# Prospective Provider Orientation

**Home & Community Based Medicaid Waiver Services**

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**Alabama Department of Mental Health**

**Division of Developmental Disabilities**

**July 24, 2025**

## 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

# About 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.

## ADMH-DDD Operates Three Waivers

**1. Living at Home Waiver (_LAH_)** currently serves approximately 520 persons in all 67 counties. The LAH waiver provides services to individuals, ages three and above, who have been diagnosed with an intellectual disability or with related conditions. These individuals receive Medicaid coverage in the community while residing in their own home and not in an institution.

**2. Intellectual Disabilities Waiver (_ID_)** currently serves approximately 4,395 persons in all 67 counties. The ID waiver provides services to individuals who are diagnosed as intellectually disabled and are ages three and above. These individuals receive Medicaid coverage in the community while in a residential/group home setting and not in an institution.

**3. Community Waiver Program (_CWP_)**, a demonstration waiver that is offered in 11 counties. CWP serves persons with intellectual disabilities not currently receiving services through ID and LAH Home and Community-Based Services Waivers.

The current waiting list total for all three waivers is 1830.

An individual wishing to apply for Medicaid Waiver services may do so by calling the ADMH call center at 1-800-361-4491 to start the process to be added to the waiver to receive services.

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# ADMH's Vision for Services

❖ Keep families together.

❖ Support individuals in their communities where friends and families are located.

❖ Support individuals to obtain employment and live independently.

❖ Emphasize community integration.

❖ Support individuals to hire their own staff for certain services (self-directed).

❖ Provide services before individuals are in crisis.

## 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.

➢ **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.

➢ **Personal Care**-Assistance with any activity of daily living. For example, bathing, toileting, exercising, grooming, dressing, etc.

➢ **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 Services**-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.

➢ **Employment Services**-Providing services and training activities that are in regular businesses, industries, & community settings for groups of individuals.

# Food for Thought

- ❖ What will you do if no one chooses your group home?
- ❖ **There is no designated time frame to determine how long it will take for an individual to select your home.**
- ❖ **There is no designated time frame to determine how long the process will take to become a certified provider. The process could take up to 12 months or more.**

## THERE IS A CRITICAL NEED FOR PROVIDERS IN THE FOLLOWING REGIONS/COUNTIES:

Region 1—Cherokee Co, Colbert Co, Franklin Co, Lauderdale Co
*Region 3—Clark, Conecuh, Dallas, Escambia, Monroe, Perry, & Wilcox*
*Region 4—Butler, Coffee, & Covington*
*Region 5—Chilton, Coosa, & Talladega*

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# Home and Community Based Services (HCBS) What is it?

Home and Community-based Services (HCBS) Waivers provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than in an institutional setting.

HCBS first became available in 1983 when Congress added section 1915(c) to the Social Security Act, giving States the option to receive a waiver of Medicaid rules governing institutional care.

These services are paid for by Medicaid.

These programs serve a variety of targeted population groups, such as people with mental illnesses, intellectual disabilities, and/or physical disabilities.

The Home and Community-Based Settings (HCBS) Standards are designed to improve HCBS programs by ensuring the quality of Home and Community-Based Services, provide rights protections for participants, maximize opportunities for individuals to have full access to the benefits of community living, and ensure individuals can receive services in the most integrated setting.

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# HCBS Requirements

❖ 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.

❖ Providers will ensure individuals rights to privacy, dignity and respect, and freedom from coercion and restraint are met.

❖ Rent charged must be comparable to the local market. https://www.rentdata.org/states/alabama/2025 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.

❖ The setting **must** be provider owned and/or operated

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## NON-NEGOTIABLE HCBS REQUIREMENTS

❖ NEW providers **MUST** be in full compliance the first day they provide 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.

❖ Each participant has privacy in their sleeping or living unit.

❖ Units have lockable entrance doors that can be locked 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 in a home and community-based setting.

❖ Individuals can have visitors of their choice at anytime.

❖ The setting is physically accessible to the individual.

## Examples of settings that are Not Home and Community-Based and are presumed to have the qualities of an institution:

❖ Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment.

❖ Settings 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.

