

B.5.1 Provider Recruitment

Responsible Office: Certification; Quality & Planning; Community Waiver Program

Reference: 42 CFR § 441.301(c)4-5; OG B5.5. New Settings HCBS Compliance

Effective: Historical Practice

Revised: July 1, 2024

Statement: The CWP is designed to foster and sustain community living, integration/participation and participation in integrated employment in the community. The CWP is designed to promote and create innovative supports for individuals receiving CWP services. Providers are recruited and initially credentialed based on an RFP process, meeting minimum qualifications as outlined in the approved CWP waiver applications, HCBS Settings Rule standards and obtaining at least a minimum score on preferred provider qualifications (PPQs).

Purpose/Intent: To implement a recruitment and credentialing process in which the highest performing service providers seeking to become CWP providers are selected and enrolled.

HCBS Waivers: CWP

Definitions: CWP (Community Waiver Program); PPQ (Preferred Provider Qualifications); P&Q (Planning & Quality Assurance Specialist); ADMH/DDD (Alabama Department of Mental Health/Division of Developmental Disability); HCBS (Home and Community-Based Services); Request for Proposal (RFP); Intellectual Disability (ID); Living at Home (LAH); Continuous Quality Improvement (CQI); Temporary Operating Agreement (TOA).

Procedures:

1. CWP Provider Recruitment Process

- a. Providers are typically selected through an RFP process when additional provider capacity is needed. Potential Providers must respond to the RFP requesting services.

Eligibility to respond to the RFP includes:

Certified Community Providers in good standing with the Division of Developmental Disabilities. "In good standing" means a provider that has not been placed on Provisional status in the past 24 months and that has no substantiated findings of abuse, neglect, mistreatment, or exploitation within the past 12 months.

AND

Other Experienced Providers of community services not yet certified or credentialed by the Division of Developmental Disabilities, who can submit sufficient information supporting their experience, ability, and capacity to provide the services sought through the RFP and who indicate in their response a commitment to achieve CWP Credentialing through ADMH's Division of Developmental Disabilities.

"Other Experienced Providers" does not include providers who have been previously decertified by ADMH or who have relinquished their Certification during a decertification process.

- b. The RFP will be released via USPS, ADMH Website, STAARS Website, and newspaper ads.
- c. After the RFP release potential providers may submit RFP questions or requests for clarification per the deadline stated in the RFP. After the deadline to submit RFP Questions the RFP Q&A will be posted on the ADMH Website.
- d. As part of RFP scoring process, only those providers responding to the RFP that are

determined to meet the Preferred Provider Qualifications (PPQs) by scoring a minimum of 12 on these qualifications (with points earned in at least three of the five areas) can be considered for selection. *Note: achieving this PPQ score is just one element in determining overall score on RFP response.*

- e. As part of the RFP process, providers are selected based on intent to meet the specific need(s) for additional provider network capacity and the amount of additional capacity that is needed, as determined by ADMH. Providers meeting PPQs and scoring the highest are approved first.
 - i. Of those providers not selected, the provider meeting the PPQs, and scoring the highest will be placed on a stand-by list. Stand-by providers will have first priority for selection when additional provider capacity is needed. ADMH will maintain at least one stand-by provider for each CWP service in each region.
- f. Providers selected through the RFP process are formally notified by ADMH. Notification of selection status will be sent by USPS.
- g. Some providers may be added to the CWP provider network after the first two years of the program operation, outside of the above RFP process, as part of accompanying an ID or LAH waiver participant choosing to voluntarily transition to the CWP unless there is an administrative exception for health and safety as reviewed by the Special Review Team.

