Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. **Waiver Services Summary.** *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Service Type	Service		
Statutory Service	Day Habilitation		
Statutory Service	Employment Support		
Statutory Service	Personal Care		
Statutory Service	Prevocational Services		
Statutory Service	Respite		
Other Service	Assistance in Community Integration		
Other Service	Benefits and Career Counseling		
Other Service	Community Experience		
Other Service	Community Specialist Services		
Other Service	Crisis Intervention		
Other Service	Environmental Accessibility Adaptations		
Other Service	Individual Directed Goods and Services		
Other Service	Occupational Therapy		
Other Service	Personal Emergency Response System		
Other Service	Physical Therapy		
Other Service	Positive Behavior Support		
Other Service	Residential Habilitation Other Living Arrangement (OLA)		
Other Service	Skilled Nursing		
Other Service	Specialized Medical Equipment		
Other Service	Specialized Medical Supplies		
Other Service	Speech and Language Therapy		
Other Service	Supported Employment Emergency Transportation		

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Day Habilitation

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04020 day habilitation

Category 2:

Sub-Category 2:

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Day habilitation includes planning, training, coordination and support to enable and increase independent functioning, physical health and development, communication development, cognitive training, socialization, community integration, domestic and economic management, behavior management, responsibility and self direction. Staff may provide assistance/training in daily living activities and instruction in the skills necessary for independent pursuit of leisure time/recreation activities. Social and other adaptive skills building activities such as expressive therapy, prescribed use of art, music, drama or movement may be used to modify ineffective learning patterns and/or influence change in behavior.

Four levels of Day Habilitation have been identified, based on participant characteristics and the staffing ratios needed to support persons with those characteristics. There is a rate for each level.

Level one day habilitation is for consumers whose ICAP service score is 61 to 99.
Level two day habilitation is for consumers whose ICAP service score is 36 to 60.
Level three day habilitation is for consumers whose ICAP service score is 1 to 35.
Level four day habilitation is for consumers who need one to one support more than 75% of the time during service.

Transportation cost to transport individuals to places such as day programs, social events or community activities when public transportation and/or transportation covered under the State Plan is not available, accessible or desirable due to the functional limitations of the client will be included in the rate paid to providers for this service. Day Habilitation service workers may transport consumers in their own vehicles as an incidental component of this service. For each consumer whom the day program transports between his residence and the day program, when his residence is more than 10 miles as measured in a straight radius from the day program site, an additional payment is available per day of transport.

The unit of service is 15 minutes.

Effective October 1, 2015 the Division of DD will eliminate the Partial Day Habilitation service as it will be duplicative and to date there are very few users. The new Day Habilitation 15 minutes unit will create flexibility needed to accommodate anyone that would like to spend a portion of their day utilizing this service.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
The Department of Mental Health, Division of Developmental Disabilities requires certification of programs delivering Day Habilitation services. Standards are in Alabama Administrative Code, Chapters 580-3-23, and 580-5-30 A and B.

An applicant wishing to provide these services must provide written statements of the program facility's compliance with fire and health standards and submit these and other documentation to the Division of Developmental Disabilities.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Day Habilitation services shall have written mission statements for dissemination to prospective clients and their families. The mission statement shall address:

Program philosophy and purpose;
Geographical area served;
Range of services provided; and
Population served, including criteria for service eligibility, program admission and program discharge.

The staffing pattern shall be appropriate to the type and scope of program services and shall include staff members who meet the experiential and educational qualifications set forth in the approved job descriptions. The program shall develop and maintain appropriate, up-to-date staffing schedules. Staff to client daily ratio shall not be more than 1:15. No client shall ever be left unsupervised unless the activity is part of a structured activity or person centered plan (PCP).

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Certified Day Habilitation Program

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Day Habilitation

Provider Category:
Agency

Provider Type:
Certified Day Habilitation Program

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:
A provider must meet the specifications outlined in the AL Administrative Code which spells out the required process for enrolling as a qualified provider to receive a contract with the Department of Mental Health DD Division. Providers must meet all requirements, including training for all staff and managers, appropriate administrative, personnel, quality improvement, incident management and participant policies and procedures. Providers must have an organizational chart depicting chain of command. Each provider receives a one or two year certification depending on the score received at the end of the review process.

Other Standard *(specify)*:
Day Habilitation training services will be delivered by a habilitation aide and supervised by a Qualified Intellectual Disabilities Professional (QIDP) in coordination with the individual's person centered plan.
The Aide will work under supervision and direction of a Qualified Intellectual Disabilities Professional. The QIDP must provide and document supervision of, training for, and evaluation of Aide in the individual client record. The QIDP must assist the Aide as necessary as they provide individual Habilitation services as outlined by the person centered plan.

Minimum Qualifications:

Must be 18 years of age and must possess a high school diploma or G.E.D.

Training Requirements:

Prior to assignment, each Habilitation Aide will be required to be certified by the provider agency as having completed a course of instruction provided or approved by the DMH which will minimally include:

1. Recipient rights and grievance procedures.
2. Overview of intellectual and developmental disabilities.
3. Concepts of human development.
4. CPR, first aid, medical emergencies.
5. Management of challenging behavior.
6. Physical management techniques.
7. Health observation, including hygiene, medication control/ universal precautions.
8. Recipient abuse, neglect and mistreatment.
9. Habilitation training programs.

Retraining will be conducted as needed, but at least annually for training requirements 1, 5, 6, 7 & 8 above.

Verification of Provider Qualifications

Entity Responsible for Verification:

A provider must meet the specifications outlined in the AL Administrative Code which spells out the required process for enrolling as a qualified provider to receive a contract with the Department of Mental Health DD Division. Providers must meet all requirements, including training for all staff and managers, Record of TB Tests, appropriate administrative, personnel, quality improvement, incident management and participant policies and procedures. Providers must have an organizational chart depicting chain of command. Providers receive a copy of the Alabama Code during initial enrollment. Additionally, providers are provided with information on how to view the Alabama Code on-line on the department's website.

Frequency of Verification:

Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Supported Employment

Alternate Service Title (if any):

Employment Support

HCBS Taxonomy:

Category	Sub-Category
Category 1: 03 Supported Employment	**Sub-Category 1:** 03021 ongoing supported employment, individual
Category 2: 03 Supported Employment	**Sub-Category 2:** 03022 ongoing supported employment, group
Category 3: 03 Supported Employment	**Sub-Category 3:** 03010 job development

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
There are two variations of Supported Employment covered within this waiver: 1) Small Group and 2) Individual. The first, which has been a service in this waiver for many years, is Employment Small Group. It most often consists of groups of individuals being supported in enclave or mobile work crew activities. This is reimbursed per 15 minutes unit of service. The second, which was approved by CMS in a previous amendment, is Employment Individual. The Employment Individual includes two distinct services: Job Developer and Job Coach and is reimbursed per 15 minutes unit of service. Both services must be provided in integrated settings and paid at minimum wage (or better).

Employment Small Group are services and training activities provided in regular business, industry, and community settings for groups of two (2) to eight (8) workers with disabilities. Examples include mobile crews and other business-based workgroups employing small groups of workers. Employment Small Group services must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. The outcome of this service is sustained paid employment and work experience leading to further career development and community-based individual employment for which the compensation is at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

Supported Employment (both group and individual) services do not include facility based, or other similar types of vocational services furnished in specialized facilities that are not part of the general workplace.

Transportation accommodations to the worksite or supported employment provider's home-base should be a component of the planning process and integrated into the person centered plan. While developing the plan which will reflect employment goals; transportation issues, concerns, and access should be addressed. All avenues of possible sources of transportation should be considered including public transportation and natural supports such as family. If training is needed in order for a person to access transportation then that training should be outlined in the plan. The Supported Employment Emergency Transportation waiver service can be authorized, under special circumstances, intended to be limited in scope, duration, and not to exceed the annual cap.

Employment Individual services are the ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals. The two procedure codes under this heading are specifically intended to support the provision of supported employment at competitive wages in an integrated worksite: Job Coach and Job Developer. These are different roles and are performed, normally, by different staff. However, some providers may choose to utilize one staff to perform the two distinct services so long as documentation supports the differing activities. The provider agency must also have a QIDP.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
The following limitation (A) applies to both (Supported) Employment Small Group and Individual services. Additional limitations regarding (Supported) Employment Individual are listed in (B) below.

(A) Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

2. Payments that are passed through to users of supported employment programs; or

3. Payments for vocational training that is not directly related to an individual's supported employment program.

(B) Limits and expectations specific to the Individualized Supported Employment Service.

Overlap with current service programs
The Individualized Job Coach and Employment Small Group cannot overlap traditional services; these services cannot be provided during the same hours of the day as Day Habilitation or Prevocational Habilitation.

The Individualized Job Developer can overlap traditional services, up to the maximum 40 hours per year.

Expectations and Outcomes:
Once a comprehensive vocational assessment (situational assessment and/or Discovery) is complete, the job development should begin with job placement as expected outcome.

Providers must expect to submit reports requested and designed by the DMH/DDD (and the Alabama Medicaid Agency and CMS, should the requests be made). Reports will support the measurement of outcomes.

It is expected that the job coach will fade his or her support as the individual becomes more integrated into the employer's workforce. Also, personal care on worksite can be used to supplant some of the job coach's faded hours. Therefore it is anticipated the 25 hours per week will be reduced to 15 hours per week after 4 months, and to 8 hours per week after 8 months.

Thus, the maximum hours for an individual will be presumed to be 836 per year (109/month for 4 months; 65/month for 4 months; 35/month for 4 months).

Job Developer will be limited to 40 hours per year.

An employment plan is required initially, and subsequent updates can request modifications to the above limitations. Detailed explanation and rationale will be required.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Certified Day Habilitation Program
Agency	Certified Waiver Hourly Service Provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Employment Support

Provider Category:
Agency
Provider Type:
Certified Day Habilitation Program
Provider Qualifications

License *(specify)*:

Certificate *(specify)*:
Alabama Administrative Code Chapters 580 - 3 - 23 and 580 - 5 - 30 A/B
Other Standard *(specify)*:
Supported Employment (Small Group) providers must meet the same standards as the Day Habilitaion provider. The Department of Mental Health, Division of Developmental Disabilities requires certification of programs delivering Supported Employment services. Standards are in Alabama Code, Chapters 580-3-23, and 580-5-30 A and B. There are base standards for the traditional, per diem reimbursed model listed at (A) below; additional or modified requirements apply for the Individualized Supported Employment model and are listed under the Provider Type Certified Hourly Supports Program.

(A) An applicant wishing to provide these services must provide written statements of the program facility"s compliance with fire and health standards and submit these and other documentation to the Division of Developmental Disabilities.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certification certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Supported Employment services shall have written mission statements for dissemination to prospective clients and their families. The mission statement shall address:

Program philosophy and purpose;
Geographical area served;
Range of services provided; and
Population served, including criteria for service eligibility, program admission and program discharge.

The staffing pattern shall be appropriate to the type and scope of program services and shall include staff members who meet the experiential and educational qualifications set forth in the approved job descriptions. The program shall develop and maintain appropriate, up-to-date staffing schedules. Staff to client daily ratio shall not be more than 1:8. No client shall ever be left unsupervised unless the activity is part of a structured activity or individual activity plan (IAP).

In addition to certification, the following requirements apply to the provider's staff.

Small Group personnel will meet the same requirements as basic direct care staff:
Qualifications:
High School diploma or equivalent
Minimum 1 year experience working with persons with ID
Background check; drug testing.
Training in career development planning and vocational assessment, in addition to what the DMH/DDD standards require.

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH Certification Surveyors
Frequency of Verification:
Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Employment Support

Provider Category:
Agency
Provider Type:
Certified Waiver Hourly Service Provider
Provider Qualifications
License *(specify)*:

Certificate *(specify)*:
Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B
Other Standard *(specify)*:
Supported Employment (Individual) Service Provider Qualifications
Job Coach and Job Developer workers may be employed by, or under contract with, any agency that qualifies to provide hourly services under the waiver. Any agency or individual undertaking the provider on this service must employ or contract with a QIDP to provide the required supervision and must meet the other requirements in this addendum related to training, plans of care, documentation, and reporting. The primary requirements for the provider agency are to:
a) Handle all payroll taxes required by law
b) Provide training and supervision as required by this scope of services
c) Maintain records to assure the worker was qualified, the service was provided, and provided in accordance with the plan of care
d) Implement a plan and method for providing backup at any time it is needed
e) Implement and assure the person and his or her family are and remain satisfied with the service

Supported Employment Individual: Job Coach
The minimal requirement for this position is graduation from high school or its equivalent and two years of work experience. A Bachelor's Degree, preferable with a major concentration in rehabilitation, industrial arts, vocational education, psychology or a related field is preferred. Work experience of a supervisory or training nature as well as knowledge of persons with disabilities would be particularly desirable.

The Job Developer, in addition to the Job Coach Qualifications, will complete a minimum of one certificate based job development and placement curriculum. The Supported Employment Coordinator for the Division of Developmental Disabilities will provide an approved listing of such curriculums.

Benefits and Limitations
Job Coach hours must be flexible in order to meet needs as they arise.

Individuals who are more capable may need less support over the long term, while individuals who are less capable may need more support, but work fewer hours, so a round estimate of 25 hours per week will serve as a maximum starting authorization.

Furthermore, it is expected that the job coach will fade his or her support as the individual becomes more integrated into the employer's workforce. Also, personal care on worksite can be used to supplant some of the job coach's faded hours. Therefore it is anticipated the 25 hours per week will be reduced to 15 hours per week after 4 months, and to 8 hours per week after 8 months.

Thus, the maximum hours for an individual will be presumed to be 836 per year (109/month for 4 months; 65/month for 4 months; 35/month for 4 months).
An employment addendum is required as part of the person centered plan, and subsequent updates can request modifications to the above limitations. Detailed explanation and rationale will be required.

Job Specification:
The Job Coach is responsible to the Program Director for the training and associated support services necessary to ensure the successful employment of individuals involved in Supported Employment. The Job Coach works under the direction of a QIDP.