❖ **These type of settings are not HCBS compliant and will not be approved as a possible setting.**

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## Person-Centered Planning (PCP) Requirements.
Any modifications concerning an individual must be supported by a specific assessed need and justified in the PCP. Home and Community-Based Settings must have a PCP that is based on the needs of the individual.

❖ 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.

❖ Support Coordination agencies are now responsible for assessing an individual's needs and preference and for 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.

❖ Individuals will have opportunities to seek employment, work in competitive integrated settings, and engage in community life.

❖ Individuals will control personal resources and have full access to all monies that exceed the cost of basic needs. (if capable of doing so)

❖ Individuals will receive services in the community to the same degree as individuals not receiving Medicaid HCBS.

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## Steps to Becoming a Provider
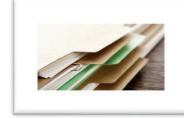
- ❖ Complete online course (Phase I).
- ❖ Attend Prospective Provider Orientation Class (Phase II). *Must participate in the full training.*
- ❖ Complete application packet.
- ❖ Forward completed application packet to Certification Administration within 1 year of Phase II training.
- ❖ Background check 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.)
- ❖ Know 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.
- ❖ Must have an Independent Board of Directors/Executive Committee.
- ❖ Setting must meet HCBS requirements.

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# Reasons to Disqualify an Application

- ❖ Presence on the Medicaid exclusion list, OIG DUNS and/or SAM 's websites

- ❖ Inappropriate name for organization (Can reapply with favorable name).

- ❖ Previously Decertified

- ❖ Medicaid Fraud

- ❖ **REMEMBER: There is no designated time frame concerning the length of time it will take to become a certified provider. The process could take up to 12 months or more.**

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# What Happens Once Your Application Packet is Approved?

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 setting review.

4. The Office of Life Safety inspects physical setting (residential & day settings).

5. A Temporary Operating Authority (TOA) is issued. (Duration is six (6) months!)

*A TOA does NOT guarantee a contract with ADMH. A TOA means you are **only** licensed to do business with ADMH.  If a TOA extension is needed, the provider must send a TOA extension request to OCA 30 days before the TOA expires. If the request is not submitted by the deadline, the TOA will be revoked. A TOA revocation cannot be appealed.

6. TOA Certificate is sent to the Regional Community Service (RCS) office and local 310 (Support Coordination) Agency.

# What Happens Once your Application Packet is Approved?

7. The provider is added to the Free Choice of Provider (FCOP) List. (Individuals receiving services must have an opportunity to choose their provider. Individuals select the provider; the provider **does not** select the individual.) *ADMH DD Operational Guidelines, A.4.9, "Free Choice of Provider" pages 71-72*

8. The RCS Office train providers on billing once selected for services. New Provider training occurs when you, the provider, arrive at your prospective region. Each office will participate, including certification to ensure you have all you need to be successful.

9. Monitoring: Advocacy, RCS, Support Coordination.

10. Certification reviews agency within 6 months of Provider's selection for services.

# How is a Contract Started?

- Once the Commissioner of ADMH signs the TOA, this initiates the contract process.

- After the TOA is signed, DD Provider Certification notifies the Regional Office staff and the Regional Fiscal Office of the signed TOA.

- The Regional Fiscal Office contacts the provider to request needed documents to continue the contract process.

- The Regional Fiscal Office notifies the Central Office Fiscal Manager to generate a Request for Contract form.

- Once the Request for Contract form is signed by the Associate Commissioner, this form is sent to the Office of Contracts and Purchasing and the Legal Department.

- The contract is presented to the provider to sign and then to the Commissioner for her final signature.

- Once the Commissioner signs the contract, Provider Certification applies for the provider's Medicaid number for billing purposes.

