are fully consistent with all HCBS Final Rule requirements

to include, but not limited to full access to and integration in the community, autonomy, privacy, etc.

2. The Assessment Tool for Certification Reviews effective **July 2023 (**see attachment) will be used to score all certification reviews. All Direct Service and Support Coordination providers must meet 100% compliance with all HCBS requirements.
3. The Certification Specialist will assess to identify deficits of services regarding the provider agency as well as deficits regarding services that the Support Coordination Agency provides and calculate a score once all deficits have been identified.
4. The Certification Specialist will invite the following individuals (as applicable): Regional Community Service Director, the Support Coordination Agency Executive Director and/or designee, as well as the Support Coordination Liaison will be invited to attend the Closing meeting as well as other staff/leaders respective to the agency findings.
5. Citations relating to Positive Services and Supports that are cited in certification reviews will be included in the complete **Certification Findings Quality Improvement Plan of Action** (CFQIPA) (see attachment).

D. THE EXIT MEETING

1. At the closing meeting, the Certification Specialist will provide general feedback about the findings. However, HCBS compliance will be specifically assessed and discussed which includes person-centered planning and support coordination. Each certified provider will be informed of deficits specific to their agency.
2. Certification Specialist will inform the Community Service Director/designee, the Support Coordination ED/designee, the Support Coordination Liaison, and the provider agency of the deficits identified during the review that need to improve at the exit meeting.

E. REPORT FINDINGS

1. Certification Specialist will provide the complete Certification Findings Quality Improvement Plan of Action to the provider agency once all basic assurances, including HCBS, have been scored and identified in the findings report. The report will be written within 5 days of leaving the site review.
2. The Office of Certification will develop and implement the Certification Findings Quality Improvement Plan prompting the provider to review the findings and respond in agreement with the CFQIPA, indicate the dates technical assistance will be provided and by which staff within 5 business days of receipt of the plan. Providers must address ALL NON-HCBS Findings within 60 days of receiving the (CFQIPA). All HCBS Findings must be addressed in 30 days. Provisional status does not exceed 60 days.
3. The office of Provider Certification will notify the Director of Community Programs, the Community Services Director or designee, and the Quality Assurance Specialist of the provisional status (when applicable) as well as the identified need for technical assistance via email and track the status.

4. The Office of Provider Certification will email the Certification Findings Quality Improvement Plan of Action, when deficits are identified regarding Support Coordination, to the Director of Community Programs, the Community Services Director/designee, and the Director of Support Coordination, and the Executive Director of the Support Coordination Agency a copy of the final report as well as the identified need for technical assistance via email and track the status. Within 10 days.

II. PROCEDURES- EXISTING PROVIDER

A. NEW SETTING/NEW SERVICE

1. When a certified entity develops new programs or services covered by ADMH/DDD standards, ADMH/DDD must be informed of the plan in writing and adequate documentation as specified by ADMH/DDD must be submitted to permit a determination that the plans are compliant with Life Safety and/or programmatic standards established for that service/program. This plan also includes the number of beds/individuals the program is certified for.
2. The Office of Certification receives the Established provider's application for a setting, the Setting Review Form, and supporting documentation from the Office of Certification Administration after the Regional Director completes applicable documentation and provides an initial approval or denial recommendation.
3. The Office of Certification reviews the application and supporting documents for a final review and returns the documents to the OCA as follows:
   a. Approved for Certification: If for a **new Setting**, the application is approved for the TOA **PENDING** the Life Safety Inspection and the application is returned to the OCA.
   b. Approved for Certification: If for a new Service, the application is approved for the TOA. No Life Safety Inspection is required, and the application is returned to the OCA.
   c. Not Approved for Certification: If for a new setting or new service, the application is not approved, the application is forwarded to the DDD Associate Commissioner for review, a letter/memo detailing the denial to the OCA for a final determination by the ADMH DDD Commissioner.
4. The Office of Certification awaits the completion of the Life Safety Review and receives the following recommendations:
   a. Setting passes: Life Safety review, documentation/application returned to OCA. OCA informs the Office of Certification that the setting has passed.
   b. Setting does not pass: Life Safety reviews, documentation/application remains in OCA. Life Safety gives the provider an opportunity to correct deficiencies. The provider has the option to acquire another property. If the provider choses to acquire new property, the new settings process starts over with the provider submitting a new proposed setting application to the OCA.
5. The Office of Certification receives notification from OCA that the ADMH/DDD Commissioner has APPROVED the TOA. The notification specifies the number of individuals the provider is approved to serve.

6. The Office of Certification assigns a service number and notifies the Office of Systems management (OSM), and the Regional Office so the (RO) can begin the HCBS/validation settings review process.

