

New Provider Orientation

Home & Community Based Medicaid Waiver Services

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Alabama Department of Mental Health

Division of Developmental Disabilities

October 24, 2024

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-DDD Operates Three Waivers

1. Living at Home Waiver (LAH) currently serves approximately 520 persons in all 67 counties.

2. Intellectual Disabilities Waiver (ID) currently serves approximately 4,395 persons in all 67 counties.

3. Community Waiver Program (CWP), a demonstration waiver, which currently serves approximately 430 persons in 11 counties.

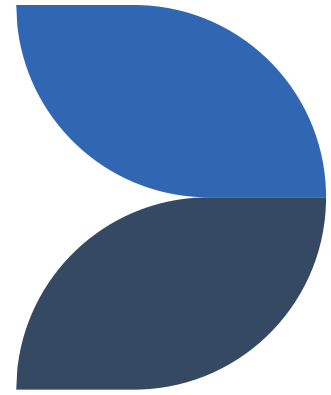
Mr. Donald McGraw, CWP Provider Network Manager, will provide an overview of this waiver later in the presentation.

The current waiting list total for all three waivers is 1544.

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



Services That Best Support People In Their Home & Community

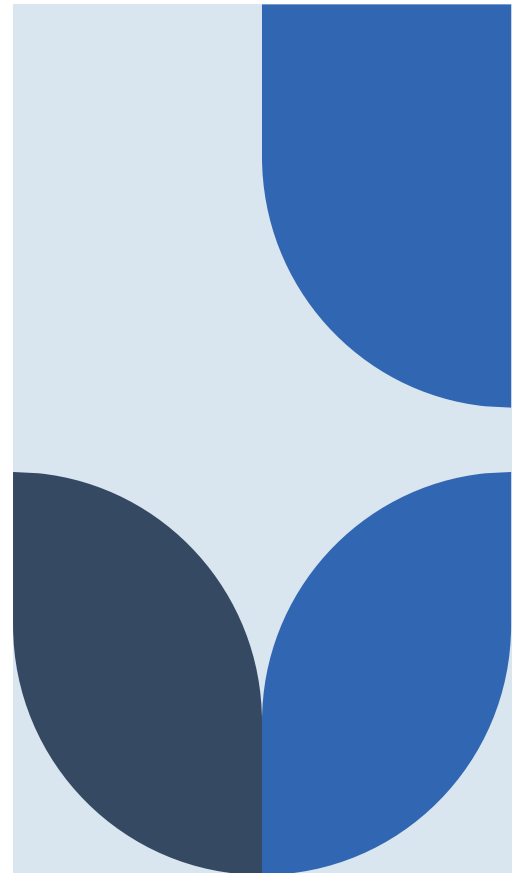


- ❖ **Personal Care**-Assistance with any activity of daily living. For example, bathing, toileting, exercising, grooming, dressing, etc.
- ❖ **Community Day Services (non-facility day)**-None work related activities that are customized to the individual(s) desires to access & experience community participation. 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.



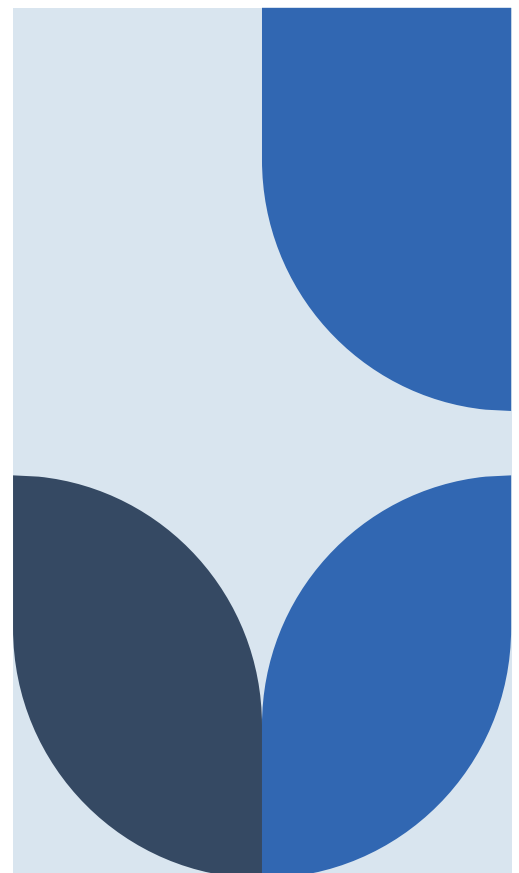
Services That Best Support People In Their Home & Community

- **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.
- **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.



