Prospective Provider Orientation

Home & Community Based Medicaid Waiver Services

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Alabama Department of Mental Health
Division of Developmental Disabilities

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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

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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.

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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.

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Attending this training will not guarantee a contract with the Alabama Department of Mental Health (ADMH).

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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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Waiver Services That Best Support People In Their Home & Community

Adult Companion Services
Assistive Technology Services
Benefits and Career Counseling
Community Experience Services
Crisis Intervention Services
Day Habilitation Services
Environmental Accessibility Adaptations Services
Housing Stabilization Services
Individual Directed Goods and Services
Occupational Therapy Services
Personal Care Services
Personal Emergency Response System (PERS) Services

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Waiver Services That Best Support People In Their Home & Community

Physical Therapy Services
Positive Behavior Support Services
Prevocational Services
Residential Habilitation Services
Respite Services
Skilled Nursing Services
Specialized Medical Supplies
Speech and Language Therapy Services
Supported Employment Services
Supported Employment Transportation Services
Supported Living Services

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What are Waiver Homes?

Waiver homes are those that are certified by ADMH. These homes follow the Home and Community-Based Service (HCBS) standards, are federally funded, and receive a contract with ADMH.

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What are Non-waiver Homes/DD Support Homes

Nonwaiver homes/DD support homes are those that are only licensed by ADMH. These homes do not follow the Home and Community-Based Service (HCBS) standards, are not federally funded, and do not receive a contract with ADMH.

Disabilities.

The non-waiver service that can be applied for is a residential facility.

(Operational Guidelines A.6.3.a)

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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.

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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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Reasons an Application may be Disqualified

- 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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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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Food for Thought

- **There is no designated time frame to determine how long it will take for an individual to select your home.**
- What will you do if no one chooses your group 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.**

Identified Service Needs:

The CSD in the Region for which the prospective provider wishes to apply will determine if there is a specific need for the service(s).

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What Happens Once Your Application Packet is Approved?

1. $1500 nonrefundable application fee is 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 60 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. The TOA Certificate is sent to the Regional Community Service (RCS) office and local 310 (Support Coordination) Agency.

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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 of the setting is completed by Advocacy, RCS, and Support Coordination.
10. Certification reviews agency within 6 months of Provider's selection for services.

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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.
- 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.

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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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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

See ADMH DD Operational Guidelines A.6.3.h
"Staff Resources and Supports" pages 138 - 141

- 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

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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.

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Occupying Multiple Professional Roles Simultaneously

The Department does not recommend that one person occupy several professional roles simultaneously but if a decision is made to do so, it is requested that the following documents are included with the 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)	

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FYI:

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

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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.

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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.	

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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.

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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.

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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.

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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?** NO. 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.

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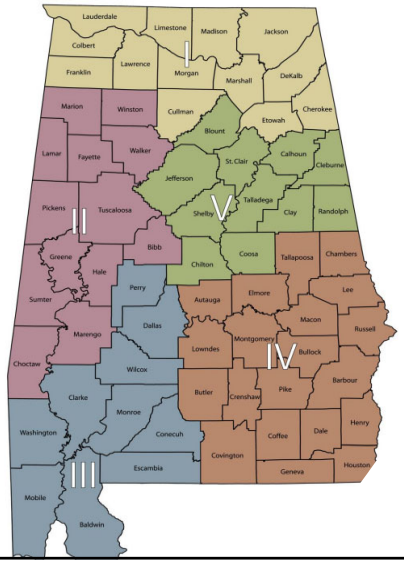
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES



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

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Thank You!

Questions, feel free to contact:

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