# DOCUMENTS TO BE INCLUDED WITH APPLICATION

- Copy of college transcript and diploma for Executive Director/Owner/Operator.
- Resume for the Executive Director/Owner/Operator demonstrating five years of professional experience with service provision with the intellectual and/or developmental disabilities (ID/DD) population.
- Articles of Incorporation/Articles of Organization.
- Board Bylaws/ LLC Operating Agreement.
- Board/Executive Committee minutes for the past year.
- Documentation/business bank statement indicating at least a 90-day cash reserve for operations.
- Fiscal Policy (Organizational Fiscal Practices. Covers at least accounting guidelines, risk control, financial planning, financial reporting, revenue and expenditures, and asset management.)
- Operational Budget.
- Organizational Chart.
- Description of primary geographic area to be served.
- Copy of the program policies and procedures. (HCBS Policy, Basic Assurances, and Incident Prevention and Management System (IPMS) Manual)
- Quality Improvement Plan.
- Copy of individual rights policies and procedures.
- Emergency Crisis Response Plan.
- Written Description of each program for which certification is requested.
- Resume, college transcript, college degree, professional license, of Clinical Director, Program Coordinators, Directors, Supervisors, RN/LPN, and/or Qualified Developmental Disabilities Professional (QDDP). QDDP training module certificate of completion.
- Please provide a Statement of Disclosure for key staff (nurse and QDDP) that are employed at other ADMH contracted agencies. Include your understanding of each role and how you anticipate filling those roles. (**NOTE: YOU CAN ONLY BE THE EXECUTIVE DIRECTOR OF ONE AGENCY.**)
- Copy of staff training required prior to working with individuals receiving services.
- Copy of staffing pattern/anticipated staff work schedule for services to be provided.
- Prospective Provider Certificate of Attendance.
- New Provider HCBS Compliance Agreement. (Signed and initialed in all designated areas.)

**Untruthful/fraudulent information may be cause for denial of an application. No future applications will be considered.**

# Composition of Policies/Procedures

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

### Values and Rights

- ❖ Use the ADMH-DDD Certification Tool as a guide, Values One – Eight, to compose this policy.
- ❖ Listed under each value, are requirements and elements.
- ❖ You will use this information to create your Basic Assurances policy.

### HCBS Policy

- ❖ Use the HCBS Settings Compliance Checklists as a guide to compose this policy.
- ❖ This policy will include 16 Checklists.
- ❖ Listed under each Checklist 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 Value Eight as a guide, in the ADMH-DDD Certification Tool, to compose this policy.
- ❖ Listed under this value, are requirements and elements.
- ❖ You will use this information to compose your Quality Improvement Plan.

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# Composition of Policies/Procedures

### Incident Prevention & Management System (IPMS)

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

### Staff Training

- ❖ Use the ADMH-DDD Certification Tool, Value Seven, to compose this policy.
- ❖ You may also locate this information in the ADMH DD Operational Guidelines, *A.6.3.h, "Staff Resources and Supports" Pages 140-141*
- ❖ Listed under this value, are all required staff trainings.

### Organizational Chart Example

| Owner | Insert Name |
|---|---|
| Executive Director | Insert Name |
| QDDP | Insert Name |
| MAS Nurse (LPN/RN) | Insert Name |
| Direct Support Staff | TBD (To Be Determined) |
| Human Resources | Insert Name |
| Financial Officer | Insert Name |

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# Composition of Policies/Procedures

## Operational Budget Example

| Month 1 | Month 2 | Month 3 |
|---------|---------|---------|
| Rent-$800 | Rent-$800 | Rent-$800 |
| Utilities-$200 | Utilities-$200 | Utilities-$200 |
| Food-$300 | Food-$300 | Food-$300 |
| Salaries-$1000 | Salaries-$1000 | Salaries-$1000 |
| Insurance-$100 | Insurance-$100 | Insurance-$100 |
| Total-$2400 | Total-$2400 | Total-$2400 |
| | **$2400 (x) 3 months =$7200** | |

## 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.

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# IMPORTANT MESSAGE!

- If revisions and/or corrections are needed to an application packet, the provider will have **30 days**, from the date of receipt, to make the corrections and resubmit to the OCA.

- Application packets remain valid for six (6) months. If an application packet is inactive for **six months**, it will be denied.

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# Hiring of Staff

- All employees will have references, a national background check, drug screening, and TB skin test (staff who have direct contact with individuals supported) prior to employment with any agency.

- Volunteers who work unsupervised with individuals receiving supports will be subject to the same background checks.

