

ALABAMA STATEWIDE TRANSITION PLAN

**PLAN FOR ACHIEVING AND MAINTAINING COMPLIANCE
WITH THE HCBS SETTINGS FINAL RULE**

CMS 2249-F and CMS 2296-F

SYSTEMIC ASSESSMENT UPDATE

October 21, 2016



ALABAMA STATEWIDE TRANSITION PLAN

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ALABAMA STATEWIDE TRANSITION PLAN FOR ACHIEVING AND MAINTAINING COMPLIANCE WITH THE HCBS SETTINGS FINAL RULE REQUIREMENTS: SYSTEMIC ASSESSMENT UPDATE

The Alabama Statewide Transition Plan (STP) is intended to ensure the State complies with new rules governing home and community based services (HCBS) provided with Medicaid funding. It outlines the requirements set forth in the rules, describes the planning process and plan for stakeholder and public input and details the steps that have been or will need to be taken to ensure compliance.

An initial version of the plan was originally submitted to Centers for Medicare and Medicaid Services (CMS) on March 17, 2015, with an additional update on March 31, 2016. This updated systemic assessment is being issued in response to requests for additional information received from CMS in July 2016. CMS made the request for additional information and clarifications in consideration of granting initial approval of the Alabama STP. Initial approval indicates a state has submitted a systemic assessment that meets CMS expectations for this portion of the STP. Final approval will be granted when a state submits a settings assessment that meets CMS criteria. Alabama expects to submit its full settings assessment by March 31, 2017 and has received approval from CMS to follow this timeframe for completion of its STP.

This STP is divided into three sections. Section I provides background regarding the Final Rule requirements. Section II summarizes the State's systemic assessment processes and results, as well as the remediation strategies it plans to undertake to ensure full compliance with the Final Rule. Section III includes the specific and detailed description of the assessment processes, results and proposed remedial strategies for each waiver program. In addition, Appendix A provides the complete systemic assessment crosswalk for each waiver by setting type. Revisions have been made to all sections, with underlining to new language that augments or replaces narrative in the previous version, Appendix B provides detailed public comment and Appendix C includes a list of active links to documents reviewed for the systemic assessment process.

SECTION I: BACKGROUND

On March 16, 2014, CMS issued its Home and Community-Based Setting Final Rule (CMS 2249-F/2296-F). The complete set of federal regulations for the Final Rule can be found on the Federal Register website at the following link:

<https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>

A summary of the requirements is provided below. Since August 2015, CMS has issued substantial additional guidance to states, through a series of documents and webinars, regarding specific expectations for achieving and documenting compliance with the Final Rule requirements. These are incorporated in this version of the Alabama Statewide Transition Plan.

Transition Planning

States must be in full compliance with the Final Rule for all home and community-based settings no later than March 17, 2019.

- For new waivers, states are required to ensure that HCBS are only delivered in settings that meet the new requirements. New 1915 (c) waivers or new 1915(i) or 1915(k) state plan amendments must be compliant as of the effective date of the waiver or state plan amendment approved by CMS
- For any waiver renewals and amendments to existing waivers submitted within a year of the effective date of the final rule (March 17, 2014), the State was required to submit a plan in the renewal or amendment request detailing any actions necessary to achieve or document compliance with settings requirements for the specific waiver renewal or amendment. Renewal or amendment approval was contingent upon inclusion of an approved transition plan.

Intent of the Final Rule

The intent of the Final Rule is to ensure that individuals receiving long-term services and supports through home and community-based services (HCBS) programs under the 1915 (c), 1915 (i), and 1915 (k), Medicaid authorities have required full access to benefits of community living and the opportunity to receive services in the most integrated setting that is appropriate. Among many things the Final Rule does, some of the most important are: 1) establishes an outcome oriented definition that focuses on the nature and quality of individual's experiences; maximizes opportunities for individuals to have access to the benefits of community living and the opportunity to receive services in the most integrated setting; and 3) establishes requirements for the qualities of home and community-based settings.

The Home and Community-Based Settings Final Rule Requirements

Characteristics of Compliant Settings

A compliant Home and Community-Based setting will meet all of the following requirements:

- Is integrated in and supports access to the greater community
- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources
- Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid Home and Community-Based Services
- Is selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting (with consideration being given to financial resources)
- Ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint
- Optimizes individual initiative, autonomy, and independence in making life choices
- Facilitates individual choice regarding services and supports, and who provides them
- Provides for, at minimum, the same responsibilities and protections from eviction that tenants have under the landlord tenant law of the state, county, city, or other designated entity.

Additional Requirements for Provider-Owned or Controlled Residential Settings

For Provider-Owned or Controlled Residential Settings, modifications to any of the requirements noted above must be:

- Supported by specific assessed need
- Justified in the person-centered service plan
- Documented in the person-centered service plan, which must include:
 - Specific individualized assessed need
 - Prior interventions and supports including less intrusive methods
 - Description of condition proportionate to assessed need
 - Ongoing data measure effectiveness of modification
 - Established time limits form periodic review of modifications
 - Individual informed consent
 - Assurance that interventions and supports will not cause harm

Settings that are not Home and Community-Based

The Final Rule further specifies settings that cannot be considered home and community-based under any circumstances. These include the following:

- Nursing Facilities
- Institutions for Mental Disease
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Hospitals

- Other locations that have qualities of an institutional setting, as determined by the Secretary of the U.S Department of Health and Human Services

Settings That Have Institutional Qualities

The regulations identify other settings that are presumed to have institutional qualities and therefore do not meet the requirements for Medicaid home and community-based settings. These include:

- Settings in a publicly or privately operated facility that provides inpatient institutional treatment
- Settings in a building on the grounds of, or adjacent to, a public institution
- Settings with the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS. Characteristics of such settings may include:
 - A setting designed to provide people with disabilities multiple types of services/activities on-site such as housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities
 - People in the setting have limited, if any, interaction with the broader community
 - The setting uses/authorizes interventions/restrictions used in institutional settings or deemed unacceptable in Medicaid institutional settings (e.g., seclusion)

Examples of residential setting types that have the effect of isolating people receiving HCBS from the broader community include, but may not be limited to, the following.

- A gated/secured “community” for individuals with disabilities
- A farmstead or disability-specific farm community
- Multiple settings co-located and operationally related (i.e., operated and controlled by the same provider) which congregate a large number of people with disabilities together such that people’s ability to interact with the broader community is limited
- Residential schools that incorporate both the educational program and the residential program in the same building or in buildings in close proximity to each other so individuals do not travel into the broader community to live or to attend school

Private Home and Foster Home Settings

CMS has clarified that a state may presume an individual’s private home or a relative’s home where an individual resides meets the home and community-based settings requirements, but it also has a responsibility to ensure that individuals living in a private home or a relative’s home have opportunities for full access to the greater community. If a state is operating under a presumption that a private home is meeting the setting requirements, the state needs to confirm that the setting was not purchased or established in a manner that isolates the individual from the community of individuals not receiving

Medicaid-funded home and community-based services. Similarly, CMS has indicated that for any foster home settings, the state must also ensure individuals have opportunities for full access to the greater community and that those foster homes are not operating in a manner that is institutional in nature.

Heightened Scrutiny Process for Settings Presumed to be Institutional

For settings that are presumed to have institutional qualities as described above, states have the option of submitting evidence to CMS that will demonstrate the setting does not have the qualities of an institution and that it does have the qualities of a home and community-based setting.

When the state submits this evidence to CMS, the state triggers a process known as “heightened scrutiny.” CMS will review the evidence submitted by the state and make a determination as to whether the evidence is sufficient to overcome the presumption that the setting has the qualities of an institution. The heightened scrutiny review may include a site visit by CMS personnel to validate the evidence submitted by the state. Criteria CMS uses to review state requests for heightened scrutiny include whether all of the qualities of a home and community based setting outlined in the federal settings regulations are met; whether the state can demonstrate that persons receiving services are not isolated from the greater community of individuals not receiving HCBS; and, whether CMS concludes that there is strong evidence the setting does not meet the criteria for a setting that has the qualities of an institution.

