

B.5.4. CWP Initial Credentialing and Re-Credentialing Processes

Responsible Office: Office of Quality & Planning

Reference: 42 CFR § 441.301(c)4-5, ADMH Administrative Code 580-3-23-.08 (1) & (7); ADMH Policy 550-001, Operational Guideline New Settings HCBS Compliance

Effective: Historical Practice

Revised: July 1, 2024

Purpose/Intent: To implement an ongoing provider credentialing process where CWP providers consistently maintain minimum compliance while also looking to improve their expertise and quality of service delivery to achieve performance beyond basic compliance. To effectively utilize data tracking to assist providers with these goals, resulting in demonstrated quality service provision individualized to each CWP participant served.

HCBS Waivers: CWP

Definitions: Community Waiver Program (CWP); Planning & Quality Assurance Specialist (P&Q); Alabama Department of Mental Health/Division of Developmental Disability (ADMH/DDD); Intellectual Disability (ID); Living at Home (LAH); Continuous Quality Improvement (CQI)

Procedures:

1. CWP Credentialing and Continuous Quality Improvement Process

- a. The CQI and Credentialing Process begins within 6 months of a provider agency actively providing services to a Person. During the TOA period, the Provider Network Manager will address any barriers within the Provider Recruitment Process for the provider to begin service provision.
- b. Ongoing credentialing, necessary for the provider to continue in the CWP network, occurs through monthly visits, conducted both virtually and in-person, by ADMH/DDD CWP P&Q Specialist. *(See Attachment A: Credentialing Schedule of Annual Cycle Activities)*
- c. The goal of the monthly visits is to meet with CWP providers, people receiving CWP services, their families/guardians/supports, and provider staff to assess performance of both compliance and quality indicators specific to each CWP service they are providing.
- d. Initial HCBS Compliance will be addressed through Regional Office Monitor via the HCBS Compliance Checklist as referenced in New Settings HCBS Compliance OG.
- e. Ongoing HCBS Compliance will be addressed as referenced in Provider Operational Guideline Manual Chapter 5, Section 5; included in references above. Additional oversight will be addressed through the Values Visit Workbook indicators - 2.11-2.15, 4.2, 4.7-4.8, 9.2 b)-9.2 d), and the Administrative Functions Visit Workbook indicators – 4.10-4.11.
- f. The visits also focus on determining CWP participants' satisfaction with services received and working collaboratively with the provider to identify opportunities for further quality improvement, including any technical assistance that could be provided by the CWP P&Q Specialist.
- g. Each monthly credentialing visit will focus on specific compliance and quality requirements for credentialing and include a review of the provider's alignment with those requirements. P&Q staff and providers will consider each requirement, and evidence of policy/practice consistent

with each requirement, utilizing a digital tool via a private Microsoft Teams channel, specific for each provider agency.

- h. Rather than a once per year visit, this credentialing process is designed to be an ongoing, monthly process, during which the provider will be considered a credentialed CWP provider as long as they continue to be in alignment, and/or be actively engaged in the process of coming into alignment with the CWP provider requirements based off the Scopes of Services and moving toward ever-increasing excellence.
- i. For any areas found not to be in alignment with compliance and/or quality indicators during the credentialing process, the P&Q Specialist will support the provider to design a plan to bring areas identified into alignment. Each "Plan of Alignment" will document what the provider will do and how ADMH/DDD will support those activities, as well as determine when they will be satisfactorily completed.
- j. For alignment needed to meet compliance indicators, the satisfactory completion of the Plan of Alignment must occur by the deadline agreed upon during the documentation review visit, to ensure the provider can maintain their "Good Standing" status.
- k. For alignment needed to increase quality, a Plan(s) of Excellence for the year will be developed collaboratively by the P&Q Specialist and the provider. All providers will be required to have at least one Plan of Excellence focused on increasing quality in each year of the Credentialing cycle.
- l. The overall process is designed to be an ongoing, continuous quality improvement process during which the provider will continue to be considered a credentialed CWP provider.
- m. If at any time ADMH/DDD determines that a provider is not participating in this process, which is defined as not actively participating in monthly visits, not providing necessary documentation or access to settings, individuals served and/or staff, not timely completing required Plans of Alignment, and/or not providing adequate evidence of their alignment, ADMH/DDD will initiate the Remediation Plan (*Attachment B*) processes outlined in the Credentialing Guide.
- n. At the end of the Credentialing Year, the P&Q staff will review the Final Report with the Provider to address areas of success and barriers for the next Credentialing cycle.

2. Credentialing Tool

- a. The provider will complete the Credentialing Tool for each service that the provider is actively serving CWP participant(s).
- b. The P&Q Specialist will review provided evidence as it relates to each compliance and quality performance indicator and document alignment with each indicator.
- c. The P&Q Specialist will note whether the evidence shows the following:
 - i. The provider meets the performance indicator.
 - ii. The provider exceeds the performance indicator.