The specific duties of the Job Coach include:
a. Training of individuals in supported work to perform specific jobs consistent with their abilities;
b. Working with employers to modify or adapt job duties or work stations so individuals in supported work can have

the maximum opportunity for job success. This may involve job and task analysis, employer interviews, and actual job performance to insure a thorough understanding of the specific job and general job rules prior to placement of the client;
c. Teaching individuals associated work skills, responsibilities and behaviors not related to the specific job being performed, such as how to complete a time card, when and where to take bathroom and lunch breaks, safety precautions, etc.;
d. Assisting each individual placed in a job-training program to become an integrated member of the work force. This may happen in the general course of the job but could require activity such as encouragement of the individual worker or other employees to communicate with each other, or the provision of disability awareness training to workers of the company;
e. Working with individual to be placed in employment and/or with family or service provider to insure that the individual has reliable transportation to and from work, adequate housing, and emotional support for his or her job efforts;
f. Making every effort to insure that the individual in supported work and the job are appropriately matched through comprehensive vocational assessment (Situational Assessment and/or Discovery) prior to job placement. Part of the assessment may include reviewing current progress notes in individual's present placement, studying referral information, and working with the individual to assess work skills;
g. Communicating through written and oral reports on progress of individual's in supported work to Program Director and other program staff; follow oral or written instructions (such as the care plan or rehabilitation plan);
h. Providing continued ongoing support to individual's in supported work;
i. Performing other job duties necessary to ensure the success of individual's in supported work as well as any additional tasks assigned by the Program Director that will be of benefit to other individuals in the program.

Individualized Job Coach: Scope of Service
a. Performing a vocational assessment such as Situational Assessment or Discovery (prior to job development) which will be utilized for job development and placement.
b. Development of plan for employment as part of the person centered planning process but with distinct employment outcomes.
c. On the job training and skill development
d. Co-worker training (for accommodations and natural supports)
e. Facilitating job accommodations and use of assistive technology
f. Job site analysis (matching job site needs with needs of the person), job carving
g. Educating the person and others on the job site regarding rights and responsibilities and the role of self-advocacy in the work place.
h. Participation with the interdisciplinary team to support the person to achieve chosen employment outcomes.
i. Facilitate transportation arrangements with team.
j. Documentation: progress on training goals and documentation of training; progress notes on a per day basis rather than a per unit basis.

Individualized Job Developer: Scope of Service
a. Marketing the service and person's skills
b. Employer Negotiation
c. Job Structuring (negotiating hours or location to meet the abilities of the person)
d. Job Carving
e. Placement: once placement is arranged, the job coach enters, and there may be a cross-over (transfer) period of up to 5 hours.

The supported employment provider agency should also have a QIDP, and among the functions of the QIDP is benefit coordination and management.

Training Requirements:
The training program for Supported Employment personnel will reinforce the responsibility to insure successful employment of recipients involved in supported employment. The personnel must be certified by a QIDP as having completed training approved by DMH/DDD. This certification must be documented and is subject to review by DMH/DDD and Alabama Medicaid. Minimum training requirements shall include the following areas:
a. Overview of intellectual and developmental disabilities
b. Skills to identify recipient abuse, neglect and mistreatment and reporting procedures
c. Recipient rights and grievance procedures
d. Oral and written instructions regarding care plan
e. Planning and conducting appropriate activities to support the person in finding and maintaining employment.

Ongoing training will be conducted as needed but at least annually for training requirements b and c above.

Verification of Provider Qualifications

Entity Responsible for Verification:

DMH Certification Surveyors

Frequency of Verification:

Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Personal Care

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:	Sub-Category 1:
08 Home-Based Services	08030 personal care
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope)*:

Personal Care Services include assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Assistance for ADLs includes bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, routine care of adaptive equipment primarily involving cleaning as needed, meal preparation, assistance with eating, and incidental household cleaning and laundry. IADLs include shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance with IADLs includes accompaniment, coaching and minor problem-solving necessary to achieve the objectives of increased independence, productivity and inclusion in the community.

Personal Care can also include supporting a person at an integrated worksite where the individual is paid a competitive wage. There is a separate code for this service, provided at the worksite, to distinguish it from other personal care activities, effective in Fiscal Year 2008.

Personal care attendants may transport consumers in their own (the attendant's) vehicles as an incidental component of this service. For this component to be reimbursed, the personal care attendant must be needed to support the consumer in accessing the community, and not merely to provide transportation. Additional payment will be made for mileage and the provider's cost of an insurance waiver to cover any harm that might befall the consumer as a result of being transported. The attendant must have a valid Alabama driver's license and his/her own insurance coverage as required by State law. The provider agency shall assure the attendant has a good driving record and is in-serviced on safety procedures when transporting a consumer. This service will provide transportation into the community to shop, attend recreational and civic events, go to work and participate in People First and other community building activities. It shall not replace transportation that is already reimbursable under day or residential habilitation nor the Medicaid non-emergency medical transportation program. The planning team must also assure the most cost effective means of transportation, which would include public transport where available. Transportation by a personal care attendant is not intended to replace generic transportation or to be used merely for convenience.

Personal care under the waiver may also include general supervision and protective oversight reasonable to accomplishing of health, safety and inclusion. The worker may directly perform some activities and support the client in learning how to perform others; the planning team (composed at minimum of the person and family, and a case manager or community specialist) shall determine the composition of the service and assure it does not duplicate, nor is duplicated by, any other service provided to the individual. A written description of what the personal care worker will provide to the person is required to be submitted to the state as part of or in addition to the plan of care, and will require approval by the Division of Developmental Disabilities and be subject to review by the Single State Agency for Medicaid.

While in general personal care will not be approved for a person living in a group home or other residential setting, the Division of Developmental Disabilities may approve it for specific purposes that are not duplicative.

Separate Definition for Self Directed Personal Care Follows...
Self-Directed Personal Care Services

This definition of Personal Care Services is intended to allow participants and their families to recruit, hire, train, supervise, and if necessary to discharge, their own personal care workers. The workers will be paid by a fiscal intermediary, also known as a FMSA (Financial Management Service Agency).

The definition of Self-Directed Personal Care Services includes assistance with any activity of daily living (ADL) or instrumental activity of daily living (IADL). Assistance for ADLs includes bathing, toileting, transfer and ambulation, skin care, grooming, dressing, extension of therapies and exercise, routine care of adaptive equipment primarily involving cleaning as needed, meal preparation, assistance with eating, and incidental household cleaning and laundry. IADLs include shopping, banking, budgeting, using public transportation, social interaction, recreation, and leisure activities. Assistance with IADLs includes accompaniment, coaching and minor problem-solving necessary to achieve the objectives of increased independence, productivity and inclusion in the community.

Self-Directed Personal Care may also include general supervision and protective oversight reasonable to ensure the health, safety and inclusion of the client. The worker may directly perform some activities and support the client in learning how to perform others; the planning team (composed at minimum of the person and family, and a case manager or community specialist) shall determine the composition of the service.

Self-Directed Personal Care may include supporting the participant at an integrated worksite where the participant is paid a competitive wage. There is not a separate rate or service code for this support when it is self directed.

Self-Directed personal care attendants may transport consumers in their own (the attendant''s) vehicles as an incidental component of this service. For this component to be reimbursed, the personal care attendant must be needed to support the consumer in accessing the community, and not merely to provide transportation. Additional payment will be made to the worker for mileage. The attendant must have a valid Alabama driver''s license and insurance coverage as required by State law. This service may provide transportation into the community to shop, attend recreational and civic events, go to work and participate in People First and other community building activities. It shall not replace transportation that is already reimbursable under day or residential habilitation nor the Medicaid non-emergency transportation program. Transportation by a personal care attendant is not intended to replace generic transportation or to be used merely for convenience.

The plan of care or an addendum shall specify any special requirements for training, more than basic training, which may be needed

to support the individual. Consumers and their families shall be key informers on the matter of special training, and will be responsible for providing such training to their workers.

There is no restriction on the place of service as long as the person is eligible for the waiver in that setting and no duplication of payment occurs. Payment is for a 15-minute unit of service delivered to the individual, and does not include the worker"s time of travel to and from the place of work.

Self-Directed Personal Care may not be provided to participant's who lack the necessary support systems to ensure the responsibilities of employing staff are carried out and that the participant's security and well-being is maintained. Thus, this service would typically be provided to participants who live in their own homes with family members or other responsible relatives who can assist with the responsibilities of administering a self-directed services program. Self-Directed Personal Care may also be provided in settings where the individual lives in his own house or apartment alone or with others, with the assistance of family or a circle of support, but the Regional Community Service Office must review and approve this arrangement before it can be reimbursed. The purpose of this review is to assure the support is near and frequent enough to carry out the needed tasks and also to assure there is no conflict of interest.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The plan of care or an addendum shall specify any special requirements for training, more than basic training, which may be needed to support the individual. Parents and other caretakers shall be key informers on the matter of special training, and will be encouraged to participate in the training and supervision of the worker. Personal care under the waiver is not available to children under the age of 21 when provided as the result of an EPSDT screening, because that service is covered under the State Plan.

If this service is provided to minor children living with their parents or guardians, it shall not supplant the cost and provision of support ordinarily provided by parents to children without disabilities, nor shall it supplant educationally related services and support that is the responsibility of local education authorities. Otherwise, the only limitation on hours provided is the individual's documented need for the service as an alternative to institutional care and the reasonable cost effectiveness of his or her plan.

There is no restriction on the place of service so long as the person is eligible for the waiver in that setting and no duplication of payment occurs. Payment is for a 15-minute unit of service delivered to the individual, not including worker's time of travel to and from the place of work.

Personal Care Workers shall not be members of the immediate family (parents, spouses, children or siblings) of the person being supported, nor may they be legally obligated in any other way to provide the service. Any other relatives, or friends, who are employed to provide services shall meet the qualifications for providers of care and, as for all other personal care workers, payment shall only be made for services actually rendered. Employment of a relative or friend shall be noted and justified in the consumer"s record by the provider agency.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Certified Waiver Hourly Services Provider
Individual	Self-Directed Personal Care Worker

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Personal Care

Provider Category:
Agency
Provider Type:
Certified Waiver Hourly Services Provider
Provider Qualifications
License *(specify)*:

Certificate *(specify)*:
Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B
Other Standard *(specify)*:
Personal Care Services Provider Qualifications

Personal care workers may be employed by, or under contract with, any agency qualified to provide services under the waiver, and by home health and other home care agencies, and individuals that may not otherwise be waiver providers. Any agency or individual undertaking the provision of this service must employ or contract with a QIDP to provide the required supervision and must meet the other requirements of this addendum related to training, plans of care, documentation and reporting. The primary requirements for the provider agency are to:

a) Handle all payroll taxes required by law
b) Provide training and supervision as required by this scope of services
c) Maintain records to assure the worker was qualified, the service was provided and provided in accordance with the plan of care
e) Implement a plan and method for providing backup at any time it is needed
f) Implement and assure the person and his or her family are and remain satisfied with the service

Personal Care Workers:

a) Must have at least two references from work and/or school, and one personal, which have been verified by the provider agency
b) Must have background checks required by law and regulation
c) Must be at least 18 years of age
d) Must be able to read and write and follow instructions
e) Must have at least completed tenth grade
f) Must be able to follow the plan of care with minimal supervision unless there is a change in the person's condition
g) Must have no physical or mental impairment that would prevent providing the needed assistance to the person
h) If providing transportation, must have valid driver's license and insurance as required by State Law

Personal Care Workers shall not be members of the immediate family (parents, spouses, children or siblings) of the person being supported, nor shall they be in any other way legally obligated to provide the service. Any other relatives, or friends, who are employed to provide services shall meet the qualifications for providers of care and, as for all other personal care workers, payment shall only be made for services actually rendered. Employment of a relative or friend shall be noted and justified in the consumer's record by the provider agency.

Training Requirements

This service is intended to promote self-determination of waiver participants. To the extent practical, safe and cost effective, the individual and his family are encouraged to exert choice in planning, and in the selection and hiring of staff, and are encouraged to provide training and supervision to the worker(s). Agencies are encouraged to partner with individuals and families in this endeavor, while providing a safe and effective backup system to meet contingencies.

Training shall be provided prior to the worker delivering services and includes:

Procedures and expectations related to the personal care worker including following the Personal Care Plan of Care, the rights and responsibilities of the provider and the consumer, reporting and record keeping requirements, procedures for arranging backup when needed, and who to contact within the provider agency or regional office.

a) Information about the specific condition and needs of the person to be served, including his or her physical, psychological or behavioral challenges, his or her capabilities, and his or her support needs and preferences related to that support.

b) Training in CPR and first aid and, if administration of ordinarily self-administered medication is required by the consumer, training in medication administration. As needed due to challenging behavior by the consumer, the worker will also be trained in behavioral intervention techniques appropriate to the consumer. Training in medication administration and behavior intervention techniques may be waived if not required to support the person.
c) Training in communication skills; in understanding and respecting consumer choice and direction; in respecting the consumer's confidentiality, cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints and in responding to emergencies.
d) Training in assisting with activities of daily living and instrumental activities of daily living, as needed by the consumer and identified by the planning team.
e) The provider will maintain a record of training.

Supervision

A QIDP must visit the person, in person, at least every 90 days. The planning team shall recommend a visit schedule in the personal care addendum. The visiting QIDP shall make an assessment of the effectiveness of the service, the consumer satisfaction with the service, and of any changes that may need to be made, including additional training or a change in the plan of care. This record shall be shared with the provider agency and the individual and his or her family.

Documentation

The direct service provider and/or billing provider must maintain documentation of the dates and hours of service provided, and of the service activities provided within each span of work, showing that services delivered are consistent with the recipient's plan of care. Daily or weekly logs, signed by the worker and by the consumer or family member, which identify the consumer and the consumer's Medicaid number, the worker providing the service, the date(s) of service, the time service began and the time service ended, and the specific activities provided within each span of work, will be acceptable as a minimum. In addition, there must be evidence of a quarterly review by a QIDP, of the services provided and of the continued appropriateness of those services.

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH Certification Surveyors
Frequency of Verification:
Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Personal Care

Provider Category:
Individual
Provider Type:
Self-Directed Personal Care Worker
Provider Qualifications
License *(specify)*:

Certificate *(specify)*:

Other Standard *(specify)*:
Self-Directed Personal Care Workers:

• Must have at least two references, one from work and/or school, and one personal, which have been verified by the consumer or family (with or without the support of a consultant).
• Must have background checks required by law and regulation

• Must be at least 18 years of age
• Must be able to read and write and understand instructions, as verified by the consumer or family.
• Must have at least completed tenth grade
• If providing transportation, must have valid driver's license and insurance as required by State Law

Training Requirements

This service is intended to promote self-determination of waiver participants. The individual and/or his family are to select and hire staff, and to provide training and supervision to the worker(s).