- The following criminal activities will permanently disqualify a potential employee from employment: **Convictions of any crime of violence and/or felony.**

- The following criminal convictions will prevent a potential employee from employment for the time specified:

1. **Reckless endangerment in the past five (5) years**
2. **Stalking in the second degree in the past five (5) years**
3. **Criminal trespassing in the first degree in the past five (5) years**
4. **Violating a protective order in the past three (3) years**
5. **Unlawful contact in the first degree in the past three (3) years**
6. **Unlawful contact in the second degree in the past (1) year**
7. **Criminal mischief in the first degree in the past seven (7) years**

## Staff Requirements

- ❖ Group homes 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.

- ❖ Group homes 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).

- ❖ Group homes must have a Licensed LPN/RN. This is based on federal and state laws, as well as regulations and rules established by the Alabama Board of Nursing.

- ❖ Group homes must have Direct Support Professional that is at least 18 years of age and have a minimum of a high school diploma or GED/High School Equivalency Certificate.

# Occupying Multiple Professional Roles Simultaneously

**The Department does not recommend that one person occupy several professional roles simultaneously at one agency but if a decision is made to do so, it is requested that the following documents are included with prospective provider application packet:**

- A signed and certified statement acknowledging the job description, duties, and responsibilities of the position and how you plan to manage multiple positions simultaneously.

- Professional licenses earned.

- A copy of the professional's resume.

- A copy of the professional's college transcript.

- A copy of the professional's college degree.

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# *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) | |

# COMPONENTS OF THE NEW CERTIFICATION PROCESS

## Partnership Between Certification Specialists and Providers

**LOGISTICS:**
- Virtual Planning Meeting
- Schedules, Consent Forms, Focus Groups and Conversations
- Electronic Document Submission

**VISITS:**
- Evidence-Gathering
- Conversations/Focus Groups
- Visits to Service Locations
- Closing Meeting

**PLANS:**
- Strategize Alignment Plans with Certification Specialists during Closing Meeting
- Resources
- Submit Plans
- Work on Plans

# FYI: CERTIFICATION ACTIVITY SCHEDULE

STEP 1: Planning Meeting
90 Days Prior
**Schedule virtual planning meeting**
Planning meeting is held.

Step 2: Finalize Visit
60 Days Prior
**Draft visit schedule is sent to provider.**

Step 3: Document Sharing
30 Days Prior
**Provider will share requested documents with certification staff.**

Step 4: Document Review
**Organizational documents are reviewed.**

Step 5: Conversations
**Conversations with provider leadership, people receiving services, and staff are held.**

Step 6: Visits
**Places where people are receiving services are visited.**

Step 7: Closing Meeting
**Final day of review. Draft results are presented by the certification specialist..**
Provider and certification specialist strategize plans of alignment.

Step 8: Plans of Alignment
**Within five business days of the closing meeting the provider submits the plan of alignment. Certification specialist submits draft report.**

Step 9: Final Alignment
**Provider submits proof of alignment**
Proof will be accepted, or additional information will be requested.

Step 10: Final Report
**The Office of Certification Administration will send an updated final certification report indicating the provider's certification term.**

# FYI: SAMPLE ONSITE SCHEDULE

| | Monday, 11/4/24 Document Review | Tuesday, 11/5/24 Conversations | Wednesday, 11/6/24 Site Visits | Thursday, 11/7/24 Closing Meeting |
|---|---|---|---|---|
| 9AM-9:30AM | Certification Specialist reviews schedule, logistics, and expectations with the provider. | Certification Specialist meets with providers staff to debrief from the first day and discuss logistics for today's schedule. | Certification Specialist will meet w/providers staff to debrief from the second day and discuss logistics for today's schedule. | |
| 9:30AM-12PM | Certification Specialist reviews requested documents, policies, training records, personnel records, and records of people receiving services. | Staff conversation/Focus Group (6-10 people from a variety of services w/varying tenure. No Supervisors. | Certification Specialist will visit different sites to conduct Site Visits. | Closing Meeting. Presentation of Draft Certification Report, Strategize Plan(s) for Alignment (if applicable) |
| 12PM-1PM | Break | Break | Break | |
| 1PM-3PM | Certification Specialist reviews requested documents, policies, training records, personnel records, and records of people receiving services. | Person receiving services conversation/Focus Group (6-10 people if it is a Focus Group) | Certification Specialist will visit different sites to conduct Site Visits. | |
| 3PM-5PM | Certification Staff will meet with provider leadership to discuss any findings from the Document Review. These are preliminary findings. | | If needed, the Certification Specialist will meet with provider leadership to discuss any preliminary findings from the site visits. | |