Evidence CMS expects states to submit when requesting a heightened scrutiny process must focus on the qualities of the setting and how it is integrated in and supports full access of individuals receiving home and community-based services into the greater community. It should not focus on the aspects and/or severity of the disabilities of the individuals served in the setting. For heightened scrutiny requested for 1915(c) waiver programs, evidence should also include the information the state received during the public input process. Minimum evidentiary requirements for specific setting types include:

- For a setting in a publicly or privately-owned facility that provides inpatient treatment: At a minimum, states should submit information clarifying that there is a meaningful distinction between the facility and the community-based setting such that the latter is integrated in and supports full access of individuals receiving HCBS to the greater community. This could include documentation showing that the home and community-based setting is not operationally interrelated with the facility setting.
- For a setting located on the grounds of or immediately adjacent to a public institution: Evidence that a state might want to collect and submit to overcome the presumption of institutional qualities for these types of settings is similar to the evidence for settings in a publicly or privately-owned facility that provides inpatient treatment.
- For a setting that appears to be isolating: Individuals participate regularly in typical community life activities outside of the setting to the extent the individual desires and these activities and do not include only those

organized by the provider agency specifically for a group of individuals with disabilities and/or involving only paid staff. Services to individuals, and activities in which individuals participates, are engaged with the broader community and foster relationships with community members unaffiliated with the setting.

Systemic Assessment and Remediation Requirements

CMS requires states to employ two types of assessment processes to evaluate whether their standards and settings are in compliance with the federal home and community-based setting regulations. These include both a systemic assessment and a site specific assessment. For both the systemic and site-specific assessments, states are required to identify all types of home and community-based program settings in their state where HCBS are provided and where beneficiaries reside. The outcomes of each assessment are to be described both by waiver and by each setting within the waiver. **The information in this submission is limited to the requirements of the Systemic Assessment. Site-Specific Settings Assessments will be addressed in the submission due no later than March 31, 2017.**

Systemic Assessment refers to the state's assessment of the extent to which its regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance. States must review state standards related to all setting types in which HCBS is provided. Examples of documents in which state standards are likely to be found include Statutes, Licensing/certification regulations, waiver documents and regulations, guidelines, policy and procedure manuals.

States must also ensure that the language in state standards is fully consistent with the requirements in the federal setting regulations, including 42 CFR §441.301(c)(4) for 1915(c) waivers. The federal regulations set the floor for requirements, but states may elect to raise the standard for what constitutes an acceptable home and community-based setting.

As part of the STP, states have been directed to submit a detailed crosswalk that includes the outcomes of the systemic assessment. The crosswalk is expected to identify each related state standard including the specific citation(s) and the type of setting the standard applies to. It must also include an analysis of whether the relevant state standards are compliant, conflict with, or are silent with respect to the federal regulation. Each federal setting requirement must be addressed somewhere in its state standards.

For each requirement for which state standards are either noncompliant or silent, the state must identify the specific remediation that will be implemented, along with the milestones to be achieved and the projected dates for completion.

Public Comment Requirements

Prior to filing 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. Statements of public notice should be issued on or before the first day of the public comment period in order to allow the public the full 30 days to review and comment. The process for individuals to submit public comment should be convenient and accessible for all stakeholders, particularly individuals receiving services. CMS requires states to post the Statewide Transition Plans on their website in an easily accessible manner and include a website address for comments. At least one additional option for public input is required.

All public comments must be reviewed and consideration given to modification of the STP. The final plan submitted to CMS must include a summary of the public comments, including the full array of comments whether in agreement or not with the state's determination of the system-wide compliance and/or compliance of specific settings/types of settings; a summary of modifications to the Statewide Transition Plan made in response to public comment; and in cases where the state's determination differs from public comment, the additional evidence and rationale the state used to confirm the determination. The state also must provide an assurance that the Statewide Transition Plan, with any modifications made as a result of public input, is posted for public information no later than the date of submission to CMS, and that all public comments on the Statewide Transition Plan are retained and available for CMS review for the duration of the transition period or approved waiver, whichever is longer.

CMS also has clarified that public notice associated with settings for which the state is requesting heightened scrutiny should be included in the Statewide Transition Plan or addressed in the waiver submission to CMS and should list the affected settings by name and location and identify the number of individuals served in each setting.

For the previous version of the STP submitted on March 31, 2016, statement of public notice was posted to the Alabama Medicaid Agency's website along with the revised Statewide Transition Plan Systemic assessment and press release on March 1, 2016. The statement for public notice included the deadline for the public to submit comments along with instructions for how to submit comments. In accordance with CMS public comment requirements, a second non-electronic method was used to notify the public. Public notices were posted and hard copies of the revised Statewide Transition Plan systemic assessment were made available on March 1, 2016 in all Medicaid District Offices.

CMS subsequently advised Alabama to utilize a method of public notice that had a broader reach to the general public. For future public comment periods, Alabama Medicaid will use additional community resources such as the Area Agency on Aging sites to reach the general public and case managers to provide notices to all recipients on waivers. To facilitate transparency of the public comment process a complete list of public comments is available on the Alabama Medicaid Agency's website. Any interested party may view comments at:

[Statewide Transition Plan Public Comments 2015](#)

[Statewide Transition Plan Public Comments 2016](#)

In response to the last round of public comments in March 2016, the State is creating a webpage on the Medicaid Agency's website dedicated to STP activities. Through the webpage, Alabama Medicaid will develop and distribute information to every waiver participant and caregiver that describes the HCBS regulations, person centered planning principles, and provide information regarding the progress of the Agency's transition plan and HCBS compliance efforts on an ongoing, regular basis. Waiver participants and caregivers will also be provided with information on how to ask questions and receive information regarding changes to current waiver services. This webpage will become operational in November 2016 and will be widely publicized. In the interim, the current version of the STP may be viewed at:

[http://www.medicaid.alabama.gov/documents/4.0 Programs/4.3 LTC Services/4.3.1 HCBS Waivers/4.3.1 Ala Statewide Transition Plan Systemic Assessment 2-29-16.pdf](http://www.medicaid.alabama.gov/documents/4.0%20Programs/4.3%20LTC%20Services/4.3.1%20HCBS%20Waivers/4.3.1%20Ala%20Statewide%20Transition%20Plan%20Systemic%20Assessment%202-29-16.pdf)

For purposes of this current submission, CMS did not require a new public comment period, but did request the State respond to several specific suggestions found in public comment, to confirm they had been addressed either through written response or by incorporating a strategy for remediation. These suggestions and the State's responses are found in the updated portion of Appendix B.

The settings assessment, required for final approval of the STP, will be submitted by March 31, 2017, and will require a 30 day public comment period. This will be broadly publicized as described above.

SECTION II: OVERVIEW OF ALABAMA'S RESPONSE TO FINAL RULE REQUIREMENTS

Alabama offers home and community based services through seven Medicaid 1915 (c) waivers. There are currently no HCBS provided in the State under the 1915(i) or 1915(k) authorities of the Medicaid statute. The seven 1915 (c) waivers include:

The **Elderly and Disabled Waiver** provides services to individuals who might otherwise be placed in a nursing facility. The waiver is operated by the Alabama Department of Senior Services (ADSS). The waiver is approved to serve 9,205 individuals.

The **Individuals with Intellectual Disabilities (ID) Waiver** serves individuals who meet the definition of intellectual disability who would otherwise require more costly services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID.) The waiver is operated by the Alabama Department of Mental Health (ADMH/DDD), Division of Developmental Disabilities (DDD) and is approved to serve 5,260 individuals.

The **Living at Home (LAH) Waiver**, also operated by ADMH/DDD, provides a wide array of services for individuals with a diagnosis of intellectual disability who would otherwise require more costly services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The Living at Home Waiver is approved to serve 569 individuals.

The **SAIL Waiver** serves adults with specific medical diagnoses who are at risk of being institutionalized in nursing facilities. The waiver is operated by the Alabama Department of Rehabilitation Services (ADRS). The SAIL Waiver is approved to serve 660 individuals.

The **Technology Assisted (TA) Waiver for Adults**, operated by AMA, provides private duty nursing, personal care/attendant services, assistive technology, and medical supplies to individuals with disabilities who would otherwise require more costly nursing facility care. The TA Waiver serves adults with complex medical and serves 40 individuals.

The **HIV/AIDS Waiver** provides case management, homemaker services, personal care, respite care, skilled nursing, and companion services to individuals with a diagnosis of HIV/AIDS and related illness who would otherwise require more costly nursing facility care. The waiver is operated by the ADSS. The waiver serves 150 individuals each year.