Basic elements of training shall be provided prior to the worker delivering services and includes:

Procedures and expectations related to the personal care worker including following the Plan of Care, the rights and responsibilities of the worker and the consumer, reporting and record keeping requirements, procedures for arranging backup when needed, and who to contact within the FMSA, the case management agency and regional office. In addition and as needed, training in the following areas will be provided by the family or others and recorded.

• Information about the specific condition and needs of the person to be served, including his or her physical, psychological or behavioral challenges, his or her capabilities, and his or her support needs and preferences related to that support.
• If administration of ordinarily self-administered medication is required by the consumer, training and ongoing supervision in medication administration.
• Training as needed in communication skills; in understanding and respecting consumer choice and direction; in respecting the consumer's confidentiality, cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints and in responding to emergencies.
• Training in assisting with activities of daily living and instrumental activities of daily living, as needed by the consumer and identified by the plan of care.

Supervision

Supervision of the self-directed personal care workers is the responsibility of the family and/or the consumer.

Documentation

The family and consumer must maintain documentation of the dates and hours of service provided and provide this to the FMSA bi-weekly for processing billing to Medicaid and payment to the workers. Daily or weekly logs, signed by the worker and by the consumer or family member, which identify the consumer, the worker providing the service, the date(s) of service, the time service began and the time service ended, and the activities provided within each span of work, will be required. A form will be provided by the FMSA.

Verification of Provider Qualifications

Entity Responsible for Verification:

Self-Directed Personal Care Services Financial Management Services

The self-directed personal care workers will be employed by the family and consumer, who will be employers of record. The family and consumer will be supported by a Financial Management Service Agency (FMSA). The FMSA will pay the personal care workers employed by the family and consumer, on a bi-weekly basis. Payment will be made on the basis of receipt of one time card per personal care worker, which will document the hours the worker has worked during the bi-weekly pay period.

The FMSA will withhold the necessary tax amounts, including employer's share, and pay these amounts to the proper authorities on a quarterly basis. In addition to withholding FICA and Unemployment, the Fiscal Agent will withhold and submit income taxes for the workers. The primary requirements for the FMSA are to:

• Handle all payroll taxes required by law
• Assist with the documentation of training and other qualifications of workers as required by the waiver, including verification of citizenship.
• Maintain records to assure the worker was qualified, the service was provided in accordance with the plan of care
• Furnish background checks on prospective employees
• Provide the person and family with easy access to resolve problems with payroll and provide a notification route for any other issues that may arise. This means that the FMSA, if it hears that a change may be needed or that a backup plan needs to start, will notify the operating agency and the consultant and the case manager. The objective is to

provide a network within which, no matter which contact the person or family makes, the information is shared and the reaction is comprehensive.
• Establish savings accounts for which any dollars saved between authorized services and the employer on records wage negotiations would be available for Individual Directed Goods and Services upon approval.
• Also, the FMSA will help to assure the person and his or her family are and remain satisfied with the service.
Frequency of Verification:
Workers employed by consumers and families will have their qualifications verified initially by the FMSA, and no further verification is necessary unless a situation or qualification changes and the participant or family reports it to the FMSA. Exclusion lists are checked monthly.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Statutory Service

Service:
Prevocational Services

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:	Sub-Category 1:
04 Day Services	04010 prevocational services
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Prevocational habilitation, an hour unit service under the Waiver, must not be available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services under the Waiver are designed to create a path to integrated community based employment for which an individual is compensated at or above the minimum wage, but no less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Services include teaching such concepts as

attendance, task completion, problem solving, interpersonal relations and safety, as outlined in the individual's person-centered plan. Prevocational services provide learning and work experiences, including volunteer work, where the individual can develop general, non-job-task specific strengths and skills that contribute to employability in paid employment in integrated community settings. Services are expected to occur over a two year period, with employment (integrated and competitive salary/wage) being the specific outcome. It is expected that after two years a referral will have been made to AL Vocational Rehabilitation Services to begin the Milestones program for job placement and short term follow up or the individual would utilize the individual employment service options in the waiver (with prior approval). If after two years a person has not been referred to AVRS or moved into other waiver services, the provider must justify continuing this service to the Central Office Supported Employment Coordinator.

Individuals receiving prevocational services must have employment-related goals in their person-centered plan; the general habilitation activities must be designed to support such employment goals. Competitive, integrated employment in the community for which an individual is compensated at or above the minimum wage, but no less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities is considered to be the optimal outcome of prevocational services. Transportation and how it will be obtained should be part of the planning process.

Prevocational services should enable each individual to attain the highest level of work in the most integrated setting and with the job matched to the individual's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. Participation in prevocational services is not a required pre-requisite for individual or small group supported employment services under the waiver.

Vocational services, which are not covered through the waivers, are services that teach job task specific skills required by a participant for the primary purpose of completing those tasks for a specific facility based job and are not delivered in an integrated work setting through supported employment. This differs from prevocational services in that prevocational services, regardless of setting, are delivered for the purpose of furthering habilitation goals that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage. These goals should be described in the individual's person-centered plan.
Limitations:
Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

Other Standards
An applicant wishing to provide these services must provide written statements of the program facility's compliance with fire and health standards and submit these and other documentation to the Division of Developmental Disabilities.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Prevocational services shall have written mission statements for dissemination to prospective clients and their families. The mission statement shall address:

Program philosophy and purpose;
Geographical area served;
Range of services provided; and
Population served, including criteria for service eligibility, program admission and program discharge.

The staffing pattern shall be appropriate to the type and scope of program services and shall include staff members who meet the experiential and educational qualifications set forth in the approved job descriptions. The program shall develop and maintain appropriate, up-to-date staffing schedules. Staff to client daily ratio shall not be more than 1:15. No client shall ever be left unsupervised unless the activity is part of a structured activity or individual plan of care. This service is billed in 15 minute increments.

In addition to certification, the following requirements apply to the provider's staff:
Activity Program Aide: Job Specifications
The minimum requirement for this position is graduation from high school or its equivalent and two years work experience. A Bachelors Degree with a major concentration in rehabilitation, industrial arts, pre-vocational education, psychology or a related field is preferred along with experience supervising or training and knowledge of persons with disabilities.

Specific Duties: The Activity Program Aide will work under the supervision and direction of a QIDP. The QIDP will provide and document on-site supervision every 30 days. Supervisor reports must be maintained in the personnel file and are subject to review by DMH/DDD and the Alabama Medicaid Agency.

The duties of the Activity Program Aide (Pre-Vocational) include:
1. Instructs/demonstrates/interacts with clients concerning a variety of education, personal care, pre-vocational training, job safety, and social behaviors, in accordance with the individual's habilitation plan and program requirements. Uses sound judgment and abides by supervisor's instructions, minimum standards and other applicable regulatory standards in order to foster client self-sufficiency and independence.
2. Converses with/listens to clients concerning personal needs, responsibilities, expectations, aspirations, privileges, and personal/behavioral problems in a supportive and understanding manner.
3. Participates in developing, modifying, and adapting instruction and training to individual client needs.
4. Interacts often and appropriately with clients using both verbal and nonverbal methods (gestures, modeling, sign language, etc.) to provide information to clients about expected behavior, duties, and activities.
5. Observes the quality of production and integrates efficiency concepts in the work process.
6. Provides/receives information to/from peers, supervisors, other professional staff, support personnel, and clients pertaining to care plan, schedules, programs, and progress using personal contacts, meetings, memorandums, reports, records and filing systems in accordance with established schedules in order to facilitate client training, record maintenance and the exchange of other pertinent information.
7. Assists in computing data for programs such as behavior management, speech, token reinforcement, vocational, and social in order to assess client progress.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Certified Prevocational Program

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Prevocational Services

Provider Category:
Agency
Provider Type:
Certified Prevocational Program
Provider Qualifications
License *(specify)*:

Certificate *(specify)*:
Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B
Other Standard *(specify)*:

An applicant wishing to provide these services must provide written statements of the program facility's compliance with fire and health standards and submit these and other documentation to the Division of Developmental Disabilities.

When the application, supporting data, and site visit prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Prevocational services shall have written mission statements for dissemination to prospective clients and their families. The mission statement shall address:

Program philosophy and purpose;
Geographical area served;
Range of services provided; and
Population served, including criteria for service eligibility, program admission and program discharge.

The staffing pattern shall be appropriate to the type and scope of program services and shall include staff members who meet the experiential and educational qualifications set forth in the approved job descriptions. The program shall develop and maintain appropriate, up-to-date staffing schedules. Staff to client daily ratio shall not be more than 1:15. No client shall ever be left unsupervised unless the activity is part of a structured activity or plan of care.

In addition to certification, the following requirements apply to the provider's staff:
Activity Program Aide: Job Specifications
The minimum requirement for this position is graduation from high school or its equivalent and two years work experience. A Bachelors Degree with a major concentration in rehabilitation, industrial arts, pre-vocational education, psychology or a related field is preferred along with experience supervising or training and knowledge of persons with disabilities.

Specific Duties: The Activity Program Aide will work under the supervision and direction of a QIDP. The QIDP will provide and document on-site supervision every 30 days. Supervisor reports must be maintained in the personnel file and are subject to review by DMH/DDD and the Alabama Medicaid Agency.

The duties of the Activity Program Aide (Pre-Vocational) include:
1. Instructs/demonstrates/interacts with clients concerning a variety of education, personal care, pre-vocational training, job safety, and social behaviors, in accordance with the individual's assessed needs and plan requirements. Uses sound judgment and abides by supervisor's instructions, minimum standards and other applicable regulatory standards in order to foster client self-sufficiency and independence.
2. Converses with/listens to clients concerning personal needs, responsibilities, expectations, aspirations, privileges, and personal/behavioral problems in a supportive and understanding manner.
3. Participates in developing, modifying, and adapting instruction and training to individual client needs.
4. Interacts often and appropriately with clients using both verbal and nonverbal methods (gestures, modeling, sign language, etc.) to provide information to clients about expected behavior, duties, and activities.
5. Observes the quality of production and integrates efficiency concepts in the work process.
6. Provides/receives information to/from peers, supervisors, other professional staff, support personnel, and clients pertaining to care plan, schedules, programs, and progress using personal contacts, meetings, memorandums, reports, records and filing systems in accordance with established schedules in order to facilitate client training, record maintenance and the exchange of other pertinent information.
7. Assists in computing data for programs such as behavior management, speech, token reinforcement, vocational, and social in order to assess client progress.

Training Requirements
The Activity Program Aide (Pre-Vocational) training should demonstrate interaction with recipients concerning education, personal care, pre-vocational training, job safety and social behaviors, in accordance with the recipient's habilitation plan and care plan. The minimum training requirements:
1. Planning and coordinating all activities according to the individual habilitation and care plan.
2. Leadership with recipients doing therapeutic or rehabilitative activities programs.
3. Conferring with other professional personnel concerning the progress and needs of the recipients.
4. Providing individual instruction when needed.
5. Health observation including hygiene medication control/universal precautions.

6. Recipient abuse, neglect and mistreatment.
7. Knowledge of equipment and supplies needed for assigned activities.
8. Recipients rights and grievance procedures.
9. CPR first aid, medical emergencies.
10. Training on how to read and comprehend written materials, such as the care plan, habilitation plans and policy and procedures manuals.

Ongoing training will be conducted as needed but at least annually for above training requirements 6 and 8.
Additional Provider Requirements
The provider of service
a) Must have required training prior to providing service;
b) Must keep record of required training in the personnel folder; and
c) Must maintain a service log that documents specific days on which services were delivered consistent with the recipient's individual plan of care.

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH/DDD Certification Surveyors
Frequency of Verification:
Prior to Contract Approval, Annually or Bi-Annually for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Statutory Service

Service:
Respite

Alternate Service Title (if any):

HCBS Taxonomy:

Category	Sub-Category
Category 1: 09 Caregiver Support	**Sub-Category 1:** 09011 respite, out-of-home
Category 2: 09 Caregiver Support	**Sub-Category 2:** 09012 respite, in-home
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope)*:
Respite care is a service provided in or outside a family's home to temporarily relieve the unpaid primary caregiver. Respite care provides short-term care to an adult or child for a brief period of rest or relief for the family from day to day care giving for a dependent family member.

Respite is intended for participants whose primary caregivers typically are the same persons day after day (e.g. family members and/or adult family foster care providers), and is provided during those portions of the day when the caregivers typically provide care. Relief needs of hourly or shift staff workers will be accommodated by staffing substitutions, plan adjustments, or location changes, and not by respite care. Respite care typically is scheduled in advance, but it can also serve as relief in a crisis situation. As crisis relief, out of home respite can also allow time and opportunity for assessment, planning and intervention to try to re-establish the person in his home, or if necessary, to locate another home for him.

Some consumers are institutionalized because their community supports become exhausted, or because they don't know how to cope with an increasingly challenging behavior, or due to the loss/incapacitation of a caregiver. The scope of out of home respite will allow quick response to place the person in an alternate setting and provide intensive evaluation and planning for return, with or without additional intervention and supports. Planning will be made for alternate residential supports if return is not possible. The goal is to avoid institutionalization.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Respite care is dependent on the individual's needs as set forth in the plan of care and requires approval by the Division of Developmental Disabilities, subject to review by the Alabama Medicaid Agency. The limitation on in home and out of home Respite Care in combination shall be 4320 15-minute units of service (equals 1080 hours or 45 days) per participant per waiver year.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Community Residential Facility
Agency	Certified Waiver Hourly Services Provider (for In-Home Respite)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:
Community Residential Facility
Provider Qualifications
License *(specify)*:

Certificate *(specify):*
Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B
Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
DMH/DDD Certification Surveyors
Frequency of Verification:
Prior to Contract Approval, Annually or Biennially
for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:
Certified Waiver Hourly Services Provider (for In-Home Respite)
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Alabama Administrative Code Chapters 580-3-23 and 580-530A/B
Other Standard *(specify):*
Documentation

The billing provider must maintain documentation of the services provided each day. Logs signed by the worker and cosigned by the consumer or family member are acceptable.

Respite Care Provider Qualifications

Respite care workers may be employed by any agency qualified to provide services under the waiver, and by home health and other home care agencies, and individuals that may not otherwise be waiver providers. Any agency or individual undertaking the provision of this service must employ or contract with a QDDP to provide the required supervision and must meet the other requirements of this addendum related to training, plans of care, documentation and reporting.

The primary requirements for the provider agency are to:

• Handle all payroll taxes required by law
• Provide training and supervision as required by this scope of services
• Maintain records to assure the worker was qualified, the service was provided and provided in accordance with the plan of care
• Implement a plan and method for providing backup at any time it is needed
• Implement and assure the person and his or her family are and remain satisfied with the service

Respite Care Workers:

• Must have background checks required by law and regulation.
• Must be at least 18 years of age.