2. CWP Process for New Providers

- a. Providers selected for enrollment with the CWP will attend a Provider Orientation training session for CWP Credentialing.
- b. Providers selected, if new, will pay \$1,500 application fee for CWP Credentialing and must also submit an application for CWP Credentialing. **The application fee is waived for the period of the CWP demonstration.** Note: A provider only needs to pay the application fee the first time it is credentialed for the CWP. The provider can be recredentialed when required at no additional cost and may add services or counties of service to their CWP contract at any time, at no additional cost, subject to meeting Credentialing requirements for those services.
- c. Review of the provider application and RFP response is conducted by the RFP Selection Committee. The Provider Network Manager confirms, through this review, that provider meets all necessary requirements and documents this confirmation prior to submitting to the Office of Certification (OCA).
 - i. All new CWP providers must meet the minimum qualifications as outlined in the approved CWP waiver applications, HCBS Settings Rule standards and verifying the minimum score required on PPQs.
 - 1. For providers responding to any RFP, the response must contain evidence to confirm the provider meets all of these requirements.

2. For providers accompanying an ID or LAH waiver participant choosing to voluntarily transition to the CWP, ADMH will require the submission of the same evidence that is required in an RFP response.
- d. For providers using provider-owned or controlled residential settings for Community-Based Residential Services and/or out-of-home Breaks and Opportunities services, two things must occur:
 - i. The provider must submit a completed HCBS Settings Compliance Checklists via the Information Management System to the assigned Community Service Monitor within 15 days of receiving the TOA or replacement certificate with the exception of the IEA. Compliance. (See OG: New Setting HCBS Compliance)
 - ii. Once the HCBS monitoring response is received and deemed complete by the Community Services Montior, they will notify the CSD/designee that the setting is available for review.
 - iii. he Office of Life Safety and Technical Services must visit the physical setting(s) to be utilized, if the setting(s) has not already passed inspection by this Office. The setting(s) must pass this inspection in order to be used for CWP service delivery and in order for the Office of Certification Administration to issue a 6-month Temporary Operating Authority (TOA). If specific setting(s) to be used are not known or identified at the time a TOA is sought, the TOA can be issued. However, any provider owned or controlled residential setting subsequently identified to be used to serve a CWP participant must meet all HCBS Settings Rule standards and pass inspection by the Office of Life Safety and Technical Services before CWP services can be delivered in that setting.
 - e. After 2a through 2c (and 2d if applicable) is completed, the Provider Network Manager sends the completed Request for Credentialing form to the Office of Certification Administration. The request will verify an application has been received and all requirements for TOA have been met through evidence submitted in response to the RFP and contained in the application. The Request may include additional service(s) and county(ies) that were not included in the proposal submitted for the RFP process, if the provider wishes to add these services and/or counties and ADMH confirms both the need for additional provider capacity exists, and the provider meets the requirements for Credentialing of the additional service(s).
 - i. In order for the Office of Certification Administration to issue the TOA for a new provider, ADMH will conduct a background check on the chief executive. The clear background check on the chief executive must be received in order for the provider to be issued a TOA by the Office of Certification Administration.
 - ii. While the background check is being done, the Provider Network Manager will send the provider the Provider Agreement and Disclosures for DD Systems Management. The provider must complete and return these forms in order to be enrolled in the DDD IMS and receive a Medicaid number for billing.

- f. The Office of Certification Administration will issue a 6-month Temporary Operating Authority (TOA).
- g. DDD IT staff will notify Medicaid of need to verify no past fraud and issue a provider number.
- h. Medicaid will verify no past fraud and issue a provider number.
- i. ADMH Information Systems enrolls the provider in the DDD IMS.
- j. If necessary, providers may back bill to start date(s) of any authorized services.
- k. Based on the service(s) the provider is approved for, the provider will be expected to identify appropriate program manager(s) to participate in additional training about the service(s) requirements and expectations.
- l. If the TOA expires before the provider begins serving CWP enrollees, or before the full initial Credentialing process is completed, the Provider Network Manager can request from the Office of Credentialing Administration an extension of the TOA for an additional six months. Requests for additional extensions can be made if needed.

Note: [Provider Certification Forms](#)