The **Alabama Community Transition (ACT) Waiver** provides services to facilitate transition for individuals with disabilities currently living in nursing facilities. It is currently operated by ADSS. This waiver has a capacity to serve 200 individuals.

ALABAMA SYSTEMIC ASSESSMENT & REMEDIATION

Prior to the submission of the State's initial STP in March 2015, AMA worked cooperatively with each of the waiver Operating Agencies, providers and various stakeholders to complete an initial assessment of the settings in which HCBS are currently provided. Following CMS feedback and the issuance of expanded guidance to states as to the expectation for the assessment process, additional assessment activities were conducted as described below.

Systemic Assessment Process

Operating Agency waiver managers indicated prior to the submission of the initial STP in March 2015 they had reviewed relevant regulations, policies and procedures, at least at a high level, to ensure consistency with the HCBS Final Rule promulgated by CMS. This initial review of the regulations, standards, policies, licensing requirements, other provider requirements and service definitions for each HCBS waiver program was completed by each operating agency. For five waiver programs, it was concluded that services provided in an individual's home (a residence owned or leased by the individual or the individual's family, i.e. not a provider owned or operated setting), comply with the HCBS settings requirements.

Since that time, CMS has asked that the review be formally documented, and include specific and detailed elements as described in Section I: Background above. AMA developed a process and template for implementing this requirement. For 1915 (c) waivers, home and community-based settings must have all of the qualities defined at §441.301(c)(4) and §441.710 respectively, based on the needs of the individual as indicated in their person-centered plan. Each of these requirements was reflected in a crosswalk template.

Beginning in September, 2015, AMA staff met with Operating Agency waiver managers to review the template, process and timelines. The Operating Agency was asked to complete an internal review for each requirement to provide the following detail:

1. Identify and provide the citation for all state regulations, standards, policies and/or statutes for the waiver that apply to each requirement or element of the HCBS Final Rule. For the most part, the review was expected to focus on the Administrative Code, the Operating Agency's programmatic policies and procedures related to the operations of the waiver program(s) and any licensing or certification standards. Operating Agencies were also asked to provide citations for any other regulations, standards and/or statutes that may apply. A list of all documents reviewed, with links to the electronic documents may be found in Appendix C.
2. Provide a summary of findings of compliance with each requirement. The exploratory questions provided by CMS were attached for further guidance as needed.
 - Indicate which of the applicable regulations, standards and/or statutes are in compliance with each HCBS provision and the basis for that assessment.
 - Indicate which of the applicable regulations, standards and/or statutes are not in compliance and the basis for that assessment.

- Indicate if the regulations, standards and/or statutes are silent regarding any HCBS provision and the basis for that assessment.

Note: If waiver services were not provided in any provider-owned or controlled residential setting, this section was not completed.

3. Describe any changes or other remediation that will need to be made If no changes are needed based on the assessment of compliance, state N/A.
4. If any changes are needed to any state regulations, standards and/or statutes to bring them into compliance, provide a summary of the steps to be taken and projected timelines.
5. If an agency operates more than one waiver program, a separate crosswalk was to be completed for each.

Following the March 31, 2016 submission of the systemic assessment, CMS provided additional verbal and written feedback as to requirements for obtaining initial approval of the STP. AMA staff also participated in a series of small group technical assistance webinars toward this end. Detail about the CMS feedback and state responses may be found in Section III below and in Appendix A and Appendix B below.

SECTION III: ASSESSMENT PROCESSES, RESULTS AND PROPOSED REMEDIAL STRATEGIES

A description of the systemic assessment process and related findings for each of the seven waivers can be found on the following pages, including a summary of the remediation processes and timelines where applicable. The entire detailed crosswalk specific to each waiver may be found in Appendix A.

In July 2016, CMS provided written feedback to the State regarding its systemic assessment including required revisions to obtain initial approval of the STP. This has been the focus of the State’s activities since that time. The CMS feedback and the State’s responses are summarized below. Full revisions may be found in the respective crosswalks and in Appendix B.

Subject	CMS Feedback	State Response	Location in STP
Public Comment	Please clarify whether the comments in Appendix B were those collected during the most recent public comment period (March 1, 2016 – March 30, 2016). If the comments are from multiple comment periods, indicate which comments are from which period.	Appendix B Comments are from the March 1, 2016 – March 30, 2016 public comment period. The Appendix has been labeled to reflect the time period.	Appendix B
	We encourage the state to make available a complete list of all comments on the AMA’s website and include the link to these comments within the revised STP.	The State has made the complete lists of all comments on the AMA’s website with a link to those comments. Statewide Transition Plan Public Comments 2015 Statewide Transition Plan Public Comments 2016	Appendix B
	<ul style="list-style-type: none"> Specify whether a statement of public notice was posted online on or before February 29, 2016 along with the revised STP. Include the deadline for the public to submit comments along with instructions for how to submit comments and the dates of any public meetings. 	The statement of public comment was posted online March 1, 2016 with the revised STP that included instructions and the deadline for submitting comments.	Section I, Public Comment Requirements
	<ul style="list-style-type: none"> Indicate when the press release about the opportunity for public comment was issued. 	The press release was issued March 1, 2016.	Section I, Public Comment Requirements

Subject	CMS Feedback	State Response	Location in STP
	<ul style="list-style-type: none"> Clarify the date that the hard copy of the revised STP was available to the public during the comment period, and through what method the public was notified of how to obtain a hard copy. 	<p>The hard copy of the revised STP was made available to the public March 1, 2016 by posting the announcement, which included instructions on how to obtain a hard copy in the Medicaid district offices throughout the State.</p>	<p>Section I, Public Comment Requirements</p>
	<ul style="list-style-type: none"> Provide evidence indicating when the electronic and non-electronic postings for public notice were issued. 	<p>Evidence indicating when the electronic and non-electronic notice for public comment can be viewed by following the link provided. Emails providing evidence of the request for posting are appended to Appendix B.</p>	<p>Appendix B</p>
	<p>Please ensure that any hyperlinks included in the STP (Example – link to Federal Register) are correct and operational.</p>	<p>The links have been tested. They are correct and operational.</p>	<p>Throughout document</p>
	<p>Include a hyperlink in the STP directing readers to where the public can access the revised STP electronically.</p>	<p>A hyper link is included in the STP directing readers to access the revised STP electronically.</p>	<p>Public Comment Requirements</p>
	<p>Consider incorporating the following recommendations outlined in the March 30, 2016 letter of the Alabama Disabilities Advocacy Program (ADAP) submitted to the state during the last public comment period on the STP:</p> <ul style="list-style-type: none"> Form a home and community-based services (HCBS) compliance workgroup tasked with ensuring compliance to the Final Rule. The members of the workgroup should include waiver recipients, caregivers of waiver recipients, Agency staff, appropriate personnel 	<p>The State is making use of existing stakeholder workgroups to provide information and obtain feedback about the STP for compliance with the Final Rule. Due to the significant differences between the NF LOC waivers and the ICF LOC waivers, particularly as it relates to settings,</p> <ul style="list-style-type: none"> For the NF LOC waivers, the primary vehicle going forward will be the LTC Workgroup at AMA. This workgroup membership is comprised of Agency staff, providers and advocates and is open to public participation. The workgroup is charged with coordinating stakeholder input for the State’s move toward MTLSS, which will encompass all five of the NF LOC waivers (ACT, E&D, SAIL, TA and HIV.) Attendance at workgroup meetings typically includes a wide array of long term care and HCBS stakeholders. Consumer meetings, targeting recipients and caregivers, and provider meetings are also being held across the state to inform and provide input. 	<p>Appendix B</p>