Services That Best Support People In Their Home & Community

- **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.
- **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.



Overview of Residential Services and Day Habilitation

Residential Services:

Care/Supervision

Skill training in individual's residents or in a certified community setting.

Day Habilitation:

Planning, training, and support to increase independent functioning.

Building skills to influence changes in behavior.

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Needed ID and LAH HCBS Waiver Services...

- Crisis Intervention
- Day Habilitation, Community Based
- Employment
- Job Developer
- Job Coach
- Out of Home Respite
- Personal Care
- Behavior Supports
- Nursing

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Food for Thought



- ❖ What will you do if no one chooses your group home/agency?
- ❖ There is no time frame concerning how long it will take for an individual to select your home.
- ❖ Since 2020, 19 Facility-based day services have permanently closed. Many closed due to COVID-19 and have remained closed.

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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

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)

<ul style="list-style-type: none">❖ The setting must be integrated and support full access of individuals receiving Medicaid HCBS in the community.	<ul style="list-style-type: none">❖ Individuals will have opportunities to seek employment and work in competitive integrated settings.❖ Individuals must engage in community life.
<ul style="list-style-type: none">❖ Individuals will control personal resources have full access to all monies that exceed the cost of basic needs. (if capable of doing so)	<ul style="list-style-type: none">❖ Individuals will receive services in the community to the same degree as individuals not receiving Medicaid HCBS.

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

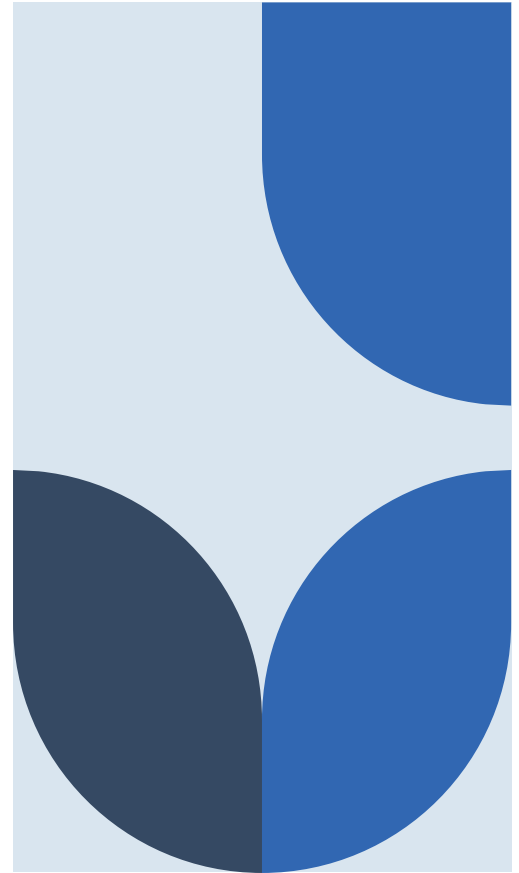
- ❖ Rent charged must be comparable to the local market. [2024 Fair Market Rent in Alabama | RentData.org](#). **The rental amount must be a set monthly amount NOT a monthly percentage.**
- ❖ All utilities and services furnished by the residential provider must be included in the agreement.
- ❖ Providers 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-NEGOTIABLE HCBS REQUIREMENTS