# FYI: PLANS FOR ALIGNMENT

## Types of Plans of Alignment:

### Plans for Alignment (60 Days)

- Provider will receive an 80% or above to achieve a 2-Year Certification.
- Required for performance requirements **not** found in alignment.
- Designed to bring provider into alignment with all performance indicators that are under 80%.
- Certification Specialist provides support/TA as needed.

### IMMEDIATE Plans for Action (30 Days)

- There are some performance requirements that require immediate plans of action if found **not** in alignment.
- These will show on the Certification Tool.
- The provider will not be granted certification if **ANY 30-Day requirement** is out of alignment.

# Technical Assistance

Technical Assistance (TA) can be defined as providing targeted support to an organization or individual with a development need or problem.

ADMH-DDD Division offers technical assistance to improve program performance, regulatory compliance, and program outcomes across our provider network.

Technical assistance activities occurs in all offices of the division with a focus on increasing the independence and inclusion of all people with intellectual and developmental disabilities in the state of Alabama.

*It is **not** necessary to pay for any (TA) as all offices are easily available and accessible to answer all needed questions.*

- For assistance with the prospective provider process, i.e., composing policies and procedures, personnel qualifications/requirements, etc. you may call and/or email, the Provider Network Manager (PNM), LaToya Woods at 334-353-1997 or latoya.woods@mh.alabama.gov.

- For technical assistance after your application packet has been approved, you may contact the regional community services office in your perspective region or the Office of Certification Administration.

# Resources

**Please use the links below to access important documents that are needed during your journey of becoming a certified provider with the Alabama Department of Mental Health (ADMH).**

IDDD New Provider Orientation – Alabama Department of Mental Health(IDDD New Provider Orientation Documents)

Provider Operational Guidelines Manual – Alabama Department of Mental Health(ADMH DDD Operational Guidelines Chapter 5)

http://www.alabamaadministrativecode.state.al.us/docs/mhlth/580-5-30.pdf (Alabama Administrative Code 580-5-30)

Assessment Tool for Certification Reviews – Alabama Department of Mental Health(DD Assessment Tool for Certification Reviews)

https://mh.alabama.gov/wp-content/uploads/2023/07/HCBS-Compliance-Checklists-and-Instructions-May-2023.pdf (HCBS Settings Compliance Checklists)

https://mh.alabama.gov/wpcontent/uploads/2024/01/Incident-Prevention-and-Management-System-IPMS-Information-11-1-23.pdf (Incident Prevention and Management System [IPMS]Manual)

**Please familiarize yourselves with the documents listed above.**

Please visit www.mh.alabama.gov for additional information.

# Frequently Asked Questions

**\*Why is space limited to the Phase 2 Orientation?** The certification application process can be long and involved. ADMH limits the number of certification applications that are reviewed to what can effectively be assessed/approved within a year, while also monitoring existing programs for continued compliance with standards.

**\*Who is required to attend Phase 2 Training?** Persons who have been identified to hold the positions of Executor Director is recommended to attend Phase 2. It is also recommended that the person responsible for writing policies and procedures attend Phase 2 (opens in a new tab) as requirements for agency policies and procedures will be discussed. **Please remember: Each participant must register separately for Phase 1 and Phase 2. Each Phase 2 participant must submit a valid Phase 1 Certificate with their Phase 2 registration and the individual names must match.**

**\*Will I be certified after orientation?** <u>NO</u>. The ADMH provides a two-phase orientation process to assist you in understanding the certification application process and to provide information you can use to determine whether your program has the current capacity to meet certification standards. There is no guarantee that your certification application will be approved.

**\*How are people selected to be in a group home?** Individuals are not selected to be in a group home. Individuals can choose from the Free Choice of Provider Lists where they would like to reside and receive services.

**\*What are examples of names that can be used for your agency?** Misty Enterprises, Street Corporation, Carter Residential, Mary Sue Management Services, etc.