- Must be able to read and write and follow instructions.
- Must have at least completed tenth grade.
- Must be able to follow the plan of care with minimal supervision unless there is a change in the person's condition.
- Must have no physical or mental impairment that would prevent providing the needed oversight and care to the person.

Verification of Provider Qualifications

Entity Responsible for Verification:

DMH/DDD Certification Surveyors

Frequency of Verification:

Prior to Contract Approval, Annually or Biennailly for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Assistance in Community Integration

HCBS Taxonomy:

Category 1:	Sub-Category 1:
16 Community Transition Services	16010 community transition services
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

The Assistance in Community Integration service enables waiver participants to maintain their own housing as set forth in the participant's approved plan of care (POC). Services must be provided in the home or a community setting. The service includes the following components:

1. Conducting a community integration assessment identifying the participant's preferences related to housing (type, location, living

alone or with someone else, identifying a roommate, accommodations needed, or other important preferences) and needs for support to maintain community integration (including what type of setting works best for the individual, assistance in budgeting for housing/living expenses, assistance in obtaining/accessing sources of income necessary community living, assistance in establishing credit and in understanding and meeting obligations of tenancy).
2. Assisting participant with finding and securing housing as needed. This may include arranging for or providing transportation.
3. Assisting participant in securing supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings.
4. Developing an individualized community integration plan based upon the assessment as part of the overall Person Centered Plan. Identify and establish short and long-term measurable goal(s), and establish how goals will be achieved and how concerns will be addressed.
5. Participating in Person-Centered plan meetings at re-determination and/or revision plan meetings as needed.
6. Providing supports and interventions per the Person-Centered Plan (individualized community integration portion). Identify any additional supports or services needed outside the scope of Community Integration services and address among the team.
7. Supports to assist the individual in communicating with the landlord and/or property manager regarding the participant's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager.
8. Assistance in Community Integration will provide supports to preserve the most independent living arrangement and/or assist the individual in locating the most integrated option appropriate to the individual.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Assistance in Community Integration Service must be:
a. Authorized and included in the participant's service plan;
b. Necessary for the participant's safe transition to the community;
c. Exclusive of expenses for monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for pure diversion or recreational purposes; or that are not necessary for the participant's safe transit

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	DMH Transition Services

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistance in Community Integration

Provider Category:
Agency

Provider Type:
DMH Transition Services

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:

Other Standard *(specify)*:

This service provider must meet AL DMH Personnel requirements for Transition Services Coordination with a specialty in Housing Coordination and Community Integration

Verification of Provider Qualifications

Entity Responsible for Verification:

AL Department of Mental Health

Frequency of Verification:

Verification of qualifications will be conducted once. There is no need to re-evaluate.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Benefits and Career Counseling

HCBS Taxonomy:

Category 1:	Sub-Category 1:
03 Supported Employment	03030 career planning
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

Service Definition *(Scope)*:

The Benefits and Career Counseling service is designed to assist people and family member(s) with respect to waiver services and employment. The Benefits and Career Counselor provides intensive work incentive counseling services to beneficiaries of SSDI/recipients of SSI.

The Counselor must be a certified Work Incentives Counselor (CWIC) through the Social Security Administration. The Counselor will receive beneficiary referrals from the primary Information & Referral Triage CWIC based on the beneficiary county of residence. If I&R services alone are insufficient, beneficiaries are referred to the regional Benefits Counselor serving the county of residence. Once referred to the regional CWIC/Benefits and Career Counselor, a case file is established and maintained complying

with project documentation guidelines. Based on the identified needs, an array of benefits counseling and work incentive services will be developed, provided, and documented. These services may include but are not limited to: Intensive benefits counseling, Benefits Summary & Analysis, Work Incentive Plan, Ongoing Benefits Planning & documentation of those services. The Benefits and Career Counselors consult with their team members (other CWICs serving various locations statewide and ADRS SSA Specialist), local and state SSA staff, Virginia Commonwealth University (VCU) technical assistance team members, workforce development staff, and other human services personnel, and recommends, and facilitates use of work incentives to support beneficiary's employment choices. The Benefits Counselors will enter and maintain data collection according to project requirements. Documentation of services provided and collaborative efforts between the Benefits Counselors and the Information & Referral CWIC Counselor is communicated via the AL Department of Rehabilitation Services (ADRS) case management system (SMILE).

The Benefits and Career Counselors will function as technical assistance resources to case management agencies, waiver services providers, regional offices, as well as individuals and family/caretaker in their assigned area. The Counselors will work to discover and develop information about community resources, networks, advocacy groups and non-profit providers and will utilize these community resources to assist waiver participants and their support team with implementing work incentives. Benefits and Career Counselors may be required to develop and conduct community work incentive seminars, workshops, or other outreach, education or training activities in order to present information to individuals or professional organizations regarding work incentives and the services provided through this services.

These positions require proactive, well organized professionals who work well independently and as effective team members. The Benefits and Career Counselors must have the ability to manage multiple high priority tasks, possess and use excellent time management skills and have good verbal and written communication skills.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The individual(s) must be a Certified Work Incentives Counselor (CWIC) through the Social Security Administration. Participation in Part One of the competency-based Work Incentives Counseling community partner assessment and certification process. Part One of the Work Incentives Counseling Certification process takes place in the 6-week period immediately following completion of the initial training session and involves completing a series of online competency based assessments. The assessment process takes, on average, 25-45 hours of time over the 6-week period. Participants should plan to budget their time accordingly. Successful completion of all assessments during this 6-week period results in Provisional Community Partner Work Incentives Counseling Certification. In order to be fully certified a Counselor must develop benefit analysis for a person receiving SSI, SSDI, and both SSI and SSDI. If the analysis is correct then the Counselor is certified to provide this waiver service with no limit to amount, frequency, or duration.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	DMH or DVRS Certified Work Incentives Counselor

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Benefits and Career Counseling

Provider Category:
Agency

Provider Type:
DMH or DVRS Certified Work Incentives Counselor

Provider Qualifications

License *(specify):*

Certificate *(specify):*
The individual(s) must be a Certified Work Incentives Counselor (CWIC) through the Social Security Administration. This includes a Level 5 security clearance from Social Security Administration/Department of Homeland Security due to Personally Identifiable Information (PII).

Other Standard *(specify):*
Benefits and Career Counselors are housed in each of the Division of Developmental Disabilities five regional offices but will be under the AL Department of Rehabilitation Services (ADRS) supervision by the SSA Specialist in the ADRS State Office.

Verification of Provider Qualifications

Entity Responsible for Verification:
AL Department of Mental Health

AL Department of Rehabilitation Services

Frequency of Verification:
As needed to remain certified per the Social Security Administration.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Community Experience

HCBS Taxonomy:

Category	Sub-Category
Category 1: 04 Day Services	**Sub-Category 1:** 04070 community integration
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**

◉ **Service is not included in the approved waiver.**

Service Definition *(Scope)*:
Community Experience has three distinct categories: Individual, Group, and Self-Directed. Community Experience services are non-work related activities that are customized to the individual(s) desires to access and experience community participation. Community Experience is provided outside of the person's residence and can be provided during the day, evening, or weekends. The intent of this service is to engage in activities that will allow the person to either acquire new adaptive skills or support the person in utilizing adaptive skills in order to become actively involved in their community.

Community Experience Individual services are provided to an individual participant, with a one-to-one staff to participant ratio which is determined necessary through functional and health risk assessments (ICAP and HRST) prior to approval. Additionally, a behavioral assessment will need to support this specialized staffing if related to behavioral challenges prior to approval. Community Experience Group services are provided to groups of participants, with a staff to participant ratio of one to two or more, but no greater than four (4) participants.

CEI and CEG services are directly linked to goals and expectations identified in the person centered plan. The intended outcome of these services is to improve access to the community through increased skills, increased natural supports, and/or less paid supports. CEI and CEG services are designed to be teaching and coaching in nature. These services assist the participant in acquiring, retaining, or improving socialization and networking, independent use of community resources, and community participation outside the place of residence. CEI and CEG services are not facility-based.

Community Experience Self Directed service is for individuals who choose (and are approved) to self direct services and would otherwise need day supports and services (i.e. day habilitation) to obtain identified goals. Again, the intent of this service is to engage in activities that will allow the person to either acquire new adaptive skills or support the person in utilizing adaptive skills in order to become actively involved in their community. CE Self Directed services are not facility-based.

Transportation to and from activities and settings is a component of this service. Transportation is provided by the agency responsible for the service or by the self directed staff/family/or other natural support. Transportation provided through Community Experience Services is included in the cost of doing business and incorporated in the rate.

All Community Experience Services do not include educational services otherwise available through a program funded under 20 USC Chapter 3, section 1400 of the Individuals with Disabilities Education Act (IDEA). Community Access services must not duplicate or be provided at the same period of the day as Prevocational Service, Day Habilitation, Employment Small Group, or Job Coach and cannot be utilized if a person is receiving Residential Habilitation. Additionally, an individual serving as a representative for a waiver participant in self-directed services may not provide Community Experience services.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Community Experience services cannot be provided in the person's home or provided if a person is receiving Residential Habilitation. Additionally, Community Experience cannot overlap other Day Services including Pre-vocation, Day Habilitation, Employment Small Group, or Job Coach. Additionally, an individual serving as a representative for a waiver participant in self-directed services may not provide Community Experience services.

Service Delivery Method *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☑ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Self Directed Community Experience employee
Agency	Certified Day Habilitation Program

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Experience

Provider Category:
Individual

Provider Type:
Self Directed Community Experience employee

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:

Other Standard *(specify)*:
Self Directed Community Experience Workers:

* Must have at least two references, one from work and/or school, and one personal, which have been verified by the participant or family (with or without the support of a consultant).
* Must have background checks required by law and regulation
* Must be at least 18 years of age
* Must be able to read and write and understand instructions, as verified by the participant or family.
* Must have at least completed tenth grade
* If providing transportation, must have valid driver's license and insurance as required by State Law

Training Requirements

This service is intended to promote self-determination of waiver participants. The individual and/or his family are to select and hire staff, and to provide training and supervision to the worker(s).

Basic elements of training shall be provided prior to the worker delivering services and includes:

Procedures and expectations related to the worker including following the Plan of Care, the rights and responsibilities of the worker and the participant, reporting and record keeping requirements, procedures for arranging backup when needed, and who to contact within the FMSA, the case management agency and regional office. In addition and as needed, training in the following areas will be provided by the family or others and recorded.

a) Information about the specific condition and needs of the person to be served, including his or her physical, psychological or behavioral challenges, his or her capabilities, and his or her support needs and preferences related to that support.
b) If administration of ordinarily self-administered medication is required by the participant, training and ongoing supervision in medication administration.
c) Training as needed in communication skills; in understanding and respecting participant choice and direction; in respecting the participant's confidentiality, cultural and ethnic diversity, personal property and familial and social relationships; in handling conflict and complaints and in responding to emergencies.

Supervision

Supervision of the self-directed workers is the responsibility of the family and/or the participant.

Documentation

The family and participant must maintain documentation of the dates and hours of service provided and provide this to the FMSA bi-weekly for processing billing to Medicaid and payment to the workers. Daily or weekly logs, signed by the worker and by the participant or family member, which identify the participant, the worker providing the service, the date(s) of service, the time service began and the time service ended, and the activities provided within each span of work, will be required. A form will be provided by the FMSA.

Verification of Provider Qualifications

Entity Responsible for Verification:
Financial Management Services

The self-directed community experience workers will be employed by the family and participant, who will be employers of record. The family and participant will be supported by a Financial Management Service Agency (FMSA). The FMSA will pay the workers employed by the family and participant, on a bi-weekly basis. Payment will be made on the basis of receipt of one time card per worker, which will document the hours the worker has worked during the bi-weekly pay period with an indication of the service rendered for that time period (i.e. adult companion, personal care).

The FMSA will withhold the necessary tax amounts, including employer's share, and pay these amounts to the proper authorities on a quarterly basis. In addition to withholding FICA and Unemployment, the Fiscal Agent will withhold and submit income taxes for the workers. The primary requirements for the FMSA are to:

a) Handle all payroll taxes required by law
b) Assist with the documentation of training and other qualifications of workers as required by the waiver, including verification of citizenship.
c) Maintain records to assure the worker was qualified, the service was provided in accordance with the plan of care
d) Furnish background checks on prospective employees
e) Provide the person and family with easy access to resolve problems with payroll and provide a notification route for any other issues that may arise. This means that the FMSA, if it hears that a change may be needed or that a backup plan needs to start, will notify the operating agency, the self directed liaison and the case manager. The objective is to provide a network within which, no matter which contact the person or family makes, the information is shared and the reaction is comprehensive.
f) Also, the FMSA will help to assure the person and his or her family are and remain satisfied with the service

Frequency of Verification:
Workers employed by participants and families will have their qualifications verified initially by the FMSA, and no further verification is necessary unless a situation or qualification changes and the participant or family reports it to the FMSA. Exclusion lists are checked monthly.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Experience

Provider Category:
Agency

Provider Type:
Certified Day Habilitation Program

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:
Al. Administrative Code Chapters 580-3-23 580-5-33.

Other Standard *(specify)*:

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH Certification Surveyors

Frequency of Verification:
Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Community Specialist Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17990 other
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Community Specialist Services include professional observation and assessment, facilitation of person centered plan development and continuance, individualized program design and implementation, training of consumers and family members, consultation with caregivers and other agencies, and monitoring and evaluation of planning and service outcomes as needed to facilitate and implement the person centered plan. The service may also, at the choice of the consumer or family, include advocating for the consumer and assisting him or her in locating and accessing services and supports. The community specialist will serve as both a qualified planner and, at the consumer's or family's request, a broker.

The community specialist must meet QDDP qualifications and be free of any conflict of interest with other providers serving the consumer. The services of the community specialist will assist the consumer and his caregivers to design and implement specialized programs to enhance self-direction, independent living skills, community integration, social, leisure and recreational skills, and behavior management.