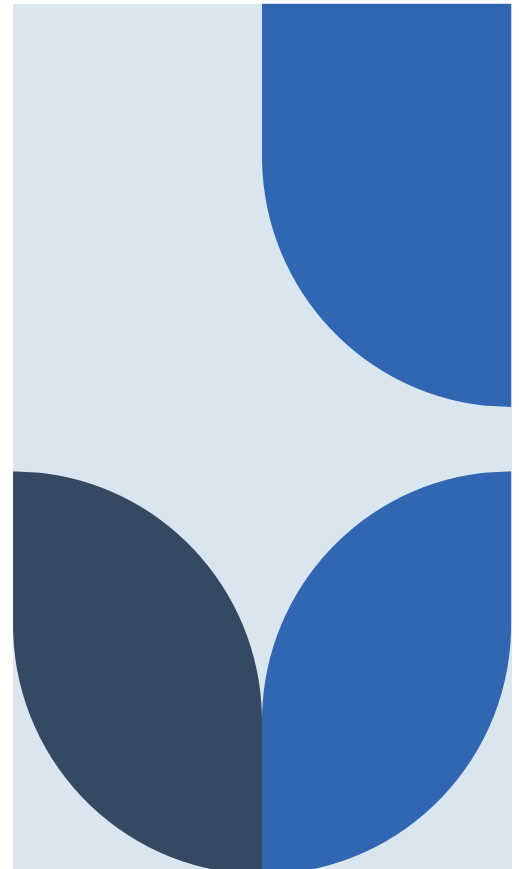


- ❖ Each participant has privacy in their sleeping or living unit.
- ❖ Units have lockable entrance doors by the individual.
- ❖ If more than one bedroom, each bedroom should be considered a unit, and tenant should have a key to their lockable door.
- ❖ Individuals sharing units have a choice of roommates 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.



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.



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

Ensure	State must ensure , through person centered planning, the setting is selected by the individual from an array of setting options.
Setting	Setting options offered must include non-disabled specific settings.
Be	The setting options offered must be identified and documented in the Person-Centered Plan (PCP).

Examples of settings that are Not Home and Community-Based and 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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Provider Requirements

- ❖ Must have an Independent Board of Directors/Executive Committee.
- ❖ Must have a 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.
- ❖ Committee Access - Human Rights Committee (HRC), Behavioral Program Review Committee (BPRC), Incident Program Management Systems (IPMS).
- ❖ *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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Provider Requirements

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>

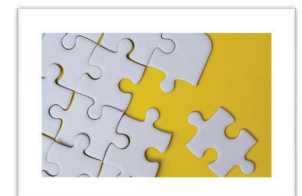
PERSONNEL REQUIREMENTS

- ❖ Must have an **Executive Director** that has a Bachelor's degree from an accredited institution in Human Services field. The 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.
- ❖ Must have a **Qualified Developmental Disabilities Professional (QDDP)** that is a Doctor of Medicine or Osteopathy, registered nurse, or have a bachelor degree in a human service field or a bachelor's degree with 12 hours course credit in a human service field. In addition, one year of experience working with individuals with an intellectual disability is required. This is evidenced by a resume displaying experience working with the ID/DD population. In addition, the person filling the role of QDDP must complete the Alabama Qualified Developmental Disabilities Professional Training. The training may be completed by clicking on the following link <https://c-q-l.org/ALtraining>.
- ❖ The password for each video module is **AL video** (one word - case sensitive). The password for handouts associated with modules is **AL handout** (one word - case sensitive).
- ❖ Must have a **Licensed LPN/RN** which is based on federal and state laws, as well as regulations and rules established by the Alabama Board of Nursing.



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.



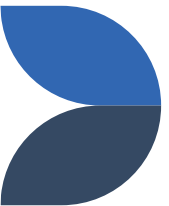
Application/Approval Process

Reasons for Disqualification of Application

- ❖ Presence On the Medicaid exclusion list, OIG DUNS and/or SAM 's websites
- ❖ Previously Decertified
- ❖ Medicaid fraud
- ❖ Inappropriate name for organization (Can reapply with favorable name).



Application/Approval Process



1. \$1500 application fee due upon approval of application packet (cashier's check).
2. Provider Application is sent to the Regional Office.
3. The Regional Office contacts the provider to schedule a site visit.
4. The Office of life safety inspects physical setting (residential & day settings).
5. A Temporary Operating Authority (TOA) is issued. (Duration is 6 months!)
6. TOA Certificate is sent to RCS office and local 310 (Support Coordination) Agency.
7. The provider is added to the Free Choice of Provider List.
8. The Regional Community Services (RCS) trains Provider on billing once selected for services.
9. Monitoring: Advocacy, RCS, Support Coordination.
10. Certification reviews agency within 6 months of Provider's selection for services.

❖ A TOA Does NOT guarantee a contract with ADMH

❖ A TOA means you are ONLY Licensed to do business with ADMH



FISCAL MANAGEMENT Billing Medicaid Training on ADIDIS



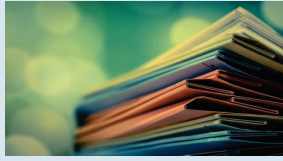
- Proper knowledge & documentation/records to support billing
- Recipient Signatures:
 - While a recipient's signature is not required on individual claim forms, all providers must obtain a signature to be kept on file, (such as release form or sign in sheets) as verification that the recipient was present 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.
 - **YOU are responsible for managing the financial well-being of your organization.**
 - Maintain inventory of supplies when funds are provided to purchase.
 - Records must be maintained for **five FISCAL years** following the termination of the participant.
 - Individual and financial records must be available upon request.
- Compliance or governmental audit must be prepared by a CPA (Office of Internal Audit)#10

Managing Individual's Funds

- The providers must keep receipts, ledgers, and develop a system to track funds.
- The provider must provide financial statement/ updated ledger to beneficiary at least quarterly.
- The 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.