Subject	CMS Feedback	State Response	Location in STP
	<p><u>from other state agencies and advocates.</u></p>	<ul style="list-style-type: none"> For the ICF LOC waivers (ID and LAH), the <u>Coordinating Subcommittee for the Division of Developmental Disabilities (DD Subcommittee) will serve as the compliance workgroup.</u> Alabama law (580-1-1-.19) requires that ADMH have a <u>Management Steering Committee (MSC) that has designated (outlined in the) members appointed by the ADMH Commissioner.</u> In accordance, each division has its own <u>sub-committee that mirrors the MSC to provide input to that particular division.</u> The <u>DD Subcommittee serves Division of Developmental Disabilities (DDD) and is comprised of providers, advocacy groups, and the Central Office staff.</u> There are <u>nine voting members, but are open to visitors.</u> The <u>committee meets monthly to discuss DD services and have input and influence into policies.</u> Meeting minutes are available on the <u>ADMH website at http://www.mh.alabama.gov/ID/CoordinatingSubcommitteeMeetingSummaries.aspx.</u> <u>DDD also holds quarterly meetings with Individual and Family Advisory Work Group, a representative group comprised of members from the legislatively established statewide Individual and Family Support Councils.</u> This group will serve as the <u>primary vehicle for individual and family/caregiver input.</u> 	
	<ul style="list-style-type: none"> <u>Develop and distribute information to every waiver recipient and caregiver that describes the HCBS regulations, Alabama’s plans to comply with these regulations and any possible changes to current waiver services.</u> <u>Establish a system by which waiver recipients and their caregivers can ask questions and receive information regarding changes to current waiver services</u> 	<p><u>Case managers are required to conduct a face-to-face visit with waiver recipients monthly. The State will utilize these case managers to provide every waiver recipient and caregiver with printed updates and materials that describe the HCBS regulations, Alabama’s plans to comply with these regulations and any possible changes to current waiver services. Waiver recipients will also be provided with instructions on how to request additional information and/or provide feedback. The State will also utilize direct mailings for routine general information regarding HCBS. Correspondence will include instructions on how to request additional information and/or provide feedback.</u></p>	<p><u>Appendix B</u></p>
	<ul style="list-style-type: none"> <u>Develop information for waiver recipients and their caregivers on</u> 	<p><u>State Operating Agencies are required to provide formal training to all case management staff regarding Person-Centered Planning (PCP) Principles</u></p>	<p><u>Appendix B</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<p><u>Person-Centered Planning principles and available waiver services that is easy to read and easily accessible.</u></p>	<p><u>to ensure appropriate and effective delivery of services based on the preferences of the recipient. Through its No Wrong Door implementation grant, the State is in the process of developing a comprehensive PCP training, working with Elsevier DirectCourse and Support Development Associates, to be made available to all waiver case managers. The State will utilize these trained case managers to reach every waiver recipient and caregivers to distribute information on PCP principles and available waiver services that is easy to read and easily accessible to view at their leisure. Once developed, this information will also be located on the Agency’s website for access by the public and stakeholders.</u></p>	
	<ul style="list-style-type: none"> <u>Provide information regarding the progress of the Agency’s transition plan and HCBS compliance efforts on an ongoing, regular basis. This information should be readily available to and easily accessible by the public, especially waiver recipients and/or their caregivers.</u> 	<p><u>The State is creating a webpage on the Medicaid Agency’s website dedicated to STP activities. The webpage will provide information regarding the progress of the Agency’s transition plan and HCBS compliance efforts on an ongoing, regular basis for the public, waiver recipients and their caregivers. Major milestones and updates will be distributed by case managers to waiver recipients and their caregivers.</u></p>	<p><u>Appendix B</u></p>
	<p><u>Provide CMS with the location of electronic copies of each referenced document, such as texts of the various state waiver manuals.</u></p>	<p><u>Links are available to all referenced documents in each crosswalk and Section II</u></p>	<p><u>Appendix A: Crosswalks, Section II</u></p>
<p>Assessment and Remediation</p>	<p><u>Include in the Basis column specific text or summaries of the text which the state has identified as compliant, noncompliant, partially compliant or silent as relevant to each federal requirement. Please also include a link to the referenced state code or policy document in the systemic assessment crosswalk.</u></p>	<p><u>The State has included in each crosswalk additional specific text or summaries of the text which the state has identified as compliant, noncompliant or partially compliant as relevant to each federal requirement. Silence indicates no specific text was identified. All referenced state code or policy documents have active links in the crosswalks.</u></p>	<p><u>Appendix A: Crosswalks</u></p>
	<p><u>Provide more detailed language explaining how the state will remediate</u></p>	<p><u>More detailed language has been included in the “Remediation Requirement” column of the various systemic assessment crosswalks where necessary.</u></p>	<p><u>Appendix A: Crosswalks</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<p><u>instances of non-compliance and silence with regard to the federal requirements in the “Remediation Requirement” column of the systemic assessment crosswalk. Especially necessary where important changes to state code and policy documents will be made.</u></p>	<p><u>This includes expanded proposed language changes to Administrative Rules for each waiver, AMA policy and procedure manuals and waiver specific documents from respective operating agencies.</u></p>	
	<p><u>Indicated whether the state standards listed comply, partially comply, do not comply or are silent with regard to the federal requirements on pages 109-113 of the systemic assessment crosswalk.</u></p>	<p><u>The State has indicated the compliance status (comply, partially comply, do not comply or are silent) with regard to the federal requirements on pages 109-113 of the systemic assessment crosswalk as submitted 3/31/16.</u></p>	<p><u>Appendix A: Crosswalks</u></p>
	<p><u>Correct language references to the HIV waiver in the Elderly and Disabled waiver section of the STP (p. 19).</u></p>	<p><u>This has been corrected.</u></p>	<p><u>Section III</u></p>
	<p><u>Correct page 30 of the STP. The summary of compliance and proposed remediation for item #4 addresses freedom from restraints and coercion rather than optimizing individual initiative and autonomy.</u></p>	<p><u>This has been corrected.</u></p>	<p><u>Section III</u></p>
	<p><u>Explain how the state plans to remediate the following issues within the systemic assessment crosswalk. <i>Please note that this list is not exhaustive, therefore CMS asks the state to revisit all citations to ensure that they are accurate for each federal HCBS settings requirement.</i></u></p>	<p><u>See below</u></p>	<p><u>See below</u></p>
	<ul style="list-style-type: none"> ○ <u>On page 74, Alabama cites several sections of state code and state policy documents as support for the requirement to ensure an individual's right to privacy, dignity and</u> 	<p><u>The State has included citations related to confidentiality as one important aspect of the right to privacy. All crosswalks have been further updated to address ensuring individual rights to privacy, dignity and respect or freedom from coercion and restraint. For example:</u></p>	<p><u>Appendix A: Crosswalks</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<p><u>respect, and freedom from coercion and restraint. These citations address protections against inappropriate use and disclosure of beneficiary protected health information and do not specifically address ensuring individual rights to privacy, dignity and respect or freedom from coercion and restraint in the Elderly and Disabled Waiver. This issue occurs in each section of the systemic crosswalk. For example, the HIV Waiver citations on page 62 and the Technology Assisted (TA) Waiver citations on page 48 also do not specifically address this federal requirement. Please explain how the state plans to remediate this in each section of the systemic assessment crosswalk.</u></p>	<ul style="list-style-type: none"> • <u>All AMA Administrative Rules for every waiver will be updated to specifically address these requirements, in keeping with the Final Rule.</u> • <u>AMA Long Term Care Quality Assurance Manual and Medicaid Waiver Participant Surveys will be revised to add discovery strategies regarding privacy, dignity and respect, and freedom from coercion and restraint</u> • <u>ADSS is promulgating a new Medicaid Waiver Programs Policy and Procedure Guide to replace the ADSS Medicaid Waivers Case Management Guide. Proposed language may be found in the crosswalk designed to specify the case manager’s role to monitor and assess compliance with this requirement on at least a monthly basis. The Home Visit Tool and the Medicaid Waiver Survey for participants have proposed probes to discover any instances that require remediation. Training will be developed and provided to all direct service provider and case managers. AMA standards</u> • <u>The Provider Certification and Guidance Manual for DDD, which already addresses privacy, dignity, coercion and restraint in some detail, will be revised with additional discovery strategies for unauthorized use of restraint.</u> • <u>The SAIL Policy Manual will be revised to specify the case manager’s role to monitor and assess compliance with this requirement on at least a monthly basis.</u> 	
	<p>○ <u>Alabama cites AMA Administrative code Ch. 44, Rule No. 560-X-44-.04(10) as support for the requirement to optimize individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment and with whom to interact (pages 87-88). This section describes Adult Day Health as the provision of social and health services in facilities that meet</u></p>	<p><u>The State has completed a follow-up review of AMA Administrative code Ch. 44, Rule No. 560-X-44 and proposed new language to ensure compliance with the requirement to optimize individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment and with whom to interact. The crosswalk has been updated to reflect these revisions.</u></p> <p><u>As a part of the process for implementing these proposed revisions, AMA will be working with ADSS (the operating agency for both the E&D and ACT waivers) to develop and provide training and technical assistance for all existing and prospective ADH providers on the compliance requirements of the Final Rule. The State also has reviewed its provider self-survey and validation processes for Adult Day Health (ADH) and is proposing additional</u></p>	<p><u>Appendix A: Crosswalks</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<p><u>minimum standards. However, the code does not address the manner in which these services are delivered, specifically that they optimize but do not regiment individual initiative, autonomy and independence in making life choices. A similar issue occurs in the Community Transition (CT) Waiver section of the crosswalk (page 110). Please explain how the state plans to remediate these issues in the STP.</u></p>	<p><u>modifications to the ADH monitoring tool to focus on Final Rule requirements.</u></p>	