B. CERTIFICATION REVIEW PROCESS

1. The Certification Specialist schedules the TOA review after the Regional Office validates that the provider agency has met all HCBS Setting Rule criteria, as applicable, prior to the Medicaid beneficiary service date and after the Support Coordination Services (SCS) has made any needed adjustments to the Medicaid beneficiary's Person -Centered Plan (PCP). The TOA review occurs no earlier than 30 days after the recipient has been in the setting.
2. The Regional Office notifies the Office of Certification, at 90 days, if the provider does not meet 100% compliance with the HCBS Settings Rule, the TOA is withdrawn, and Emergency facilitation of CHOICE meetings begin. Certification will not proceed with the review of the TOA.
3. The Regional Office notifies the Office of Certification, at 90 days, if the provider meets 100% compliance with the HCBS Settings Rule, the TOA is validated and can proceed with the follow-up on-site certification review.
4. The Certification Specialist contacts the provider agency and schedules a review of the TOA setting.
5. The Certification Specialist completes a review of the TOA setting (after the Regional Office validates HCBS compliance, after the Support Coordination adjusts the Person-Centered Plan) before the end date of the 6-month certificate.
    a. For established providers, the Certification Specialist conducts a review of the TOA setting once an individual has been admitted no earlier than 30 days after the individual has been in the setting prior to the end of the TOA. If all qualifications are met, **the setting is aligned with the agency's certification date.**
    b. The Certification Specialist will, during site reviews with certified providers, review all applicable Factors including HCBS Compliance, Human Rights Committee, Safety or Quality Assurances/Quality Improvement System monitoring, or facilitation of individualized goals and objectives identified in the Person-Centered Plan.
    c. The TOA Checklist (see attachment) will be used to assess HCBS settings compliance/Health and Welfare; Qualified staff (Nurse and QDDP)/BSPs/Psychotropic Medication Plans.
        i. If for new service, the provider agency is approved, the service aligns with the program's provided services and certification cycle.
        ii. If for new setting, the provider agency is approved, the setting is aligned with the program's certification cycle.
    d. All subsequent program site visits will occur in accordance with the period of temporary operating authority of certification renewal date and may be unannounced.

e. All subsequent administrative reviews will be conducted in accordance with the period of temporary operating authority or certification renewal date with ADMH/DDD policies.
f. If no services are provided in the setting at the end of the 6-month certification date, the TOA must be renewed. The provider agency must submit an application 60 days prior to the expiration of the TOA.

III. PROCEDURES- CERTIFIED PROVIDER

A. NEW INDIVIDUALS

1. The Office of Certification receives the Established provider's application for **service modification and/or expansion/ bed increase.**
   a. The Office of Certification, Planning & Quality Assurance Specialist II, reviews the application and supporting documents for an initial review and forwards the documents to the Director of Certification who forwards the documents to the OCA as follows:
      i. Approved for Life Safety: If for a **new individual (bed increase)**, the application is approved for changing the current certificate and the application is returned to the OCA.
      ii. Not Approved for Life safety: If for a **new individual (bed increase)**, the application is not approved, the application is forwarded to the DDD Associate Commissioner for review, a letter/memo detailing the denial is returned to the OCA for a final determination by the ADMH DDD Commissioner.
   b. The Office of Certification, Planning & Quality Assurance Specialist II, awaits the completion of the Life Safety Review and receives the following recommendations:
      i. Bed Increase of the setting passes: Life Safety review, documentation/application returned to OCA. OCA notifies the Office of Certification When the change is APPROVED by the ADMH/DDD Commissioner.
      ii. The program receives a New Certificate and OCA notifies the provider and the Office of Certification of the Approval/change.
      iii. The Planning & Quality Assurance Specialist II notifies the regional office. Setting does not pass: Life Safety reviews, documentation/application remains in OCA. Life Safety gives the provider an opportunity to correct deficiencies. The provider has the option to repair and/or make identified changes to the property.
2. When a provider is in Provisional Status, said provider is refrained from the following:
   a. Receive referrals for individuals to serve nor accept new individuals.
   b. Add a new setting.
   c. Add a new service.
3. When a provider's provisional status is removed, ADMH-DDD will only approve a 'replacement' setting if it meets all normal requirements meaning compliance with ADMH/DDD standards, basic assurances, HCBS federal setting's rule, Life Safety etc.
4. ADMH/DDD will not approve additional settings or services, following a provisional certification, until the provider successfully completes two regular (Full programmatic)

certification reviews meaning the next certification review cannot receive another provisional and the one after that cannot receive another provisional.

5. Final determination on whether a setting is approved is made by the Office of Certification in Montgomery. Regional Offices and Support Coordination should, however, confirm the provider is in the appropriate certification status in order to add new settings, new services, and/or receive individuals to serve prior to visiting a proposed setting and/or referring someone to a setting for services.