These functions differ from case management in the skill level and independence of the specialist, as well as the focus on self-determination and advocacy for the individual. Targeted case managers will continue to perform traditional duties of intake, completion of paperwork regarding eligibility, serving in the capacity of referral and resource locating, monitoring and assessment.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The planning team shall first ensure that provision of this service does not duplicate the provision of any other services, including Targeted Case Management provided outside the scope of the waiver. The community specialist will frequently be involved for only a short time (30 to 60 days); in such an instance, the functions will not overlap with case management. If the consumer or family chooses to have the community specialist remain involved for a longer period of time, the targeted case manager will need

only visit the person every 180 days, and call the person at 90-day intervals to ensure services actually are being delivered and are satisfactory. The community specialist will share information with the case manager quarterly in an effort to remain abreast of the client's needs and condition. A community specialist who facilitates the planning meeting for a person shall not have any conflict of interest with any provider who may wish to serve the person.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Individual employed or contracted by a certified agency
Individual	Qualified Individual Employed by a Self-Directing Participant or Family

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Specialist Services

Provider Category:
Agency

Provider Type:
Individual employed or contracted by a certified agency

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:
Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B

Other Standard *(specify)*:
The individual must meet federally defined QDDP qualifications (42 CFR 483.430) and be free of any conflict of interest. This means he or she cannot work for any provider agency from which a person assisted by this community specialist is receiving, or is likely to receive, services reimbursed through this waiver program.

In addition, the provider must have experience, verified by the DMH/DDD, in person centered planning. This will consist of both training and actual practice.

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH/DDD Certification Surveyors

Frequency of Verification:
Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Specialist Services

Provider Category:
Individual
Provider Type:
Qualified Individual Employed by a Self-Directing Participant or Family
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Al. Administrative Code Chapters 580-3-23 and 580-5-30
Other Standard *(specify):*
The individual must meet federally defined QDDP qualifications (42 CFR 483.430) and be free of any conflict of interest. This means he or she cannot work for any provider agency from which a person assisted by this community specialist is receiving, or is likely to receive, services reimbursed through this waiver program.

Note that a person may qualify as a community specialist and work for an agency, and also work for a participant or family who is self-directing, as long as there is no conflict of interest.
Verification of Provider Qualifications
Entity Responsible for Verification:
The FMSA (Financial Management Service Agency) will verify the qualifications prior to enrolling the community specialist. This verification need only be made initially. If the community specialist is also employed by an agency, and thus certified by the Operating Agency, the FMSA may accept the Operating Agency's verification of qualifications, but will need to verify the absence of conflict of interest itself.
Frequency of Verification:
Initial verification is all that is required unless the participant or family reports a change which might call the initial verification into question.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Crisis Intervention

HCBS Taxonomy:

Category 1:	Sub-Category 1:
10 Other Mental Health and Behavioral Services	10030 crisis intervention
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Crisis Intervention provides immediate therapeutic intervention, available to an individual on a 24-hour basis, to address personal, social, and/or behavioral problems which otherwise are likely to threaten the health and safety of the individual or of others and/or to result in the individual's removal from his current living arrangement.

Crisis intervention may be provided in any setting in which the consumer resides or participates in a program. The service includes consultation with family members, providers and other caretakers to design and implement individualized crisis treatment plans and provide additional direct services as needed to stabilize the situation.

Individuals with intellectual disabilities are occasionally at risk of being moved from their residences to institutional settings because the person, or his or family members or other caretakers, are unable to cope with short term, intense crisis situations. Crisis intervention can respond intensively to resolve the crisis and prevent the dislocation of the person at risk. The consultation which is provided to caregivers also helps to avoid or lessen future crises.

When the need for this service arises, the service will be added to the plan of care for the person. A separate crisis intervention plan will be developed to define in detail the activities and supports that will be provided. All crisis intervention services shall be approved, at least by phone followed up in writing, by the regional community service office of the DMH prior to the service being initiated.

Specific crisis intervention service components may include the following:
• Analyzing the psychological, social and ecological components of extreme dysfunctional behavior or other factors contributing to the crisis;
• Assessing which components are the most effective targets of intervention for the short term amelioration of the crisis;
• Developing and writing an intervention plan;
• Consulting and, in some cases, negotiating with those connected to the crisis in order to implement planned interventions, and following-up to ensure positive outcomes from interventions or to make adjustments to interventions;
• Providing intensive direct supervision when a consumer is physically aggressive or there is concern that the consumer may take actions that threaten the health and safety of self and others;
• Assisting the consumer with self care when the primary caregiver is unable to do so because of the nature of the consumer's crisis situation; and
• Directly counseling or developing alternative positive experiences for consumers who experience severe anxiety and grief when changes occur with job, living arrangement, primary care giver, death of loved one, etc.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Crisis intervention services are expected to be of brief duration (8 weeks, maximum). When services of a greater duration are required, the individual shall be transitioned to a more appropriate service program or setting. There are two levels of staff, professional and technician.
Crisis intervention services under the waiver is not available to children under the age of 21 when provided as the result of an EPSDT screening, because that service is covered under the State Plan.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Certified Waiver Provider or DMH/DDD (State Agency) Regional Team

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Crisis Intervention

Provider Category:
Agency

Provider Type:
Certified Waiver Provider or DMH/DDD (State Agency) Regional Team

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:
Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B, if the team is employed by a residential, day or hourly services provider.

Other Standard *(specify)*:
Providers of crisis intervention shall consist of a team under the direction and supervision of a psychologist, counselor or social worker licensed by the State of Alabama and meeting the requirements of a QDDP (as defined at 42 CFR 483.430). All team members shall have at least one year of work experience in serving persons with developmental disabilities, and shall, either within their previous work experience or separately, have a minimum of 40 hours training in crisis intervention techniques prior to providing services. The team shall be mobile and prepared to provide direct staffing if that is necessary to implement the plan.
Crisis teams may be agency based (certified waiver residential and day habilitation providers, or DMH/DDD Regional Offices), or they may stand alone.

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH/DDD Certification Surveyors

Frequency of Verification:
Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Environmental Accessibility Adaptations

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

14 Equipment, Technology, and Modifications | 14020 home and/or vehicle accessibility adaptations

Category 2: | **Sub-Category 2:**

Category 3: | **Sub-Category 3:**

Category 4: | **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope)*:
Those physical adaptations to the home, required by the recipient's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home and without which, the recipient would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the recipient, but shall exclude those adaptations or improvements to the home which are of general utility and not of direct medical or remedial benefit to the waiver client, such as carpeting, roof repair, central air conditioning, etc. Adaptations that add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
The individual's home may be a house or an apartment that is owned, rented or leased. Adaptations to the work environment covered by the Americans with Disabilities Act, or those that are the responsibility of other agencies, are not covered. Covered adaptations of rented or leased homes should be those extraordinary alterations that are uniquely needed by the individual and for which the property owner would not ordinarily be responsible.

Payment is for the cost of material and labor. The unit of service would be the job. Total costs of environmental accessibility adaptations shall not exceed $5,000 per year, per individual.

Service Delivery Method *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Self Directed Contractor
Agency	Contractor

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Accessibility Adaptations

Provider Category:
Agency
Provider Type:
Self Directed Contractor
Provider Qualifications
License *(specify)*:
Meets all applicable State (Alabama Code 230-X-1) and Local Licensure requirements.
Certificate *(specify)*:

Other Standard *(specify)*:
All construction, wiring, plumbing meets applicable building codes.
Verification of Provider Qualifications
Entity Responsible for Verification:
Alabama Licensing Board for General Contractors.
Frequency of Verification:
Annual

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Accessibility Adaptations

Provider Category:
Agency
Provider Type:
Contractor
Provider Qualifications
License *(specify)*:
Meets all applicable State (Alabama Code 230-X-1) and Local Licensure requirements.
Certificate *(specify)*:

Other Standard *(specify)*:
All construction, wiring, plumbing meets applicable building codes.
Verification of Provider Qualifications
Entity Responsible for Verification:
Alabama Licensing Board for General Contractors
Frequency of Verification:
Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Individual Directed Goods and Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services	17010 goods and services
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope)*:

Individual Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the service plan (including improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; and/or promote inclusion in the community; and/or increase the participant's safety in the home environment; the item or service is not illegal or otherwise prohibited by Federal and State statutes and regulations, and the participant does not have the funds to purchase the item or service or the item or service is not available through another source.

Goods and Services are required to meet the identified needs and outcomes in the individual's person centered plan, are the most cost effective to meeting the assessed need, assures health, safety, and welfare, and are directly beneficial to the individual in achieving at least one of the following outcomes: Improved cognitive, social, or behavioral functioning; maintain the individual's ability to remain in the community; enhance inclusion and family involvement; develop or help maintain personal, social, or physical skills; decrease dependency on formal supports services; increase independence.

Experimental or prohibited treatments are excluded, as well as room and board; items solely for entertainment of recreation; cigarettes and alcohol.

A prior approval is necessary before accessing this service. The process begins with the enrollment meeting between the person (and family if applicable) and the self directed liaison. The liaison will review all the employer on record paperwork and discuss the budgetary authority. During this meeting the person's budget will be discusses along with what is considered acceptable and not acceptable uses of this service. A list will be provided to the person (and family) indicating items that are strictly prohibited. It is also during this time that the person may identify items of interest. These items will be listed on the person's budget and submitted to the FMSA. The FMSA will follow their process of working with the individual on procurement and reimbursement, as well as adjust the person's budget accordingly. The FMSA will notify the Regional Office and self-directed liaison of the actual amount spent on Individual Directed Goods and Services on a monthly basis.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The limit on amount is determined individually based on the balance of the individual's savings account at the time of the request which is maintained by the Financial Management Services Agency, but not to exceed $1000 annually. The duration of this service is again based on the individual's savings account balance and the individual's participation in self-directed services. If an individual returns to traditional waiver services the ability to access any dollars from the savings account and utilize this service will

be terminated. Additionally, dollars not utilized in the current fiscal year will roll back to the Division of Developmental Disabilities. Dollars will not roll forward in a person's account for the next fiscal year.

Items, goods or services that are not for the primary benefit of the participant are prohibited. Items, goods or services that are unrelated to the person's assessed long-term support needs and outcomes related to those needs are prohibited.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [ ] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [x] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Self Directed Vendor of Goods or Services (Family, friend, neighbor, supportive home care worker)
Agency	Home Health Care Agency or Other Merchants or Contractors

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Individual Directed Goods and Services

Provider Category:
Individual

Provider Type:
Self Directed Vendor of Goods or Services (Family, friend, neighbor, supportive home care worker)

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:

Other Standard *(specify)*:
Typical vendors in the community, according to the goods, services and supports needed. The person's experience/knowledge providing the good and/or service matches the good/service provided.

Verification of Provider Qualifications

Entity Responsible for Verification:
Self Directed Liaison
Financial Management Services Agency (FMSA)

Frequency of Verification:
Annually or at the time of purchase

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Individual Directed Goods and Services

Provider Category:

Agency

Provider Type:
Home Health Care Agency or Other Merchants or Contractors
Provider Qualifications
License *(specify)*:

Certificate *(specify)*:
Al. Administrative Code Chapters 580-3-23 and 580-5-33.
Other Standard *(specify)*:

Verification of Provider Qualifications
Entity Responsible for Verification:
Typical vendors in the community, according to the goods, services and supports needed. The person's experience/knowledge providing the good and/or service matches the good/service provided.
Frequency of Verification:
Annually or at the time of purchase.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Occupational Therapy

HCBS Taxonomy:

Category 1:	Sub-Category 1:
11 Other Health and Therapeutic Services	11080 occupational therapy
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**

○ **Service is not included in the approved waiver.**

Service Definition *(Scope)*:
Occupational therapy is the application of occupation-oriented or goal-oriented activity to achieve optimum functioning, to prevent dysfunction, and to promote health. The term "occupation" as used in occupational therapy refers to any activity engaged in for evaluation, specifying, and treating problems interfering with functional performances. Services include assisting in the evaluation of an individual to determine level of functioning by applying diagnostic and prognostic tasks and guiding and treating individuals in the prescribed therapy to secure and/or obtain necessary functioning. Provision of this service will prevent institutional placement.
Therapist may also provide consultation and training to staff or caregivers (such as client's family and /or foster family). Services to direct caregivers will be allowed when the service to caregivers is for the direct benefit of the recipient and is necessary to enable the recipient to be cared for outside of an institution.

Occupational Therapy can be directed by individual participants or family but must adhere to all the traditional service rules.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Services must be prescribed by a physician and be provided on an individual basis. The need for service must be documented in the case record. Services must be listed on the care plan and be provided and billed in 15-minute units of service. Occupational therapy under the waiver is not available to children under the age of 21 when provided as the result of an EPSDT screening, because that service is covered under the State Plan. Group therapy is not allowed.

Documentation
Providers of service must maintain a service log that documents specific days on which occupational therapy services were delivered.

Service Delivery Method *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Qualified Individual Employed by a Self-Directing Participant or Family
Agency	Occupational Therapist employed or contracted by a certified agency.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Occupational Therapy

Provider Category:
Individual
Provider Type:
Qualified Individual Employed by a Self-Directing Participant or Family
Provider Qualifications
License *(specify)*:
Occupational Therapists are licensed under the Code of Alabama, 1975 Sec. 34-39-5
Certificate *(specify)*:
Certified waiver providers are certified under Al. Administrative Code Chapters 580-3-23, 580-5-30, 580-5-31 and 580-5-32
Other Standard *(specify)*:

Verification of Provider Qualifications

Entity Responsible for Verification:

DMH/DDD Certification Surveyors. The FMSA (Financial Management Service Agency) will verify the qualifications prior to enrolling the occupational therapist. This verification need only be made initially. If the occupational therapist is also employed by an agency, and thus certified by the Operating Agency, the FMSA may accept the Operating Agency's verification of qualifications.

Frequency of Verification:

Prior to Contract Approval, Annually or Bi-Annually for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Occupational Therapy

Provider Category:

Agency

Provider Type:

Occupational Therapist employed or contracted by a certified agency.

Provider Qualifications

License *(specify)*:

Occupational Therapists are licensed under the Code of Alabama, 1975 Sec. 34-39-5

Certificate *(specify)*:

Certified waiver providers are certified under Al. Administrative Code Chapters 580 Code Chapters 580-3-23 and 580-5-30A/B

Other Standard *(specify)*:

Verification of Provider Qualifications

Entity Responsible for Verification:

DMH/DDD Certification Surveyors

Frequency of Verification:

Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Personal Emergency Response System

HCBS Taxonomy:

Category 1: 14 Equipment, Technology, and Modifications

Sub-Category 1: 14010 personal emergency response system (PERS)

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ○ **Service is included in approved waiver. The service specifications have been modified.**
- ◉ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Personal emergency response system (PERS) is a service that provides a direct telephonic or other electronic communications link between someone living in the community and health professionals to secure immediate assistance in the event of a physical, emotional or environmental emergency. PERS may also include cellular telephone service used when a conventional PERS is less cost-effective or is not feasible. This service may include installation, monthly fee (if applicable), upkeep and maintenance of devices or systems as appropriate.