	<p>○ <u>On page 133, Alabama cites Title 38: Public Welfare, Section 38-9C-4-Rights as support for the requirement that individuals receiving HCBS will have full control of personal resources and opportunities to engage in community life. This section notes that individuals in the Living at Home (LAH) waiver have “the right to reasonable access to and privacy of mail, telephone, communications, and visitors.” Clarify the definition of “reasonable access” to ensure that individuals have access to and privacy of visitors, communications, mail and telephone at all times. The term “reasonable access” also occurs in the state code language excerpted on</u></p>	<p><u>The State has proposed the following revision: Amend Title 38 to clarify individuals have the right to access to and privacy of mail, telephone, communications and visitors without restriction. Any modification of these rights must be in accordance with an identified need, approved through due process and documented in the person centered plan.</u></p>	<p><u>Appendix A: Crosswalks</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<p><u>pages 151, 176, and 194. Explain how the state will remediate this issue in sub-regulatory guidance throughout the crosswalk.</u></p>		
	<p>o <u>Alabama cites AMA Administrative Code, Chapter 58, Rule No. 580-5-33-.12 Continuity and Personal Security as support for the requirement that individuals receiving HCBS will have full control of personal resources to the same degree as individuals not receiving HCBS (page 140). The section does not address whether individuals will have access to the food at all times of the day. This has also occurred on page 183 of the systemic assessment crosswalk for the Intellectual Disabilities (ID) waiver. Please explain how the state will remediate this.</u></p>	<p><u>Chapter 580-5-33 will be revised to clarify that food will be available at any time without restriction. Any modification of this right must be in accordance with an identified need, approved through due process and documented in the person centered plan.</u></p>	<p><u>Appendix A: Crosswalks</u></p>
	<p>o <u>On page 147, Alabama cites AMA Administrative Code, Chapter 58, Rule No. 580-5-33-.03 Policies and Procedures as support for the requirement that ensures individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint. CMS has concerns that these policies seem institutional in nature and may not support the goals of the federal</u></p>	<p><u>AMA Administrative Code, Chapter 58, Rule No. 580-5-33-.03 Policies and Procedures does provide some support for the requirement to ensure individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint, in that, historically, many individuals with intellectual and developmental disabilities did not routinely have access to these basic elements of human dignity. More specifically, CMS had expressed a concern that the requirement for "options for people shall be age and culturally appropriate, normative..." appeared to be prescriptive and not sufficiently supportive of individual freedom of choice. Again, there is historical context of stereotyping and stigmatization of individuals with intellectual and developmental disabilities to the presence of this wording in the State's standards. ADMH has placed significant emphasis on the elimination of stigma</u></p>	<p><u>Appendix A: Crosswalks</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<p><u>requirement. Please provide further information explaining how these policies ensure an individual’s rights to privacy, dignity and respect.</u></p>	<p><u>and feels it remains important to be sure individuals are provided with “options” that enhance their integration and reduce stigmatization. This standard also does not stand alone and should be viewed as only one part of the overall emphasis in dignity, respect and freedom from coercion and restraint that are also represented in the crosswalk. ADMH will work with consumer and stakeholder groups to examine this section of state standards and make any revisions that may be needed.</u></p>	
	<p>○ <u>CMS has concerns that the state has not adequately addressed an individual’s right to freedom from coercion in any of the policies and codes. Please also ensure that any use of restrictive interventions is documented and utilized according to each individual’s person-centered plan. Please provide the state’s remediation plans in the systemic assessment crosswalk.</u></p>	<p><u>All crosswalks have been revised to address coercion and restraint, including in the respective administrative rules, AMA policies and operating agency policies. The ID and LAH crosswalks have been revised to clarify that any use of restrictive interventions is documented and utilized according to each individual’s person-centered plan. Restrictive interventions are not allowed in any of the remaining waivers and those crosswalks have been revised to include proposed language that case managers will monitor for any use of restrictive interventions and take appropriate action if any are discovered.</u></p>	<p><u>Appendix A: Crosswalks</u></p>
	<p>○ <u>Additionally, The Living at Home Waiver and Intellectual Disability Waivers currently rely on habilitation settings and currently allow restraints, restrictions or both. The state says, “revisions [to Alabama’s regulations] should be considered to add probes regarding freedom from coercion and restraint.” Please ensure that any use of restrictive interventions is documented and utilized according to each individual’s person-centered plan. Please update the crosswalk with this information.</u></p>	<p><u>The ID and LAH crosswalks have been updated to ensure that any use of restrictive interventions is documented and utilized according to each individual’s person-centered plan. The reference to “revisions [to Alabama’s regulations] should be considered to add probes regarding freedom from coercion and restraint,” was specific to the addition of probes regarding coercion and restraint to the Medicaid Waiver Participant Survey as an additional means of discovery, but should not be considered the only strategy in place to ensure individuals are protected. DDD policies regarding coercion and restraint are extensive and the State has attempted to represent those as well in this section of the crosswalk.</u></p>	<p><u>Appendix A: Crosswalks</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<ul style="list-style-type: none"> ○ <u>Provide the codes or sub-regulatory guidance that ensure compliance to access to food at any time in provider-owned or controlled residential settings in the ID Waiver section of the systemic assessment crosswalk.</u> 	<p><u>Chapter 580-5-33 will be revised to clarify that food will be available at any time without restriction. Any modification of this right must be in accordance with an identified need, approved through due process and documented in the person centered plan.</u></p>	<p><u>Appendix A: Crosswalks</u></p>
<p>Additional Questions from Public Comments</p>	<ul style="list-style-type: none"> ○ <u>CMS would like the state to verify that it has either responded to the suggestions it disagrees with and/or has incorporated the suggestions the state agrees with in the systemic assessment. Specific concerns of import that CMS would like the state to confirm have been addressed either through written response or by incorporating a strategy for remediation include the following:</u> 	<p><u>The State has provided written responses to each of the identified concerns. These responses are found in the Appendix B.</u></p>	<p><u>Appendix B</u></p>
	<ul style="list-style-type: none"> ○ <u>Clarification of any existing service definitions that may require modifications in order to allow providers to offer these services in a manner that comports fully with the federal HCBS requirements.</u> 	<p><u>As part of the remediation process, service definitions have been revised or detailed draft language has been proposed to allow providers the ability to offer these services in a manner that comports fully with the federal HCBS requirements. In particular, as part of ADMH/DDD's involvement in the ODEP Employment First project, the division is currently working to restructure waiver rates for services. In preparation for that, the workgroup consisting of ADMH/DDD staff and providers reviewed the scope of services in March, 2016. Changes noted were discussed by telephone in late March. A drafted version of the service revisions is currently underway and will be distributed to the workgroup for comment once completed. The revisions take into consideration the comments from providers) Service definitions were updated and new services were added to the Definitions section to the administrative code to be consistent with those in the waiver. These regulations will become effective July 1, 2017</u></p>	<p><u>Appendix B</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<ul style="list-style-type: none"> ○ <u>Assurance that certification is performed consistently across all agencies, and that certification requirements do not pose unintentional barriers preventing settings from fully complying with the federal HCBS rule.</u> 	<p><u>For the NF LOC waivers, the only setting that is certified is Adult Day Health. This is completed on an annual basis for all programs by consistent AMA staff, thereby eliminating potential reviewer variations. There are no known certification requirements that would pose any unintentional barriers. Proposed changes in this STP are anticipated to actually strengthen certification requirements. AMA will be providing training and technical assistance to all ADH providers to assist them in addressing any barriers to achieving compliance with the Final Rule requirements.</u></p> <p><u>For the ICF LOC waivers, Alabama’s certification regulations were developed in conjunction with The Council on Quality and Leadership’s (CQL) Basic Assurances and Personal Outcome Measures and do not pose any unintentional barriers and certification staff utilize a guidance manual and basic assurance assessment tool developed in conjunction with CQL. In order to assure that certification is performed consistently across all agencies, ADMH/DDD certification staff receive annual Inter-rater Reliability and re-certification through CQL. Certification staff frequently assist each other across regions as pairs for surveying larger agencies. There are six certification staff who rotate as pairs working together. The Director of Certification goes on at least one site visit annually with each certification staff. She also frequently accompanies certification staff on for-cause reviews that may lead to a recommendation to the ADMH Commissioner of decertification. The Director of Certification reviews and edits all site visit reports to ensure accuracy and consistency with interpretation and application of all standards. Per Policy Number 200-5 of the Department of Mental Health Certification of Community Programs, there are also several different levels of review of certification process for each provider for the purpose of assuring consistency in the process.</u></p> <p><u>These tools are available on the department’s website and all providers have received training in order to ensure they are aware of requirements and able to identify any barriers they may encounter. Providers are encouraged to complete a self-assessment at least 3 months prior to their scheduled certification site visit. As with the NF waivers, certification requirements will be</u></p>	

