

# TRANSITION PLAN

## For Complying with the CMS Home- and Community-Based Services Medicaid Rule

### FOR THE STATE OF ALABAMA

The CMS-approved Alabama transition plan can be found at:

<https://www.medicaid.gov/sites/default/files/2023-04/al-approved-plan.pdf>

The CMS-approved Alabama Corrective Action Plan can be found at:

<https://www.medicaid.gov/sites/default/files/2023-07/al-appvd-cap.pdf>

#### SITE-SPECIFIC ASSESSMENTS

*The Centers for Medicare & Medicaid Services (CMS) required states to conduct validated, site-specific assessments of all provider-owned or controlled settings.*

<b>Types of Settings/ Residents and Funding Authorities</b>	
	<p>Alabama offers HCBS through seven Medicaid 1915(c) waivers:</p> <ul style="list-style-type: none"><li>• Alabama Department of Senior Services (ADSS) operates:<ul style="list-style-type: none"><li>○ Elderly and Disabled Waiver<ul style="list-style-type: none"><li>▪ Settings: Adult Day Health (ADH) programs</li></ul></li><li>○ The Alabama Community Transition (ACT) Waiver<ul style="list-style-type: none"><li>▪ Settings: Private homes, but Adult Day Health is a service option.</li></ul></li></ul></li><li>• Alabama Department of Mental Health, Division of Developmental Disabilities (ADMH-DDD) operates:<ul style="list-style-type: none"><li>○ Individuals with Intellectual Disabilities (ID) Waiver<ul style="list-style-type: none"><li>▪ Settings: Residential Group Homes (4 or less), Residential Group homes (5 or more), Day Habilitation, Private Homes, Community Worksites and Integrated Community Experience settings, Certified Residential Facilities, Day Habilitation (Facility-Based)</li></ul></li><li>○ Living at Home (LAH) Waiver is approved to serve 769 individuals.<ul style="list-style-type: none"><li>▪ Settings: Day Habilitation, Private Homes, Community Worksites and Integrated Community Experience settings</li></ul></li></ul></li><li>• Alabama Department of Rehabilitation (ADRS) operates:<ul style="list-style-type: none"><li>○ The State of Alabama Independent living (SAIL) Waiver<ul style="list-style-type: none"><li>▪ Settings: Private homes</li></ul></li></ul></li><li>• Alabama Medicaid Agency (AMA) operates:<ul style="list-style-type: none"><li>○ The Technology Assisted (TA) Waiver for Adults serves up to 80 individuals.</li><li>○ Settings: Private homes</li></ul></li></ul> <p>*Note: Since the submission and approval of the initial STP, the HIV/AIDS Waiver was discontinued in September 2017.</p>

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<p><b>Compliant/Non-Compliant</b></p>	<p>On-site validation assessments completed on October 31<sup>st</sup>, 2020:</p> <p>For Certified Residential Settings (867):</p> <ul style="list-style-type: none"> <li>• Fully comply: 25</li> <li>• Do not comply but could with modifications: 591</li> <li>• Cannot comply: 0</li> </ul> <p>Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 251</p> <p>For Day Habilitation Settings (75):</p> <ul style="list-style-type: none"> <li>• Fully comply: 0</li> <li>• Do not comply but could with modifications: 26</li> <li>• Cannot comply: 0</li> <li>• Are presumed to have the qualities of an institution but for which the State will submit evidence for the application of heightened scrutiny: 49</li> </ul> <p><b>NOTE:</b> Alabama received approval of its corrective action plan (CAP) on June 30, 2023. The CAP provides updated timeframes for completion of site-specific assessments and the heightened scrutiny review process. Therefore, setting classifications in the STP may be out of date. The updated CAP sets December 1, 2023, as the completion date to validate full compliance with all HCBS requirements. According to the CAP, June 13, 2023 was the completion date to submit to CMS information about the completed public input for the adult day health settings conducted in March 2023. Another round of public input for relevant settings presumed institutional for isolation of HCBS beneficiaries due to inadequacy of the public input notice for the September-October 2021 notice period will take place with a completion date by July 31, 2023. After the 30-day comment period closes, the final list of settings requiring heightened scrutiny will be submitted to CMS.</p>
<p><b>Reasons for Non-Compliance</b></p>	<p>The settings have the effect of isolating people from the broader community.</p>
<p><b>Transition plans</b></p>	<p>The Operating Agencies and Alabama Medicaid Agency (AMA) staff conducted a thorough examination of administration code, policies, rules and regulations pertaining to the waivers to evaluate whether they were sufficient to ensure compliance with the Final Rule. Provider self-assessments were conducted and responses were reviewed and validated. All certified providers of day and residential services were provided information and training on how to complete the HCBS Checklist self-assessment tool via a webinar as well as a user guide and video. Validation was completed as an annual or biennial certification visit. To further validate self-assessment responses, an Individual Experience Assessment (IEA) was deployed to evaluate individuals’ actual experience in the setting.</p> <p>For settings found not in compliance and presumed institutional will be submitted for a heightened scrutiny review. Remediation steps and timelines will be created for providers to come into compliance. Should the setting not come into compliance, residents and participants will be relocated to a</p>