The use of these technologies requires assurance that safeguards are in place to protect privacy, provide informed consent, and that documented needs are addressed in the least restrictive manner. The person centered plan should identify options available to meet the need of the individual in terms of preference while also ensuring health, safety, and welfare. Personal risk factors should be discussed, information regarding data collection should be discussed, customized list of individuals/providers to be notified of alerts should be customized, who will be allowed access to data (service provider/staff), and choice should be afforded between providers both equipment and monitoring. The person centered plan should also include the purpose of the PERS, back-up system for PERS in times of electronic outages or failure, training of caregiver (paid and unpaid), provider/caregiver response time for different events, safeguards for protection of the person's privacy related to remote support and data collection. If remote support includes video (in person's bedroom), informed consent must be addressed (and documented) and privacy concerns should be addressed.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Emergency Response System installation and testing is approximated to cost $500.00; Emergency Response Monthly Service Fee (excludes installation and testing) is approximated to cost no more than $83.00/month; Emergency Response system purchase is approximated to cost $1,500.00. The maximum cost for all PERS per year is $3000.00

This service will not be authorized for person's receiving residential habilitation. PERS will not replace supervision and monitoring of activities of daily living which are provided to meet requirements of another service (i.e. personal care; day habilitation).

Service Delivery Method *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title

Provider Category	Provider Type Title
Agency	Service Provider Agency and authorized PERS vendor
Agency	Self Directed authorized PERS vendor

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response System

Provider Category:
Agency
Provider Type:
Service Provider Agency and authorized PERS vendor
Provider Qualifications
License *(specify)*:

Certificate *(specify)*:

Other Standard *(specify)*:
The PERS provider should assure that these devices, where applicable, meet Federal Communication Commission standards or Underwriters Laboratory standards or the equivalent.

The installation of PERS systems should be done by qualified installers representing the health agency managing the personal emergency response system. In the event these installers are not available the agency should seek experienced technicians to complete necessary line adaptations.

PERS Minimum Requirements:
1) Provide an alert button or other mechanism that can be activated by the person to indicate the needs for emergency assistance and/or utilize technology to detect a possible adverse event indicating the need for immediate response.
2) Immediately transmit/communicate the alert to a central clearinghouse that maintains 24/7 immediate/real time recognition of and response to the alert and includes a "failsafe" procedure that assures that every alert for assistance is responded to in a timely manner as defined in the person's person centered plan or PERS parameters.
3) A call tree that reflects the person's needs and preferences.
4) Assurance that any agency or individual who creates, collects, records, maintains, stores, or discloses any individually identifiable participant data complies with the Health Insurance Portability and Accountability Act (HIPAA) and all other data privacy laws and requirements.
5) Address the documented risk factors and preferences of the person.

Verification of Provider Qualifications
Entity Responsible for Verification:
DMH
Frequency of Verification:
At time of purchase.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Personal Emergency Response System

Provider Category:
Agency
Provider Type:

Self Directed authorized PERS vendor

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:

Other Standard *(specify)*:

The PERS provider should assure that these devices, where applicable, meet Federal Communication Commission standards or Underwriters Laboratory standards or the equivalent.

The installation of PERS systems should be done by qualified installers representing the health agency managing the personal emergency response system. In the event these installers are not available the agency should seek experienced technicians to complete necessary line adaptations.

PERS Minimum Requirements:
1) Provide an alert button or other mechanism that can be activated by the person to indicate the needs for emergency assistance and/or utilize technology to detect a possible adverse event indicating the need for immediate response.
2) Immediately transmit/communicate the alert to a central clearinghouse that maintains 24/7 immediate/real time recognition of and response to the alert and includes a "failsafe" procedure that assures that every alert for assistance is responded to in a timely manner as defined in the person's person centered plan or PERS parameters.
3) A call tree that reflects the person's needs and preferences.
4) Assurance that any agency or individual who creates, collects, records, maintains, stores, or discloses any individually identifiable participant data complies with the Health Insurance Portability and Accountability Act (HIPAA) and all other data privacy laws and requirements.
5) Address the documented risk factors and preferences of the person.

Verification of Provider Qualifications

Entity Responsible for Verification:

FMSA

Frequency of Verification:

At time of purchase.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Physical Therapy

HCBS Taxonomy:

Category 1: 11 Other Health and Therapeutic Services

Sub-Category 1: 11090 physical therapy

Category 2:

Sub-Category 2:

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope)*:
Physical therapy is physician prescribed treatment of an individual by the employment of effective properties of physical measures and the use of therapeutic exercises and rehabilitative procedures with or without assistive devices, for the purpose of preventing, correcting, or alleviating a physical or mental disability. Services include assisting in the evaluation of an individual to determine level of functioning by applying diagnostic and prognostic tasks and providing treatment training programs that are designed to:

• preserve and improve abilities for independent function, such as range of motion, strength, tolerance, coordination and facility performing activities of daily living; and
• prevent irreducible progressive disabilities through means such as the use of orthotic and prosthetic appliances, assistive and adaptive devices, positioning, behavior adaptations and sensory stimulation.

Therapist may also provide consultation and training to staff or caregivers (such as client's family and/or foster family). Services to direct caregivers will be allowed when the service to caregivers is for the direct benefit of the recipient and is necessary to enable the recipient to be cared for outside of an institution.

Physical Therapy can be directed by individual participants or family but must adhere to all the traditional service rules.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Documentation in the case record must justify the need for service. Services must be listed on the care plan and be provided and billed in 15-minute units of service. Physical therapy under the waiver is not available to children under the age of 21 when provided as the result of an EPSDT screening, because that service is covered under the State Plan. Group therapy is not allowed.

Documentation
Providers of service must maintain a service log that documents specific days on which physical therapy services were delivered.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Physical Therapist employed or contracted by a certified agency.
Individual	Qualified Individual Employed by a Self-Directing Participant or Family

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Physical Therapy

Provider Category:
Agency

Provider Type:
Physical Therapist employed or contracted by a certified agency.

Provider Qualifications

License *(specify)*:
Physical Therapists are licensed under the Code of Alabama, 1975 Sec.34-24-212

Certificate *(specify)*:
Certified Waiver Providers are certified under Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B

Other Standard *(specify)*:

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH/DDD Certification Surveyors

Frequency of Verification:
Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Physical Therapy

Provider Category:
Individual

Provider Type:
Qualified Individual Employed by a Self-Directing Participant or Family

Provider Qualifications

License *(specify)*:
Physical Therapists are licensed under the Code of Alabama, 1975 Sec.34-24-212

Certificate *(specify)*:
Certified Waiver Providers are certified under Al. Administrative Code Chapters 580-3-23, 580-5-30, 580-5-31 and 580-5-32

Other Standard *(specify)*:

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH/DDD Certification Surveyors. The FMSA (Financial Management Service Agency) will verify the qualifications prior to enrolling the physical therapist. This verification need only be made initially. If the physical therapist is also employed by an agency, and thus certified by the Operating Agency, the FMSA may accept the Operating Agency's verification of qualifications.

Frequency of Verification:
Prior to Contract Approval, Annually or Bi-Annually for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Positive Behavior Support

HCBS Taxonomy:

Category 1:	Sub-Category 1:
10 Other Mental Health and Behavioral Services	10040 behavior support
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope)*:

Positive Behavior Support (PBS) is a set of researched-based strategies that combine behavioral and biomedical science with person-centered, valued outcomes and systems change to increase quality of life and decrease problem behaviors by teaching new skills and making changes in a person's environment. The strategies take into consideration all aspects of the person's life and are intended to enhance positive social interactions across work, academic, recreational, and community settings while reducing actions that are not safe or that lead to social isolation, loneliness or fearfulness. PBS provides framework for approaches that emphasize understanding the person, strengthening environment that build on individual strengths and interests, and decreasing interventions that focus on controlling problematic behavior in order to fit the person's environment. Some of the billable tasks include, but are not limited to: conducting functional behavior assessments, behavior support plan (BSP) development, training to implement the BSP, data entry/analysis/graphing, monitoring effectiveness of BSP, writing progress notes/reports, etc. BSP may include consultation provided to families, other caretakers, and habilitation services providers. BSP shall place primary emphasis on the development of desirable adaptive behavior rather than merely the elimination or suppression of undesirable behavior. A behavior support plan may only be implemented after positive behavioral approaches have been tried, and its continued use must be reviewed every thirty days with reports due quarterly.

Positive Behavior Support (PBS) waiver service is comprised of two general categories of service tasks. These are (1) development of a Behavior Support Plan (BSP) and (2) implementation of a BSP. In addition, this waiver service has three service levels: two professional and one technical, each with its own procedure code and rate of payment. The service levels are distinguished by the qualifications of the service provider and by supervision requirements. Both professional and technical level service providers may perform tasks within both service categories, adhering to supervision requirements that are described under provider qualifications.

The two professional service provider levels are distinguished by the qualifications of the person providing the service. Both require advanced degrees and specialization, but the top level also requires board certification in behavior analysis. The third service provider level is technical and requires that the person providing the service be under supervision to perform PBS tasks.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The maximum units per year of both professional and technician level units in combination cannot exceed 1200 and the maximum units of any combination of professional level one (1) or two (2) cannot exceed 800. Maximum units of Technician level service are the balance between billed professional level one (1) and two (2) units and the combined maximum per year. Professional level providers may provide more than the 800 unit limit, but these additional units will be paid at the Technician level up to the 1200 max on total units. Providers of service must document which tasks are provided by date performed in addition to their clinical notes. There will be no accommodation for exceeding the overall cap of 1200 units for all three levels. The following do not qualify for billing under this waiver service: 1) individual or group therapy, 2) group counseling, 3) behavioral procedures not listed in a formal BSP or that do not comply with the current Behavioral Services Procedural Guidelines and Community Certification Standards, 4) non-traditional therapies, such as music therapy, massage therapy, etc., 5) supervision.

PBS service under the waiver is not available to children under the age of 21 when provided as the result of an EPSDT screening, because that service is covered under the State Plan.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Self Directed Board Certified Behavior Analyst or Assistant
Agency	Individual employed or contracted by a certified agency.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support

Provider Category:
Individual

Provider Type:
Self Directed Board Certified Behavior Analyst or Assistant

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:
Board Certified Behavior Analyst or Assistant

Other Standard *(specify)*:
Three levels of provider may provide Positive Behavior Support services. The qualifications are as follows:

Level 1: Providers must have either a Ph.D. or M.A. and be certified as a Behavior Analyst (BCBA) by the Behavior Analysis Certification Board.

Behavior Analysis Certification Board
3323 Thomasville Rd. Suite B
Tallahassee, FL 32308
Phone (850) 386-4444; FAX (850) 386-2404; Web www.BACB.com

Level 2: Providers must have either a Doctoral or Master's level degree in the area of Behavior Analysis, Psychology, Special Education or a related field and three yearsÃ¢Â€Â™ experience working with persons with Developmental Disabilities. Level 2 providers with a Doctorate do not require supervision.

Level 3: Providers must be either a QIDP (per the standard at 43 CFR 483.430) or be a Board Certified Assistant Behavior Analyst (BCABA). Level 3 providers require supervision averaging at a minimum of one hour per week by either a Level 1 provider or a Level 2 Doctoral provider.

All PBS service providers must complete an Orientation Training. This will consist of training to ensure providers are aware of the minimum standards of practice outlined in the Behavioral Services Procedural Guidelines adopted by the Department. Providers must also complete any additional orientation training refresher courses when BSP Guidelines have been updated. The orientation will be provided by DDD via Department of Mental Health's e-learning software. The DMH will maintain a registry of trained BPS providers and record of their orientation. The provider will maintain a record of who is supervising the Level 3 provider and will make available upon request/audit.

Verification of Provider Qualifications

Entity Responsible for Verification:

DMH/DDD Director of Psychological and Behavioral Services and FMSA.

Frequency of Verification:

Upon enrollment.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive Behavior Support

Provider Category:

Agency

Provider Type:

Individual employed or contracted by a certified agency.

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:

Board Certified Behavior Analyst or Assistant

Other Standard *(specify)*:

Three levels of provider may provide Positive Behavior Support services. The qualifications are as follows:

Level 1: Providers must have either a Ph.D. or M.A. and be certified as a Behavior Analyst (BCBA) by the Behavior Analysis Certification Board.

Behavior Analysis Certification Board
3323 Thomasville Rd. Suite B
Tallahassee, FL 32308
Phone (850) 386-4444; FAX (850) 386-2404; Web www.BACB.com

Level 2: Providers must have either a Doctoral or Master's level degree in the area of Behavior Analysis, Psychology, Special Education or a related field and three years experience working with persons with Developmental Disabilities. Level 2 providers with a Doctorate do not require supervision.

Level 3: Providers must be either a QIDP (per the standard at 43 CFR 483.430) or be a Board Certified Assistant Behavior Analyst (BCABA). Level 3 providers require supervision averaging at a minimum of one hour per week by either a Level 1 provider or a Level 2 Doctoral provider.

All PBS service providers must complete an Orientation Training. This will consist of training to ensure providers are aware of the minimum standards of practice outlined in the Behavioral Services Procedural Guidelines adopted by the Department. Providers must also complete any additional orientation training refresher courses when BSP Guidelines have been updated. The orientation will be provided by DDD via Department of Mental Health's e-learning

software. The DMH will maintain a registry of trained BPS providers and record of their orientation. The provider will maintain a record of who is supervising the Level 3 provider and will make available upon request/audit.

Verification of Provider Qualifications

Entity Responsible for Verification:

DMH/DDD Certification Surveyors

Frequency of Verification:

Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Residential Habilitation Other Living Arrangement (OLA)

HCBS Taxonomy:

Category 1:	Sub-Category 1:

Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:

Category 4:	Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope)*:

Residential Habilitation (Other Living Arrangement)

Residential habilitation services provide care, supervision, and skills training in activities of daily living, home management and community integration. In this waiver, residential habilitation services are provided to recipients in their own homes, but not in group homes or other facilities. A unit of service is 15 minutes. The place of service will primarily be the person's home, but may include services in the community to promote opportunities for inclusion, socialization, and recreation.