Subject	CMS Feedback	State Response	Location in STP
		<p><u>strengthened with the implementation of the Final Rule requirements. Since the development of the initial ID waiver Transition Plan, ADMH/DDD has been offering training and technical assistance to providers to assist them to address any barriers to achieving compliance and will continue to do so through the transition period and beyond. In addition to all of the training on the Settings Rule that has been completed to date, additional training is being scheduled. Regional meetings are held quarterly in each of the 5 DD Regions. Quarterly meetings scheduled in November will focus mainly on the Settings Rule. Also, a two-day Personal Outcomes Measures training for Executive Directors of provider organizations is currently being taught and should be completed by the end of October for a potential of 60 Executive Directors total to attend. The wrap of session focuses on use of the POM data to direct organization systems change and the link between POM data and compliance with the settings rule as it relates to waiver service delivery being maximized in integrated environments in the community.</u></p>	
	<ul style="list-style-type: none"> ○ <u>Description of how the state is capturing data on agencies who perform poorly in the areas of safety, rights and health/wellness through the certification process.</u> 	<p><u>For the NF LOC waivers, there is a relatively small number (15) of ADH agencies and data for these is managed by the Program Integrity Division Provider Review Unit at AMA. This scope allows for AMA certification staff to easily gather data and monitor issues of safety, rights and health/wellness.</u></p> <p><u>For the ICF LOC waivers, all certification results are entered into a database in the ADIDIS system for reporting purposes. Certification also keeps a list of all providers reviewed as well as the results of certification reviews. The final scores for all provider certification visits are placed on ADMH website for public viewing. All scores are entered into a data base for trending purposes. Trainings are developed for providers based on problematic trends. Factors 4-Protection from Abuse, Neglect, Mistreatment and Exploitation, 5-Best Possible Health, and 6 Safe Environments require a 100% score, meaning that an agency that scores less than 100% gets an automatic provisional certification, must submit an acceptable plan of corrections, and are re-surveyed within 60 days. Two provisional certifications in one year results in a recommendation to the ADMH Commissioner to decertify the provider.</u></p>	<p><u>Appendix B</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<ul style="list-style-type: none"> ○ <u>Explanation of how the state included and is working with other state departments whose state standards may be implicated as part of the state’s compliance with the federal HCBS rule, including DMH, Life Safety, Nurse Delegation Program, etc. CMS encourages the state to address the following concerns:</u> 	<p><u>See below for a description of how the State is addressing each of these concerns. These responses may also be found in the Appendix B Public Comments.</u></p>	<p><u>Appendix B</u></p>
	<ul style="list-style-type: none"> ○ <u>Administrative code 580-5-33- .04 (16) states that “No person is presumed incompetent or denied the right to manage his/her financial or personal affairs... solely by reason of his/her having received services, unless legally determined otherwise.” Some requirements of Administrative code 580-5-33- .08, by virtue of compliance with the Nurse Delegation Program (NDP) presume that people who receive services are not competent and places a burden of demonstrating competence on the individual. An example of this can be seen in Section 33. In addition to the apparent philosophical inconsistency with the standards for community programs, many of the constraints</u> 	<p><u>Within the Nurse Delegation Program (NDP) operated by the Alabama Department of Mental Health (ADMH), there is no restriction in any policy, procedure or service definition that prohibits a RN from accompanying the participant into the community as needed. There are no restrictions to working with the participant and RN to rearrange feedings or medication administration around a planned outing if medically appropriate and agreed upon by all parties, thus alleviating the need for RN. The Department of Mental Health including the DD Division has a history of working with the Alabama Board of Nursing (ABON) in the delivery of skilled nursing services and the delegation of those services. The Department of Mental Health and DD Division will continue to work with ABON to address any barrier that may not fully comport with the HCBS Settings Rule.</u></p>	<p><u>Appendix B</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<p><u>imposed by the NDP have the effect of hindering transition to community-based services for many individuals:</u></p> <ul style="list-style-type: none"> ○ <u>There are NDP requirements that present possible barriers to meeting HCBS requirements for facilities. For example:</u> ○ <u>The provision of medications or assistance with tube feedings requires a nurse or other medical personnel to administer such medical needs and no longer allows appropriately trained support staff to do so, which could limit the ability of the individual to engage in activities in the broader community to the degree the individual desires.</u> ○ <u>Individuals living together may not share over the counter medications. This costs the individuals money, wastes medication and is not typical in a community setting. Each over the counter drug must be given its own label by nursing staff and be administered as indicated on that label or as approved by the nurse.</u> ○ <u>A nurse’s authorization is required to put on lip balm or to apply Neosporin.</u> 		
	<ul style="list-style-type: none"> ○ <u>There are several state environmental,</u> 	<p><u>The State has reviewed Chapter 580-3-22 which prescribes the Life Safety Minimum Standards for</u></p>	<p><u>Appendix B</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<p><u>aesthetic and life & safety requirements typically included in institutional-like settings that may not necessarily transfer well to a home and community based residential setting, and may present barriers to a person leasing their own home or apartment. CMS encourages the state to review its existing licensing requirements to assure that any of these policies that may prevent a person from leasing their own home or apartment due to the restrictive nature of requirements for residential settings required by the state (and not necessarily HCBS or Medicaid regulations) be assessed and addressed in the systemic assessment. Examples may include: requirements on porches and landing guardrails; painting, carpeting, and landscape requirements; required monthly emergency drills; window dressings; water temperature; etc.</u></p>	<p><u>Physical Facilities. Chapter 580-3-22-.13 Apartment and Individual Dwelling Units states the following: (1) The ADMH is continually working to de-stigmatize the public perception of those with disabilities. It is the mission of the ADMH to assist persons with mental illnesses, intellectual disabilities or substance use disorders to live in their communities without restrictions; therefore, the Office of Life Safety and Technical Services will not conduct life safety reviews in apartments or dwelling units leased or sub-leased by individuals for use as their homes.</u></p> <p><u>Waiver participants renting or living independently would therefore be exempt from Life Safety reviews as this assessment does not include private homes. For providers of residential habilitation services, Life Safety assessments ensure that waiver participants receive services in a fully safe environment. The DD Division is aware of and continues to address the concerns expressed by some providers regarding Life Safety assessments. The Life Safety section of ADMH is located within the Administrative Division and is responsible for periodic, physical plant reviews of individual providers for the Mental Illness/Substance Abuse and DD Divisions. The DD Division continues to work with them all involved parties to identify any barrier to implementation of the HCBS Settings rule and to advocate for changes that may negatively impact that implementation.</u></p>	
	<p>o <u>State standards may also require continual application of restrictive supports regardless of a decline in incidents or needs, but rather based on a historical event. For example, requiring people to continue to have toileting schedules when there is no</u></p>	<p><u>The State has identified no state standards that require continual application of restrictive supports regardless of a decline in incidents or needs, but rather based on a historical event. ADMH maintains that each participant’s person centered plan and ICAP Score should dictate the level and intensity of the services needed. Professionals who work with the waiver participant and know the individual’s need are a required attendee at the PCP meeting and contribute valuable information to determine the level of service required to maintain</u></p>	<p><u>Appendix B</u></p>