- iii. Action required by the provider to address lack of full alignment with the performance indicator.
- d. If the provider is not in agreement with the outcomes of the review the provider can complete a written request for a secondary review to be conducted by the CWP P&Q Lead and/or designee. A final decision will be provided to the Agency within 5 business days.
- e. For each compliance and quality performance indicator requiring action, a Plan of Alignment will be developed between the P&Q Staff and Provider Agency during the documentation review meeting.
- f. At least one Plan of Excellence must be developed and adopted each year to improve Provider's practices for Quality assurance with services. New plans of Excellence will be developed at the completion of every Credentialing Cycle.

Attachment A: Credentialing Schedule of Annual Cycle Activities

Schedule of Annual Cycle Activities

Getting Started

Month One – Onsite Visit

- Laying the Foundation (Year One)
- Offsite P&Q Preparation (Subsequent Years)

Month Two – Onsite Visit

- Targeted Conversations with people served and Focus Groups with staff
- Focus - Staffing

Month Three – Virtual Visit

- Review and documentation of evidence of performance indicators
- Focus – Staffing

Month Four – Onsite Visit

- Targeted Conversations with people served and Focus Groups with staff
- Focus – Communication

Month Five – Virtual Visit

- Review and documentation of evidence of performance indicators
- Focus – Communication

Month Six – Onsite Visit

- Targeted Conversations with people served and Focus Groups with staff
- Focus – Values

Month Seven – Virtual Visit

- Review and documentation of evidence of performance indicators
- Focus – Values (start)

Month Eight – Virtual Visit

- Review and documentation of evidence of performance indicators
- Focus – Values (finish)

Month Nine – Onsite Visit

Targeted Conversations with people served and Focus Groups with staff
Focus – Administrative Functions

Month Ten – Virtual Visit

Review and documentation of evidence of performance indicators
Focus – Administrative Functions

Month Eleven – Offsite

Wrapping up Plans for Alignment and Excellence
P&Q staff preparing final report

Month Twelve – Onsite

Review, Celebration, Planning for Next Year

Attachment B: Remediation Plan**Remediation Plans**

The remediation process will be initiated at such time that Quality Enhancement staff determine that the provider has not made progress toward alignment even after the Quality Enhancement staff have made documented efforts to support the provider to complete their Plans for Alignment. The provider will be considered in jeopardy of losing their “Good Standing” status when the remediation plan is initiated.

The remediation process includes:

1. The P&Q staff will submit a remediation plan to the P&Q lead and/or designee and the CWP Director, for a provider in jeopardy of losing their “Good Standing” status.
 - a. The remediation plan will include details as to why the provider is in jeopardy of losing their good standing status, and the specific plans of alignment that need resolution with proposed remediation timelines for completion.
2. P&Q lead and/or designee and the CWP Director will review the remediation plan and recommend to either approve the remediation plan or request adjustments that need to be made before submission to the agency.
 - a. If approved, P&Q staff should follow next steps.
 - b. If adjustments are noted, P&Q staff will submit revisions to P&Q lead and CWP Director within 3 business days for review.
3. Upon approval of the recommendation, the P&Q staff will provide immediate feedback via email with a read receipt to the provider agency regarding the remediation plan for completion within the timelines provided. If no response has been received, P&Q will follow-up via phone call.
4. If the provider completes the plan within the remediation timelines, they will no longer be in jeopardy of losing their “Good Standing” status.
5. If the provider does NOT complete the remediation plan within the timeline provided, P&Q staff will notify the and CWP Director for review and recommend revocation of the provider’s credentials. The provider network manager will be notified of the provider’s status.
 - a. If the CWP Director recommends revoking the providers credentials, continue to step 6.

- b. If the CWP Director does not recommend revoking the providers credentials, they may request additional documentation or a repeat of step 2-3.
- 6. The CWP Director will present the recommendation for revoking a provider's credentials to the Associate Commissioner for final review and approval.
 - a. If approved, CWP Director will notify Provider Network Manager.
 - b. Provider Network Manager will be responsible for notifying the Provider Agency, Appropriate Regional Office Director (CSD), Office of Certification and CWP Support Coordinator Director.

Disputing Performance Alignment Decisions

In the event a provider disagrees with a Quality Enhancement staff's determination that a performance indicator is not in alignment, the Quality Enhancement staff will check with the provider to determine if there is any further evidence that the provider might have that would provide insight as to whether the indicator is or is not in alignment.

If there is no further evidence or the available evidence does not resolve the disagreement. The Quality Enhancement staff will involve at least one additional Quality Enhancement staff to conduct a blind review of the evidence and render a decision. If the provider is still not satisfied, they may appeal to AMDH.