Residential habilitation goals must relate to identified, planned goals. Training and supervision of staff by a QDDP shall assure the staff is prepared to carry out the necessary training and support functions to achieve these goals. Initial training requirements are specified below; these must be met prior to the staff beginning work. Additional training to specifically address and further the goals in the individual's plan may occur on the job. Consumers and family members shall be included in the planning, and shall be offered and encouraged to use the opportunity to participate in the training and supervision of the staff.

The service includes the following:
• Habilitation training and intervention in the areas of self-care, sensory/motor development, interpersonal skills, communication, behavior shaping, community living skills, mobility, health care, socialization, community inclusion, money management, pursuit of leisure and recreational activities and household responsibilities. Training and intervention may consist of incidental learning in addition to formal training plans, and will also encompass modification of the physical and/or social environment, meaning, changing factors that impede progress (i.e. moving a chair, substituting velcro closures for buttons or shoe laces, changing peoples' attitudes toward the person, opening a door for someone, etc.) and provision of direct support, as alternatives to formal habilitative training.
• Habilitation supplies and equipment; and
• Transportation costs to transport individuals to day programs, social events or community activities when public transportation and/or transportation covered under the Medicaid state plan are not available will be included in payments made to providers of residential habilitation. Residential Habilitation service workers may transport consumers in their own vehicles as an incidental component of this service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
In this waiver, residential habilitation services are provided to recipients in their own homes, but not in group homes or other facilities.

The service excludes the following:
• Services, directly or indirectly, provided by a member of the individual's immediate family;
• Routine care and supervision which would be expected to be provided by a family;
• Activities or supervision for which a payment is made by a source other than Medicaid; and
• Room and board costs.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Certified Waiver Hourly Services Provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Residential Habilitation Other Living Arrangement (OLA)

Provider Category:
Agency
Provider Type:
Certified Waiver Hourly Services Provider
Provider Qualifications
License *(specify)*:

Certificate *(specify):*
Al. Code Administrative Chapters 580-3-23 and 580-5-30A/B
Other Standard *(specify):*
Documentation:

Providers must have documented record of having completed training prior to providing services. Providers of service must maintain a service log that documents specific dates on which services were delivered, consistent with the consumer's plan of care.

Residential Habilitation Provider Qualifications

The Department of Mental Health, Division of Developmental Disabilities requires certification of programs delivering Residential Habilitation Other Living Arrangement services. Standards are in Alabama Administrative Code, Chapters 580-3-23, and 580-5-30 A and B.

An applicant wishing to provide Residential Habilitation Services under this waiver does not need to provide evidence of compliance with fire and health standards because the service will be provided in the individual's home (including family home). Instead, a new applicant shall submit to the Division a written plan in the form of a proposal, together with an application for programmatic certification, describing how the programmatic standards referenced above will be met. Certification surveys will follow the standards for Hourly Service Providers, and may include visits to the homes of individuals being served.

When the application, supporting data, and site visit, if applicable, prove the program or service is in full compliance with certification requirements, a certificate will be issued by the Division of Developmental Disabilities.

Subsequent site inspections shall be scheduled in accordance with policy and procedures of the Department's Division of Technical Services. Programmatic re-surveys are conducted at one or two year intervals depending on the previous survey outcome.

Programs delivering Residential Habilitation Other Living Arrangement services shall have a written mission statement for dissemination to prospective clients and their families. This mission statement shall address:

Program philosophy and purpose;
Geographical area served;
Range of services provided; and
Population served, including criteria for service eligibility, program admission and program discharge.

Program staff ratios and schedules shall be maintained to meet the needs of the consumer. An emergency, on-call staff person shall be available. Staff scheduling and work place assignments shall be so arranged as to provide continuous on-site response capability in the event of client needs. The staffing pattern shall be appropriate to the type and scope of programmed services. Staff shall meet qualifications in the approved job descriptions.

Residential Habilitation services will be delivered/supervised by a Qualified Developmental Disabilities Professional in coordination with the individual's plan of care.

Verification of Provider Qualifications
Entity Responsible for Verification:
DMH/DDD Certification Surveyors
Frequency of Verification:
Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Skilled Nursing

HCBS Taxonomy:

Category 1:	Sub-Category 1:
05 Nursing	05020 skilled nursing
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope)*:
Services listed in the service plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State. Services consist of nursing procedures that meet the person's health needs as ordered by a physician. There is no restriction on the place of service.

This service may also, when provided to a participant or family which is self-directing personal care services, include training and supervision related to medical care and/or assistance with ordinarily self-administered medications to be provided by the personal care worker. This training and supervising component of nursing is only available to people who receive personal care at home, either agency-based or self directed. It is not available to agencies providing residential and day programs, because payment for the nurse supervision is already included in the rate paid for those services.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
When Nursing is provided to self-directing participants and families, it is intended to focus on training and supervision of the personal care worker and is not intended as a private duty nursing service.
Skilled nursing service under the waiver is not available to children under the age of 21 when provided as the result of an EPSDT screening, because that service is covered under the State Plan.

Service Delivery Method *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Registered or Licensed Practical Nurse
Individual	Registered or Licensed Nurse Employed by a Self Directing Participant or Family

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Skilled Nursing

Provider Category:
Agency

Provider Type:
Registered or Licensed Practical Nurse

Provider Qualifications

License *(specify)*:
Nurses are licensed under the Code of Alabama; 1975 Sec.34-21

Certificate *(specify)*:
Nurses typically are employed by certified waiver providers, certified under Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B

Other Standard *(specify)*:
The service(s) of the nurse must be documented by a nursing note that includes the identity and Medicaid number of the consumer, the date of service, the beginning and ending time of the service, and the nursing service(s) provided within that time. In addition the nursing note should include, as appropriate, the nurse's assessment, changes in consumer's condition, follow-up measures, communications with family, care-givers or physicians, training or other pertinent information. The nurse must sign and date the note.

Verification of Provider Qualifications

Entity Responsible for Verification:
The Alabama Board of Nursing verifies nursing licenses. DMH/DDD Certification Surveyors verify waiver provider certification.

Frequency of Verification:
Nursing licenses are renewed annually. Waiver provider certification occurs prior to Contract Approval, Annually or Bi-Annually for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Skilled Nursing

Provider Category:
Individual

Provider Type:
Registered or Licensed Nurse Employed by a Self Directing Participant or Family

Provider Qualifications

License *(specify)*:
Al. Administrative Code Chapters 580-3-23 580-5-33.

Certificate *(specify)*:

Other Standard *(specify)*:
The FMSA (Financial Management Services Agency)will hold the provider enrollment by permission of the Alabama Medicaid Agency.

Note that a nurse, either an RN or an LPN, may work for an agency and also work for an individual or family, so long as there is no duplication of payment or conflict of interest. Either issue would involve the nurse working for an agency which also provides direct services to the participant who is self-directing his or her personal care. Because both the agency's service and the self-directed service will need to be prior authorized (all waiver services are prior authorized from the plan of care), this potential conflict / duplication would be apparent to the Operating Agency, which will ensure it does not arise.

The service(s) of the nurse must be documented by a nursing note that includes the identity and Medicaid number of the consumer, the date of service, the beginning and ending time of the service, and the nursing service(s) provided within that time. In addition the nursing note should include, as appropriate, the nurse's assessment, changes in participant's condition, follow-up measures, communications with family, care-givers or physicians, training or other pertinent information. The nurse must sign and date the note.

Verification of Provider Qualifications

Entity Responsible for Verification:

The Alabama Board of Nursing verifies nursing licenses. The FMSA (Financial Management Services Agency) will verify the nurse is Licensed.

Frequency of Verification:

Licenses for Nursing are renewed annually. The FMSA verification will be annual as well.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Specialized Medical Equipment

HCBS Taxonomy:

Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14031 equipment and technology
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope)*:
Specialized medical equipment includes devices, controls, or appliances specified in the service plan of care, which enable recipients to increase their ability to perform activities of daily living or to perceive, control, or communicate with the environment in which they live. Included items are those necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. All items shall meet applicable standards of manufacture, design and installation.

Providers of this service must maintain documentation of items purchased for each individual.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the recipient. Payment is for the cost of the item provided. There is a $5,000 per year, per individual maximum cost. For children 21 years and younger, State Plan Services available through EPSDT are utilized prior to expending waiver funds.

Service Delivery Method *(check each that applies)*:

- [x] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Self Directed Home Medical Equipment Agency
Agency	Home Medical Equipment and Services Providers

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Specialized Medical Equipment

Provider Category:
Agency
Provider Type:
Self Directed Home Medical Equipment Agency
Provider Qualifications
License *(specify)*:
Licensure is by the Alabama Board of Home Medical Equipment Services Providers.
Certificate *(specify)*:

Other Standard *(specify)*:
Providers of this service must meet the same standards required for the providers under the Alabama State Plan.
Verification of Provider Qualifications
Entity Responsible for Verification:
FMSA
Frequency of Verification:
Upon purchase.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Specialized Medical Equipment

Provider Category:
Agency

Provider Type:
Home Medical Equipment and Services Providers

Provider Qualifications

License *(specify)*:
Alabama Code Chapter 34-14C-1 through 8

Certificate *(specify)*:

Other Standard *(specify)*:
Providers of this service must meet the same standards required for the providers under the Alabama State Plan.

Verification of Provider Qualifications

Entity Responsible for Verification:
Licensure is by the Alabama Board of Home Medical Equipment Services Providers

Frequency of Verification:
Annually

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Specialized Medical Supplies

HCBS Taxonomy:

Category	Sub-Category
Category 1: 14 Equipment, Technology, and Modifications	**Sub-Category 1:** 14032 supplies
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Specialized medical supplies are those which are specified in the plan of care and are necessary to maintain the individual's health, safety and welfare, prevent further deterioration of a condition, or increase an individual's ability to perform activities of daily living. All items shall meet applicable standards of manufacture and design.

Providers of this service must maintain documentation of items purchased for each individual.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Supplies reimbursed under this service shall not include common over-the-counter personal care items, supplies otherwise furnished under the Medicaid State plan,by State Plan Home Health services, to participants under the age of 21, or items which are not of direct medical or remedial benefit to the recipient. Costs for medical supplies are limited to $1800 per year, per individual.

Service Delivery Method *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Certified Waiver Provider
Agency	Self Directed Durable Medical Supplies Vendor

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Specialized Medical Supplies

Provider Category:
Agency
Provider Type:
Certified Waiver Provider
Provider Qualifications
License *(specify)*:

Certificate *(specify)*:
Waiver providers are certified under Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B.
Other Standard *(specify)*:

Verification of Provider Qualifications
Entity Responsible for Verification:
DMH/DDD Certification Surveyors
Frequency of Verification:

Prior to Contract Approval, Annually or Biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Specialized Medical Supplies

Provider Category:
Agency

Provider Type:
Self Directed Durable Medical Supplies Vendor

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:

Other Standard *(specify)*:
Authorized Medical Supplies Vendor.

Verification of Provider Qualifications

Entity Responsible for Verification:
FMSA

Frequency of Verification:
Upon enrollment.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Speech and Language Therapy

HCBS Taxonomy:

Category 1:	Sub-Category 1:
11 Other Health and Therapeutic Services	11100 speech, hearing, and language therapy
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope)*:
Speech and language therapy are diagnostic, screening, preventive, corrective services provided on an individual basis, when referred by a physician (M.D., D.O.). These services may include:

Screening and evaluation of individuals' speech and hearing functions and comprehensive speech and language evaluations when so indicated;

Participation in the continuing interdisciplinary evaluation of individuals for purposes of implementing, monitoring and following up on individuals' habilitation programs; and

Treatment services as an extension of the evaluation process that include:
• consulting with others working with the individual for speech education and improvement,
• designing specialized programs for developing an individual's communication skills comprehension and expression.

Provision of this service in the community is an alternative to an institutional level of care.

Therapist may also provide training to staff and caregivers (such as a client's family and/or foster family). Services to direct caregivers will be allowed when the service to caregivers is for the direct benefit of the recipient and is necessary to enable the recipient to be cared for outside of an institution.

Speech Therapy can be directed by individual participants or family but must adhere to all the traditional service rules.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Services must be listed on the care plan and prescribed by a physician. The need for service must be documented in the case record. Services shall be provided and billed as an encounter unit of service. Speech/language therapy under the waiver is not available to children under the age of 21 when provided as the result of an EPSDT screening, because that service is covered under the State Plan. Group therapy will not be reimbursed.

Documentation

Providers of service must maintain a service log that documents specific days on which speech and language therapy services were delivered.

Service Delivery Method *(check each that applies)*:

- ☑ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Qualified Individual Employed by a Self-Directing Participant or Family
Agency	Speech Therapist employed or contracted by a certified agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Speech and Language Therapy

Provider Category:
Individual

Provider Type:
Qualified Individual Employed by a Self-Directing Participant or Family

Provider Qualifications

License *(specify)*:
Speech Therapists are licensed under the Code of Alabama, 1975 Sec. 34-28A-1, Ch. 870-x-1-7

Certificate *(specify)*:
Certified waiver providers are certified under Al. Administrative Code Chapters 580-3-23, 580-5-30, 580-5-31 and 580-5-32

Other Standard *(specify)*:

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH/DDD Certification Surveyors. The FMSA (Financial Management Service Agency) will verify the qualifications prior to enrolling the speech therapist. This verification need only be made initially. If the speech therapist is also employed by an agency, and thus certified by the Operating Agency, the FMSA may accept the Operating Agency's verification of qualifications.

Frequency of Verification:
Prior to Contract Approval, Annually or Bi-Annually for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Speech and Language Therapy

Provider Category:
Agency

Provider Type:
Speech Therapist employed or contracted by a certified agency

Provider Qualifications

License *(specify)*:
Speech Therapists are licensed under the Code of Alabama, 1975 Sec. 34-28A-1, Ch. 870-x-1-7

Certificate *(specify)*:
Certified waiver providers are certified under Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B

Other Standard *(specify)*:

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH/DDD Certification Surveyors

Frequency of Verification:
Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Supported Employment Emergency Transportation

HCBS Taxonomy:

Category 1:	Sub-Category 1:
15 Non-Medical Transportation	15010 non-medical transportation
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Supported Employment Emergency Transportation is the provision of service to permit waiver participants access to and from their place of employment in the event that the support team is unable to facilitate transportation arrangements quickly or there is a risk of the participant missing a day of scheduled work. The provision of this service must be necessary to support the person in work related travel and cannot be reimbursed for merely transportation. This service shall not duplicate or replace the Medicaid non-emergency medical transportation program. In addition, this does not preclude other arrangements such as transportation by family or friend. It is the expectation that, as part of the person centered planning process and employment outcomes, that long term transportation to and from the worksite will be facilitated and arranged.