Subject	CMS Feedback	State Response	Location in STP
	<p><u>evidence or incidents to suggest such a practice be maintained, or requiring people to wear gate (sic) belts when there have been no incidents relating to falls over a long period of time.</u></p>	<p><u>health and safety. The use of the Health Risk Screening Tool has been piloted in some locations in the state and due to the favorable results is being implemented statewide as the instrument to ascertain the health needs of individuals. Full implementation is expected by the end of 2018. A participant’s behavior could warrant a reassessment to determine a higher or lower level of supports are needed. A team meeting can be requested anytime circumstances or level of support needs change. However, regardless of level of individual service needs, services have been designed to support a participant in the community at the level required. Also, any incident requires the provider to log the incident into an electronic reporting system (Therap) and is tracked to resolution as required by departmental and federal policies.)</u></p>	

TECHNOLOGY ASSISTED WAIVER SYSTEMIC ASSESSMENT

Waiver Description

The Technology Assisted (TA) waiver provides services to individuals with disabilities or long term illnesses. The Operating Agency for the TA waiver is the Alabama Medicaid Agency. Targeted Case Management is provided by the Alabama Department of Senior Services. The services available under this waiver are as follows:

TA Waiver Service
Private Duty Nursing
Personal Care/Attendant Services
Medical Supplies
Assistive Technology

Systemic Assessment

1. Systemic Assessment Process

Prior to the submission of the initial STP in March 2015, Operating Agencies reviewed relevant regulations, policies and procedures, at least at a high level, to ensure consistency with the HCBS Final Rule promulgated by CMS. For the TA waiver program, it was concluded at that time that regulations, policies and procedures appeared to be compliant with the HCBS settings requirements. Following CMS feedback and the issuance of expanded guidance to states as to the expectation for the assessment process, additional assessment activities were conducted. ADSS and AMA staff conducted a thorough examination of administrative code, policies, rules and regulations pertaining to the TA waiver to evaluate whether they were sufficient to ensure compliance with the Final Rule. A crosswalk was developed to identify each applicable administrative code, policy, rule and/or regulation that addressed each of the Final Rule requirements:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
3. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

5. The setting facilitates individual choice regarding services and supports, and who provides them.
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the additional conditions must be met. (*Note: Not applicable to the TA Waiver.*)
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows:
 - a. A nursing facility;
 - b. An institution for mental diseases;
 - c. An intermediate care facility for individuals with intellectual disabilities;
 - d. A hospital; or
 - e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.

AMA, as the Operating Agency, worked with ADSS, the agency that provides Targeted Case Management for the TA Waiver participants, to complete a thorough review of various documents pertaining to the TA Waiver, including the following:

- AMA January 2016 Provider Manual, Chapter 107, Waiver Services
- TA Waiver Renewal Application, February 2016
- AMA Administrative Code, Chapter 54
- AMA TA Policy Manual, Revised October 2015
- AMA Long Term Care Waivers Quality Assurance Manual
- Medicaid Waiver Survey for TA participants
- ADSS Case Management Guide, August 2014
- ADSS HCBS Application
- ADSS Home Visit Tool
- ADSS Rights and Responsibilities Form

Each of these documents was reviewed for consistency and compliance with each of the qualities defined at §441.301(c)(4) and §441.710 respectively, based on the needs of the individual as indicated in their person-centered plan. The completed crosswalk provides the appropriate citation for each administrative code, policy, rule and/or regulation and other applicable documents and indicates whether each was deemed compliant or non-compliant, including the basis for that determination. If no applicable citation could be identified that addressed a Final Rule requirement, the state's rules were considered to be silent in that area. For those Final Rule requirements for which the state's administrative code, policies, rules and/or regulations were not sufficiently compliant, or were silent, remedial strategies were devised and are included in the crosswalk with projected milestones and timelines. Note that the silence rating was also used for items that may have reflected some elements of a requirement, but were deemed to not fully address that requirement.

II. Systemic Findings and Remediation

The findings of the systemic assessment and proposed remediation strategies for the TA waiver are summarized in the table below. This crosswalk applies to the only setting in which waiver services are delivered, the private homes of individuals. The complete TA Waiver crosswalk may be found in Appendix A. It includes detailed descriptions of each finding, the basis for each determination of compliance, and any needed remedial strategies with milestones and projected completion date.

Requirement	Summary of Compliance and Proposed Remediation
<p>1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>This requirement of the Final Rule was not fully addressed for the TA Waiver. The following will require revision to reflect requirements that settings are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS:</p> <ul style="list-style-type: none"> • TA Waiver, particularly Appendix C-5 • AMA Provider Manual, Explanation of Covered Services • AMA Administrative Code, Chapter 54 • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for TA Participants
<p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>The TA Waiver was considered to be compliant for this requirement with no needed remediation. Individuals are served in private homes of their choosing. The client is given choice of either institutional or the home and community based services as well as given information necessary to make informed choices regarding the location of care. TA Waiver Coordinator and ADSS Targeted Case Managers ensure waiver participants are actively involved in decision-making related to the provision of waiver services.</p>
<p>3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>The TA Waiver was largely compliant with this requirement as it relates to privacy, dignity and respect, which were addressed in a comprehensive manner. As to freedom from coercion and restraint, the TA Waiver provides that the State does not permit the use of restrictive interventions, restraints and seclusion and assures monitoring on a monthly basis by case managers as well as oversight by the appropriate state agencies. The ADSS Medicaid Waivers Case Management Guide and Home Visit Tool will require revision to fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance with safeguards against restraint, restrictive interventions and seclusion. The Medicaid</p>

Requirement	Summary of Compliance and Proposed Remediation
	Waiver Survey for Participants Includes questions/probes regarding being treated with dignity and respect.
<p>4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>Covered services, as described in AMA Administrative Code, Chapter 54, support community individual initiative, independence and autonomy specifically for integrated work settings and as an outcome for medical supplies and appliances and assistive technology. The ADSS Medicaid Waivers Case Management Guide, Assessment Forms and Home Visit Tool do not fully address this element, however, as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance and will require revision. Similarly, the AMA TA Policy Manual includes some references that support this requirement of the Rule, but does not fully address the component of this requirement related to choices of with whom to interact.</p>
<p>5. Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>The TA Waiver was largely compliant with this requirement, addressing the right of individuals regarding services and supports, and who provides them, including how this choice will be facilitated in the intake and planning processes as well as on an ongoing basis. The only revision required will be for the AMA January 2016 Provider Manual. This document describes Medicaid responsibilities to ensure beneficiaries are advised of feasible service alternatives and receive a choice of institutional and HCB services. It further states that when residents of long term care facilities become eligible for HCBS, will be advised of available services and given choice of providers, but does not clarify that all individuals receiving HCBS will be so advised and given choice of providers.</p>
<p>6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, additional conditions must be met.</p>	<p>Not applicable to the TA Waiver. No waiver services are provided in provider owned or controlled residential settings.</p>

Requirement	Summary of Compliance and Proposed Remediation
<p>7. HCBS settings exclude locations that have the qualities of an institutional setting.</p>	<p>None of the documents pertaining to the TA Waiver fully address this requirement as it relates to settings that have the qualities of an institution or are presumed to have qualities of an institution. They do not fully address exclusion of all institutional or presumed-institutional setting nor do they describe a process for identification and scrutiny of such settings. Revisions will be required to the following documents:</p> <ul style="list-style-type: none"> • TA Waiver • AMA Provider Manual, Explanation of Covered Services • AMA Administrative Code, Chapter 54 • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for TA Participants • ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms and Home Visit Tool

HIV/AIDS WAIVER SYSTEMIC ASSESSMENT

Waiver Description

The HIV/AIDS Waiver provides services to individuals with a diagnosis of HIV, AIDS, and related illness who would meet the nursing facility level of care criteria. The Operating Agency for the HIV/AIDS waiver is the ADSS. The services available under this waiver are as follows:

HIV/AIDS Waiver Services
Case Management
Personal Care
Homemaker Services
Skilled Nursing
Respite Care (Skilled and Unskilled)

Systemic Assessment

I. Systemic Assessment Process

Prior to the submission of the initial STP in March 2015, Operating Agencies reviewed relevant regulations, policies and procedures, at least at a high level, to ensure consistency with the HCBS Final Rule promulgated by CMS. For the HIV waiver program, it was concluded at that time that regulations, policies and procedures appeared to be compliant with the HCBS settings requirements. Following CMS feedback and the issuance of expanded guidance to states as to the expectation for the assessment process, additional assessment activities were conducted. ADSS and AMA staff conducted a thorough examination of administrative code, policies, rules and regulations pertaining to the HIV waiver to evaluate whether they were sufficient to ensure compliance with the Final Rule. A crosswalk was developed to identify each applicable administrative code, policy, rule and/or regulation that addressed each of the Final Rule requirements:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
3. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.