**\*How can we create a budget for a business that is not up and running?** The budget is an estimate of what you, as the owner, anticipate that it will cost to operate. Goggle is a great resource to obtain examples of average salaries, cost of utilities, rent, and other expenses that you deem necessary to operate your business.

**\*How long does it take to become a certified provider?** The length of time varies due to variables that may arise during the process. However, the entire process could take between 6-12 months or longer from start to finish.

**\*How do I start my own business?** Being a licensed business in Alabama is different than being certified. Being certified does not include, nor does ADMH have a role in, determining legal status of your business.

•Go to the Alabama Secretary of Stat(opens in a new tab) website to review requirements for becoming a business in Alabama.

**\*What if I want to invest in property or other areas of my program before achieving certification? T**here are reasons you might delay investing in property or other major investments: The certification process can be lengthy, and you may not provide services until your program's certification application is approved. Depending on services, property will need to meet Life Safety inspection prior to certification. There is no guarantee your certification application will be approved and if approved, there is no guarantee the setting will meet requirements.

# TRUE OR FALSE QUIZ

1. ☐T ☐F  The executive director must have five years of professional community services experience working with the ID/DD population.

2. ☐T ☐F  The executive director must have a bachelor degree in a human service field to serve in this role?

3. ☐T ☐F  The QDDP must have at least three years of professional community services experience working with the ID/DD population.

4. ☐T ☐F  Once you complete the prospective provider orientation you will a certified provider.

5. ☐T ☐F  Providers must have a 120-day cash reserve.

6. ☐T ☐F  Individuals select providers from the *Free Choice of Provider list*.

7. ☐T ☐F  Providers should rent or buy a home after completing orientation.

8. ☐T ☐F  Direct support staff must be at least 16 years of age.

9. ☐T ☐F  Providers have 30 days to send back corrections/revisions.

10. ☐T ☐F  HCBS stands for Home and Community Based Services.
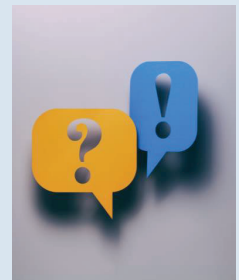
# MULTIPLE CHOICE QUIZ

1. How long will it take for you to become a certified provider?
   a. Two years    b. 3 months    c. Cannot be determined    d. 60 days

2. Is Mental Retardation Shinning Faces an appropriate name for a group home?
   a. Yes    b. No

3. The provider's business bank account must have a _____ cash reserve.
   a. 90-day    b. 180-day    c. 60-day    d. 30-day

4. Who is responsible for the overall operation of the group home?
   a. Nurse    b. Direct Support staff    c. Executive Director    d. President

5. What does the "I" in IDD stand for?
   a. Idea    b. Intelligent    C. Intellectual    d. Inclusive

6. A TOA extension must be requested _____ days in advance.
   a. 45 days    b. 30 days    c. 60 days    d. two weeks

7. It is recommended that providers rent/purchase a house/setting _____.

   a. After completing orientation    b. Once the contract is signed    c. After the application packet is approved

8. Revisions/corrections to application packets must be made within _____ of receipt of packet.

   a. 45 days    b. 30 days    c. 60 days    d. 14 business days

9. Providers will ensure individuals right to _____, _____, and _____.

   a. Privacy    b. Dignity    c. Freedom from coercion    d. All (a, b, & c)
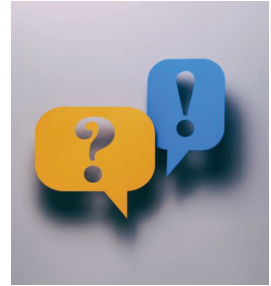
July 2025

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## DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

### Regional Community Services (RCS) Offices

Region I      Decatur 256-898-2789
Region II     Tuscaloosa 205-554-4302
Region III    Mobile 251-283-6200
Region IV     Montgomery 334-676-5565
Region V      Birmingham 205-916-7800

### Office of Certification Administration(OCA)
**Central Office / 334-353-2069**

July 2025

# Thank You!

Questions, feel free to contact:

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QUIZ 1    T,T,F,F,F,T,F,F,T,T
QUIZ 2    C,B,A,C,C,B,C,B,D