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)
- HCBS Settings Compliance Checklists
- **It is imperative that you, as the provider, are well versed in the documents listed above.**
- *****A link to download these documents was provided to all participants in the Zoom Phase 2 orientation invitation.*****

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Composition of Policies/Procedures

*** Please submit each policy below as a standalone document ***

Basic Assurances

- ❖ Use the Assessment Tool for Certification Reviews, Factors One – Nine, to compose this policy.
- ❖ Listed under each factor, are indicators and probes.
- ❖ You will use this information to create your Basic Assurances policy.

HCBS Policy

- ❖ Use the HCBS Settings Compliance Checklists to compose this policy.
- ❖ This policy will include 16 Checklist.
- ❖ Listed under each Checklists is a section titled “What This Looks Like in Practice.” Use the provided language to compose your agency’s HCBS policy.

Quality Improvement Plan

- ❖ Use Factor Ten, in the Assessment Tool for Certification Reviews, to compose this policy.
- ❖ Listed under this factor, are indicators and probes.
- ❖ You will use this information to compose your Quality Improvement Plan.

Composition of Policies/Procedures

Incident Prevention & Management System (IPMS)

- ❖ Print the IPMS manual and include your policies and procedures.
- ❖ This manual consist of eight sections.
- ❖ Be sure to read and familiarize yourself with this manual.

Staff Training

- ❖ Use the Assessment Tool for Certification Reviews, Factor Seven, to compose this policy.
- ❖ Listed under this factor, are all required staff trainings.

Organizational Chart Example

Owner	Insert Name
Executive Director	Insert Name
QIDP	Insert Name
MAS Nurse (LPN/RN)	Insert Name
Direct Support Staff	TBD (To Be Determined)
Human Resources	Insert Name

Composition of Policies/Procedures

Operational Budget Example

Month 1	Month 2	Month 3
Rent-\$100	Rent-\$100	Rent-\$100
Utilities-\$100	Utilities-\$100	Utilities-\$100
Food-\$100	Food-\$100	Food-\$100
Salaries-\$100	Salaries-\$100	Salaries-\$100
Insurance-\$100	Insurance-\$100	Insurance-\$100
Total-\$500	Total-\$500	Total-\$500
	\$500 (x) 3 months =\$1500	

Operational Budget

- Your agency's operational budget is an **estimate** of what you determine the cost will be to operate your agency for 90 days.
- This is necessary as the length of time that it will take for an individual to select your agency as a place where they would like to receive services/live is unknown.

Naming Your Agency

Sometimes there is judgement and stigma placed on names. Listed below is a list of words that **cannot** be used when naming your agency. This list represents some, but not all words to avoid.

Individuals deserve the right to be protected, have access to community living, and receive services in an integrated setting without judgement. Please keep this in mind when selecting a name for your agency.

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)	



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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.

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

COMMUNITY WAIVER PROGRAM

Support Services

- Assistive Technology and Adaptive Aids
- Breaks and Opportunities (Respite)
- Community Integration Connection and Skills
- Community Transportation
- Independent Living Skills Training
- Family Empowerment and System Navigation Counseling
- Financial Literacy and Work Incentives Benefits Counseling
- Housing Counseling Services
- Housing Start-Up Assistance
- Independent Living Skills Training
- Minor Home Modifications
- Natural Support of Caregiver Education and Training
- Peer Specialist Supports
- Personal Assistance Community
- Personal Assistance Home
- Remote Supports Backup Contractor
- Remote Supports Contractor
- Skilled Nursing

Therapies

- Occupational Therapy
- Physical Therapy
- Speech and Language Therapy

Community Living Arrangements

- Adult Family Home
- Community-Based Residential
- ServicesSupported Living Services

Employment

- Supported Employment Small Group
- Supported Employment - Integrated Employment Path
- Supported Employment - Individual: Job Development
- Supported Employment - Individual: Job Development Plan
- Supported Employment - Individual: Job Coaching
- Supported Employment - Individual: Exploration
- Supported Employment - Individual: Support Discovery
- Supported Employment - Individual: Career Advancement
- Supports - Co-Worker Supports

33 Total Services

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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