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	<p>setting in compliance with the HCBS requirements. Ongoing monitoring activities will take place to ensure existing and new providers remain in compliance.</p>
<p><b>SETTINGS PRESUMED INSTITUTIONAL</b></p> <p><i>CMS presumes some settings have qualities that are institutional or isolating in nature. These settings must go through a heightened scrutiny review by CMS.</i></p> <p><i>CMS presumes the following types of settings have institutional or isolating qualities:</i></p> <ul style="list-style-type: none"> <li>• <i>Category 1: Located in a hospital, nursing facility, or other institutional setting.</i></li> <li>• <i>Category 2: Located adjacent to a public hospital, nursing facility, or other institutional setting.</i></li> <li>• <i>Category 3: Have the effect of isolating people from the broader community.</i></li> </ul>	
<p><b>% Presumed Institutional (No. of Residents Affected)</b></p>	<p>NF Level of Care:</p> <p>The State submitted to CMS a list of five ADH settings, identified through the validation processes described above, that have not yet overcome the presumption that they are institutional in nature due to have isolating characteristics. As of February 2023, all ADH settings have achieved the necessary remediation to come into full compliance and that none of the participants in ADH settings will require relocation.</p> <p>ICF/IDD Level of Care:</p> <p>The State submitted to CMS a list of 300 settings (251 residential settings and 49 non-residential settings), identified through the validation processes described above, that have not yet overcome the presumption that they are institutional in nature due to having isolating characteristics; however, the State believes that all of these settings will achieve full remediation within the required timeframes.</p>
<p><b>Type of Setting/Residents</b></p>	<p>N/A</p>
<p><b>Reason for Presumption</b></p>	<p>NF Level of Care:</p> <p>Based on the results of the provider self-assessment and validation process, ADSS and AMA identified the following system issues:</p> <ul style="list-style-type: none"> <li>• Activities offered (indoor and outdoor/group and individual)</li> <li>• Daily choices of planned therapeutic activities</li> <li>• Choices of activities directed at maintaining, improving and preventing further deterioration of the clients’ mental and physical capabilities and abilities to exercise autonomy and independence in making life choices</li> <li>• Opportunities and choices to access the community as appropriate to individual needs and interests</li> <li>• Opportunities for group socialization that promote community integration</li> </ul> <p>ICF/IDD Level of Care:</p>

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	<p>Based on the results of the provider self-assessment and validation process, ADMH-DDD identified the following systemic issues:</p> <ul style="list-style-type: none"> <li>• Provision of keys to individuals’ homes or units</li> <li>• Access to personal funds</li> <li>• Visitors</li> <li>• Food choices</li> <li>• Access to the community</li> </ul>
<p><b>Heightened Scrutiny Process</b></p>	<ol style="list-style-type: none"> <li>1. For any settings that have the effect of isolating Medicaid beneficiaries from the broader community must submit information for a heightened scrutiny review.</li> <li>2. CMS will use the list to compile a random sample of settings to review, but may also review additional settings or suggest changes to the State’s heightened scrutiny review process if the sample review highlights concerns with the State’s approach in determining whether a setting overcomes the presumption that it is an institution.</li> <li>3. CMS will review all information presented by the State and other parties on settings selected for the review sample and will either approve the State’s assertion that the setting overcomes the presumption that the setting is an institution; or provide the State feedback on missing information, questions for clarity, or reasons(s) why CMS cannot agree that a setting is able to overcome the presumption that it is an institution.</li> <li>4. Prior to filing the STP or significant updates with CMS, the State must seek input from the public on the State’s proposed STP, or any modification to the STP, providing no less than a 30-day period for that input to occur.</li> </ol>

**NON-COMPLIANCE COMMUNICATION**

*States must describe their process for notifying residents when a setting is unwilling or unable to comply with the rule, and supporting residents to select and transition to a new setting.*