Payments for this service will be reimbursed based on documentation (i.e. vendor receipt or travel log) of service or by mile up to the maximum allowable in a year. The unit of service is an item or mile.

Transportation must be provided by public carriers (i.e. charter bus or metro transit bus) or private carriers (i.e. Taxicab). Commercial transportation agency - Must have a business license. All drivers must have a valid driver's license of appropriate type (e.g. commercial) for transport in Alabama. A list of transportation resources by county is posted on the Department of Mental Health's website.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

When this service is provided it is intended to be temporary until long term transportation arrangements have been solidified. The unit of service is an item or mile, to be reimbursed based on adequate documentation. Documentation for Medicaid reimbursement includes actual receipts from public or private transportation providers or mileage logs and should also include progress toward obtaining long term transportation as part of measuring the employment outcomes.

Payment made for mileage includes the provider's cost of an insurance waiver to cover any harm that might befall the participant as a result of being transported. The attendant must have a valid Alabama driver's license and his/her own insurance coverage as required by State law. The provider agency shall assure the attendant has a good driving record and receives in-service training on safety procedures when transporting a participant. It shall not replace transportation that is already reimbursable under day or residential habilitation nor the Medicaid non-emergency medical transportation program. The planning team must also assure the most cost effective means of transportation, which would include public transport where available. Supported Employment Specialized Transportation is not intended to replace generic transportation or to be used merely for convenience. A maximum amount of $1000 per fiscal year is allowable.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)*:

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Certified Day Habilitation Program
Agency	Public Mass Transit
Agency	Certified Waiver Hourly Services Provider
Agency	Taxi or Common Carrier

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Employment Emergency Transportation

Provider Category:
Agency

Provider Type:
Certified Day Habilitation Program

Provider Qualifications

License *(specify)*:

Certificate *(specify)*:
Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B

Other Standard *(specify)*:
If providing transportation, must have valid driver's license and insurance as required by State Law.

Verification of Provider Qualifications

Entity Responsible for Verification:
DMH/DDD Certification Surveyors

Frequency of Verification:
Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Employment Emergency Transportation

Provider Category:
Agency
Provider Type:
Public Mass Transit
Provider Qualifications
License *(specify)*:
CDL License
Certificate *(specify)*:

Other Standard *(specify)*:
Those who want to drive school buses, church buses, shuttles or charter buses carrying 16 or more passengers, must get a Commercial Driver's License Endorsement Class C on their regular driver's license.
Verification of Provider Qualifications
Entity Responsible for Verification:
AL Department of Public Safety: Commercial Driver's License Office.
Frequency of Verification:
Every four years.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Employment Emergency Transportation

Provider Category:
Agency
Provider Type:
Certified Waiver Hourly Services Provider
Provider Qualifications
License *(specify)*:
Al. Administrative Code Chapters 580-3-23 and 580-5-30A/B
Certificate *(specify)*:

Other Standard *(specify)*:
Must have valid driver's license and insurance as required by State Law.
Verification of Provider Qualifications
Entity Responsible for Verification:
DMH/DDD Certification Surveyors
Frequency of Verification:
Prior to Contract Approval, Annually or biennially for already approved providers (based on previous survey score), or more often as needed based on service monitoring concerns.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Employment Emergency Transportation

Provider Category:
Agency
Provider Type:

Taxi or Common Carrier

Provider Qualifications

License *(specify)*:

Valid driver's license (called a Class D).

Certificate *(specify)*:

Other Standard *(specify)*:

Taxi drivers and chauffeurs in Alabama are required only to have a regular current, valid driver's license (called a Class D) and a business license, to operate.

Verification of Provider Qualifications

Entity Responsible for Verification:

AL Department of Public Safety: Local Driver's Licensing Office or Probate Court.

Frequency of Verification:

Every four years.

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. **Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

- ○ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- ◉ **Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

- ☐ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
- ☐ **As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*
- ☑ **As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
- ☐ **As an administrative activity.** *Complete item C-1-c.*

c. **Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Local agencies established under Act 310 of the Alabama Statutes and Regional Offices of the Division of Developmental Disabilities.

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. **Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

- ○ **No. Criminal history and/or background investigations are not required.**
- ◉ **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

Executive Officers and owners of provider agencies must obtain both a statewide and a national criminal background clearance. This is a condition for initial certification. This is the responsibility of the Life Safety Division of the Operating Agency. Direct care staff must have a background check from local law enforcement, and a statewide or national check as indicated by the staff member's previous residences and work history. This is checked as a component of the certification survey.

A completed application for certification must be sent by the provider/applicant to DMH Facilities Certification Office (Life Safety)

at least sixty (60) days prior to projected date of service implementation. The application process must be completed and temporary operating authority granted by the Commissioner prior to the implementation of any services by the provider. Any additional documentation must be submitted as required and specified by DMH.

DMH may accept a certification/license/ accreditation issued by other generally accepted recognized state or national organizations in lieu of an additional review through the DMH certification process. However, DMH reserves the right to apply DMH certification standards to areas it determines are not adequately addressed in other state or national standards. Further, the DMH reserves the right to conduct reviews, including onsite visits if appropriate, of programs that are certified/licensed/accredited by other entities where there is evidence of significant deficiencies.

The DMH Facilities Certification Office submits the application to the respective DMH Division(s) for approval according to the type(s) of services proposed by the provider.

The applicable DMH Division(s) review/approve the application and returns a copy of the approval to the DMH Facilities Certification Office. An initial Life Safety and Programmatic review is conducted, if applicable, by designated DMH representatives. Applications remain valid for up to six (6) months after receipt by DMH if the service has not been initiated by the provider or approved by DMH.

For new applicants/providers, the DMH will conduct criminal background checks on the primary operator and/or subcontractor of the program as defined in the Alabama Administrative Code, Section 580 3 23 .06(1)(a) and Section 580 3 23 .06(1)(b).

Once the provider completes the application process, and based upon its representations of compliance with applicable DMH standards, the program is issued a letter of Temporary Operating Authority by the DMH Commissioner allowing it to operate for a period up to six (6) months pending the outcome of its initial certification site visit.
Author: DMH Office of Certification
Authority: Code of Ala. 1975, §22 50 11.

All employees/volunteers/agents of the provider have reference and background checks prior to employment. Background checks cover the employer's local vicinity and state. National checks are completed if applicable. Resources to assist in this process include the Department of Public Safety, the Department of Public Health's Abuse Registry, as well as DMH's Term-Trac database. Drug testing is included as part of the pre-employment screening process for employees whose job duties involve the care, safety and wellbeing of people and on reasonable suspicion (for-cause) of any employee of the organization. The organization does not hire people who have been convicted of felony crimes.

The Medicaid Re-enrollment process that is on-going assumes the responsibility of ensuring Executive Directors and owners are not listed in any federal exclusion lists.

For participants who are self-directing services, all staff employed by the participant will have a criminal background check completed by the FMSA (Financial Management Service Agency) via internet. Nurses already are licensed by the Alabama Board of Nursing, which includes background screening. The Operating Agency reviews this information on a quarterly basis.

b. **Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- (●) **No. The State does not conduct abuse registry screening.**
- ( ) **Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. **Services in Facilities Subject to §1616(e) of the Social Security Act.** *Select one:*

◉ **No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**

○ **Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. **Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one*:

◉ **No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**

○ **Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of ***extraordinary care*** by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one*:

◉ **The State does not make payment to relatives/legal guardians for furnishing waiver services.**

○ **The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

○ **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

○ **Other policy.**

Specify:

f. **Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

The Operating Agency holds semi-annual orientations for individuals and agencies interested in enrolling in any of the programs and services offered by the Alabama Department of Mental Health, including the waiver programs. This orientation is advertised on the Department's website as a necessary step in becoming enrolled, and details and contact information is included in the advertisement, copied and reprinted below.

The Alabama Department of Mental Health has oversight for a broad network of care, treatment, programs, and services that specifically enable persons with mental illnesses, developmental disabilities, or substance abuse disorders to reside in communities. Individuals and organizations that provide services or are interested in providing such services in your communities must meet certain requirements and must be certified by the Alabama Department of Mental Health.

To begin the process, prospective providers must complete two training courses designed to provide essential information about the certification process, including information on life safety and physical facility standards, nurse delegation, criminal background checks, programmatic requirements, and certification administration, as well as instruction on how to complete the certification application.
* The first course is an online course; this course provides information that will give individuals a general idea of the certification requirements. It includes a test at the end, and a certificate may be generated as verification of completion. Prospective providers should click on the ADMH Education Website link at the bottom of this page to complete the online course.
* On successful completion of the online course, prospective providers should register to attend the one-day mandatory .live orientation program called "Prospective Community Provider Orientation". This live orientation is presented in an open forum format that provides instruction as well as an opportunity for prospective providers to have their questions answered. Throughout the day, knowledgeable ADMH staff will be available to serve as resources for beginning the certification process. To register for the live orientation program, download the registration form by clicking on link below. You must complete the registration form and submit it as instructed on the form, along with the online course completion certificate and the non-refundable $75 registration fee.

A completed application for certification must be sent by the provider/applicant to DMH Facilities Certification Office (Life Safety) at least sixty (60) days prior to projected date of service implementation. The application process must be completed and temporary operating authority granted by the Commissioner prior to the implementation of any services by the provider. Any additional documentation must be submitted as required and specified by DMH.

Once the provider completes the application process, and based upon its representations of compliance with applicable DMH standards, the program is issued a letter of Temporary Operating Authority by the DMH Commissioner allowing it to operate for a period up to six (6) months pending the outcome of its initial certification site visit.
Author: DMH Office of Certification
Authority: Code of Ala. 1975, §22 50 11.

The links available on the Department's website have the following information available to interested providers:

* Instructions for Accessing and Completing the Online Course
* Prospective Community Provider Orientation Registration Form
* To Confirm Receipt of Your Registration
* To Obtain Directions and Parking Information
* Map to Capitol Complex

Providers are encouraged to visit other areas of the Alabama Department of Mental Health website, including Certification Administration, Life Safety and Technical Services, Nurse Delegation Program, and the Bureau of Special Investigations, which are all areas involved in the certification process. There are many other resources available through each of the department's service divisions - Developmental Disabilities (formerly Intellectual Disabilities or Mental Retardation) and the division of Mental Illness and Substance Abuse. Providers may also find an abundance of general information on the Internet under the small business administration websites that will give insight on starting a business in Alabama.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Qualified Providers**

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. **Sub-Assurances:**

a. ***Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.***

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
1. Number and percent of newly enrolled providers that meet state standards/requirements. Percent equals newly enrolled providers that meet state standards/requirements divided by the total number newly enrolled providers.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Certification Surveys include Record Reviews Onsite and Onsite Observation, Interviews and Monitoring.

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☑ **Other** Specify: Providers which score above 89% are given a two-year certificate and certified less than annually.	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
2. Number and percent of currently enrolled providers that continue to meet state standards/requirements. Percent equals the number of currently enrolled providers that meet state standards/requirements divided by the total number currently enrolled providers.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Certification Surveys include both Record Reviews onsite and Onsite Observaton, Interviews and Monitoring.

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☑ **Other** Specify: Providers which score above 89% are given a two-year certificate and	

	certified less than annually.	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.***

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
1. Number and percent of new self-directed employees/staff that meet state requirements. Percent equals number of new self directed employees that meet state requirements divided by the number of new self directed employees/staff.

Data Source (Select one):
Other
If 'Other' is selected, specify:
FMSA employee enrollment packet

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☑ **Other** Specify: FMSA	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
2. Number and percent of enrolled self directed employees who continue to meet waiver training requirements. Percent equals the number of currently enrolled providers that continue to meet state training standards/requirements divided by the total number currently enrolled providers.

Data Source (Select one):
Training verification records
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.***

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
1. Number and percent of providers which meet training requirements. Percent equals the number of providers certified during a period which met training requirements divided by total number of providers certified during that period.

Data Source (Select one):
Other
If 'Other' is selected, specify:

Certification Surveys include Record Reviews Onsite and Onsite Observation, Interviews and Monitoring

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☑ **Other** Specify: Providers which score above 89% are given a two-year certificate and certified less than annually	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:

2. Number and percent of non-licensed/non-certified providers that meet training requirements initially. Percent equals the number of enrolled non-licensed/non-certified providers that meet training requirements divided by the total number of sampled self-directed employees.

Data Source (Select one):
Other
If 'Other' is selected, specify:
FMSA: Training verification

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☑ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: FMSA	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

Provider agencies are certified initially and either annually or bi-annually, or placed on provisional status, depending on their survey score. A high score will result in a two-year certificate; a score between 80 and 89 will result in a one-year certificate; and a score below 80 will result in the agency being placed on provisional status.

Provisional status is a temporary condition which allows an agency to submit a plan of correction and, when approved, implement that plan. Provisional status may not exceed 60 days, and many such status conditions are set at 30 days or less. At the end of that period, a re-survey is conducted, with the expectation that the agency will at least score high enough to give them a one-year certificate. However, should the agency score less than 80 on the re-survey, the certification unit may recommend a second provisional status, which also may not exceed 60 days in length. A follow-up re-survey is conducted at the end of the second provisional period, and if the provider does not score at least an 80, a recommendation is forwarded to the Commissioner of the DMH to de-certify the provider agency.

In addition to the routine certification surveys, the Operating agency may also conduct for cause surveys, in response to concerns or complaints about treatment and care of participants. Frequently the result of a for-cause survey is that the agency gets put on provisional certification and is required to submit and implement a plan of correction.

During a process in which a provider agency is in provisional status, the Regional Offices and Advocacy Section of the operating agency provide increased monitoring and technical assistance. This is both to assure basic health and welfare of the individuals receiving services and to assist the provider agency in coming into compliance.

With regard to performance measure a.i.b. above (non certified providers), this measure only applies to staff employed by consumers / families under the self direction described in Appendix E. If, during the ongoing review of records supplied by the FMSA non-qualified staff are found, payments to those staff will be recouped.

ii. **Remediation Data Aggregation**

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☑ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

- (●) **Not applicable**- The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
- ( ) **Applicable** - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

- [ ] **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
  Furnish the information specified above.

- [ ] **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
  Furnish the information specified above.

- [ ] **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
  Furnish the information specified above.

- [ ] **Other Type of Limit.** The State employs another type of limit.
  Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.

2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

See Attachment #2, HCB Settings Waiver transition Plan for a description of how the state will achieve compliance with the HCB settings requirements of the final rule for both residential and non-residential settings.