<p><b>% Cannot/Will Not Comply (No. of Residents Affected)</b></p>	<p>ICF/IDD Level of Care: As of March 8, 2023, ADMH-DDD has identified 20 settings across ten providers that are not expected to come into compliance by March 17, 2023. This will impact 49 individuals. In addition, final validations are pending for another 132 settings, across 25 providers, that might be to be at-risk for noncompliance. Depending on those validation outcomes, this could potentially impact another 409 individuals. On March 8, 2023, the State submitted a revised CAP request for additional time to complete the pending validations. On June 30, 2023, the CAP was approved.</p>
<p><b>Type of Setting/Residents</b></p>	<p>N/A</p>
<p><b>Reason for Determination</b></p>	<p>N/A</p>

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<p><b>Communication Strategy</b></p>	<p>ADMH-DDD will ensure that reasonable notice and due process are provided to anyone needing to transition. Individuals served that need to transition will receive at least a 30-day advance notice.</p>
<p><b>Assistance to Residents?</b></p>	<ul style="list-style-type: none"> <li>• ADMH-DDD will mail a formal notification letter from the ADMH Commissioner to the person and, if applicable, his or her caregiver, guardian, or conservator, that outlines the specific reason(s) for the transition of individuals who desire to continue to receive HCBS waiver funded services, the due process procedure, and timeline of anticipated events. This letter will be available to the person and, if applicable, his or her caregiver, guardian, or conservator, no less than 30 days prior to transition.</li> <li>• The face-to-face meeting will include those important to the person, including caregivers, family members, friends, and anyone else the person deems important. This face-to-face meeting will reflect everyone’s sincere desire to ensure continuity of services while meeting the person’s needs during this transition process.</li> <li>• The Regional Office Placement Coordinator will be assist the individual’s Support Coordinator agency in ensuring that the person is given ample opportunity to learn about available HCBS compliant settings and support the individual’s choice of a compliant setting.</li> <li>• Supports will be provided to the person to assist in transition choice, and the caregiver’s schedule will be accommodated to support the person in making an informed decision.</li> <li>• Once a new provider has been selected, a person-centered planning meeting will take place to define the time, specific supports, and services needed to make a safe transition.</li> <li>• The ADMH-DDD Regional Office Placement Coordinator will ensure that all supports and services are in place prior to the person’s transition to the new provider.</li> <li>• The ADMH-DDD will provide AMA transition updates on at least a quarterly basis.</li> </ul>

**ONGOING MONITORING**

*States must describe their planned process for ensuring ongoing compliance with the rule.*

<p><b>Monitoring Procedures</b></p>	<p>NF Level of Care:</p> <ul style="list-style-type: none"> <li>• Annual Auditing: The State will conduct annual audits using extensive protocols and interviews with participants to capture their experience. The State will evaluate the aggregate findings of the annual audits to determine areas of systemic training and technical assistance.</li> <li>• State will conduct ongoing compliance on a monthly basis through the case management processes using a Case Management Home</li> </ul>
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	<p>Visit Tool modified pursuant to the State’s Systemic Assessment results.</p> <p>ICF/IDD Level of Care:</p> <ul style="list-style-type: none"> <li>• Regional Office Monitors are responsible for continuing to ensure provider compliance after ADMH-DDD determines the setting is compliant, or will achieve compliance, and will continue to incorporate HCBS settings compliance in their regularly scheduled biannual monitoring of settings.</li> <li>• ADMH-DDD Central Office will perform ongoing compliance validity reviews of this process by selecting a sample of Regional Office monitoring reports and reviewing the validation section two times per year to ensure continuous consistency of compliance across Alabama. The sample size will be 10% and representative of all five regions.</li> <li>• Regional Certification staff will also be responsible for continuing to ensure provider compliance with the Final Rule.</li> <li>• ADMH-DDD will incorporate an Individual Experience Assessment into all initial and annual person-centered plan reviews. The IEA will be used by Support Coordinators for ongoing monitoring of beneficiary feedback on the Final Rule.</li> <li>• ADMH-DDD has mandated the use of the person-centered planning process and toolkit by Support Coordinators statewide to address barriers to person-centered planning.</li> <li>• ADMH-DDD will continue its participation in the National Core Indicators for Individuals with I/DD and will use information from the surveys to target educational opportunities about HCBS</li> <li>• ADMH-DDD will continue supporting providers who wish to transition their business model from congregate and segregated settings to full integration into the community as described further in Section I above.</li> <li>• ADMH-DDD will provide ongoing targeted training to staff, providers, and other stakeholders identified through stakeholder engagement, waiver data, and quality enhancement tracking, as appropriate. Training topics will include, but not be limited to, person-centered planning, employment, housing, and community integration.</li> </ul>
<p><b>Quality Assurance Measures</b></p>	<p>Quality Assurance monitoring methodologies will incorporate the addition of monitoring performance measures that ensure compliance with HCBS Settings Rule.</p>