5. The setting facilitates individual choice regarding services and supports, and who provides them.
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the additional conditions must be met. *(Note: Not applicable to the HIV/AIDS Waiver.)*
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows:
 - a. A nursing facility;
 - b. An institution for mental diseases;
 - c. An intermediate care facility for individuals with intellectual disabilities;
 - d. A hospital; or
 - e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.

AMA worked with ADSS, the Operating Agency to complete a thorough review of various documents pertaining to the HIV Waiver, including the following:

- AMA January 2016 Provider Manual, Chapter 107, Waiver Services
- HIV Waiver Application, 2011
- AMA Administrative Code, Chapter 58
- AMA HIV Policy Manual, March 2011
- AMA Long Term Care Waivers Quality Assurance Manual
- Medicaid Waiver Survey for HIV participants
- ADSS Case Management Guide, August 2014
- ADSS HCBS Application
- ADSS Home Visit Tool
- ADSS Rights and Responsibilities Form

Each of these documents was reviewed for consistency and compliance with each of the qualities defined at §441.301(c)(4) and §441.710 respectively, based on the needs of the individual as indicated in their person-centered plan. The completed crosswalk provides the appropriate citation for each administrative code, policy, rule and/or regulation and other applicable documents and indicates whether each was deemed compliant or non-compliant, including the basis for that determination. If no applicable citation could be identified that addressed a Final Rule requirement, the state's rules were considered to be silent in that area. For those Final Rule requirements for which the state's administrative code, policies, rules and/or regulations were not sufficiently compliant, or were silent, remedial strategies were devised and are included in the crosswalk with projected milestones and timelines. Note that the silence rating was also used for items that may have reflected some elements of a requirement, but were deemed to not fully address that requirement.

II. Systemic Findings and Remediation

The findings of the systemic assessment and proposed remediation strategies for the HIV/AIDS waiver are summarized in the table below. This crosswalk applies to the only setting in which

waiver services are delivered, the private homes of individuals. The complete HIV/AIDS Waiver crosswalk may be found in Appendix A. It includes detailed descriptions of each finding, the basis for each determination of compliance, and any needed remedial strategies with milestones and projected completion date.

Requirement	Summary of Compliance and Proposed Remediation
<p>1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>This requirement of the Final Rule was not fully addressed for the HIV/AIDS Waiver. The following will require revision to reflect requirements that settings are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS:</p> <ul style="list-style-type: none"> • HIV/AIDS Waiver • AMA Administrative. Code, Chapter 58 • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for Participants • AMA HIV Waiver Policy Manual • ADSS Medicaid Waivers Case Management Guide, Assessment Forms, Home Visit Tool
<p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>The HIV/AIDS Waiver was considered to be compliant for this requirement with no needed remediation. Individuals are served in private homes of their choice. No residential or non-residential services settings are offered under the HIV waiver. The client is given choice of either institutional or the home and community based services as well as given information necessary to make informed choices regarding the location of care. HIV Case Managers ensure waiver participants are informed as to all feasible alternatives under the waiver, including free choice of waiver services or institutional care. During the person-centered care plan meeting all parties discuss the needs of the client, informal supports provided by family or other community resources, identify the gaps in supports and are informed of what waiver services may fill in those gaps. The participant decides which personal representative will be involved in development of the plan of care</p>

Requirement	Summary of Compliance and Proposed Remediation
<p>3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>The HIV/AIDS Waiver was largely compliant with this requirement as it relates to privacy, dignity and respect, which were addressed in a comprehensive manner. As to freedom from coercion and restraint, the HIV/AIDS Waiver provides that the State does not permit the use of restrictive interventions, restraints and/or seclusion but the waiver document does not provide any information as to oversight procedures to ensure no occurrence of unauthorized use of restraint, seclusion and/or restrictive interventions. This will require revision. The ADSS Medicaid Waivers Case Management Guide and Home Visit Tool will also require revision to fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance with safeguards against restraint, restrictive interventions and seclusion. The Medicaid Waiver Survey for Participants Includes questions/probes regarding being treated with dignity and respect, but revisions should be considered to add probes regarding freedom from coercion and restraint.</p>
<p>4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>AMA Administrative Code, Chapter 58 and the AMA HIV Policy Manual include some references that support this requirement of the Rule, but do not fully address this requirement, particularly as related to choices of with whom to interact. The ADSS Medicaid Waivers Case Management Guide, Assessment Forms and Home Visit Tool also do not fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance and will require revision.</p>
<p>5. Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>The HIV/AIDS Waiver was partially compliant with this requirement, addressing the right of individuals regarding services and supports, and who provides them, including how this choice will be facilitated in the intake and planning processes as well as on an ongoing basis. Several documents will require revision, including the waiver document to ensure participants are provided with individual choice regarding services and supports, and who provides them, including the freedom to make such choices at other times than assessment/application process for admission, readmission, and redetermination of eligibility. The AMA January 2016 Provider Manual will also need to be revised to add clarifying language that all individuals will be advised of available services and given choice of providers.</p>
<p>6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, additional conditions must be met.</p>	<p>Not applicable to the HIV/AIDS Waiver. No waiver services are provided in provider owned or controlled residential settings.</p>

Requirement	Summary of Compliance and Proposed Remediation
<p>7. HCBS settings exclude locations that have the qualities of an institutional setting.</p>	<p>None of the documents pertaining to the HIV/AIDS Waiver fully address this requirement as it relates to settings that have the qualities of an institution or are presumed to have qualities of an institution. They do not fully address exclusion of all institutional or presumed-institutional setting nor do they describe a process for identification and scrutiny of such settings. Revisions will be required to the following documents:</p> <ul style="list-style-type: none"> • HIV/AIDS Waiver • AMA Provider Manual, Explanation of Covered Services • AMA Administrative Code, Chapter 58 • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for HIV/AIDS Participants • ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms and Home Visit Tool

ELDERLY AND DISABLED WAIVER SYSTEMIC ASSESSMENT

Waiver Description

The Elderly and Disabled (E&D) waiver provides services to individuals with disabilities or long term illnesses. The Operating Agency for the E&D waiver is the Alabama Department of Senior Services. The services available under this waiver are as follows:

Elderly and Disabled Waiver Services
Case Management
Personal Care
Homemaker Services
Adult Day Health
Home Delivered Meals
Respite Care (Skilled and Unskilled)

Systemic Assessment

1. Systemic Assessment Process

Prior to the submission of the initial STP in March 2015, Operating Agencies reviewed relevant regulations, policies and procedures, at least at a high level, to ensure consistency with the HCBS Final Rule promulgated by CMS. For the E&D waiver program, it was concluded at that time that regulations, policies and procedures appeared to be compliant with the HCBS settings requirements. Following CMS feedback and the issuance of expanded guidance to states as to the expectation for the assessment process, additional assessment activities were conducted. ADSS and E&D staff have conducted a thorough examination of administrative code, policies, rules and regulations pertaining to the E&D waiver to evaluate whether they were sufficient to ensure compliance with the Final Rule. A crosswalk was developed to identify each applicable administrative code, policy, rule and/or regulation that addressed each of the Final Rule requirements:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
3. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
5. The setting facilitates individual choice regarding services and supports, and who provides them.
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the additional conditions must be met. (*Note: Not applicable to the E&D Waiver.*)
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows:
 - a. A nursing facility;
 - b. An institution for mental diseases;
 - c. An intermediate care facility for individuals with intellectual disabilities;
 - d. A hospital; or
 - e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.

AMA, as the Operating Agency, worked with ADSS, the agency that provides Targeted Case Management for the E&D Waiver participants, to complete a thorough review of various documents pertaining to the E&D Waiver, including the following:

- AMA January 2016 Provider Manual, Chapter 107, Waiver Services
- E&D Waiver AL.0068.R06.00
- AMA Administrative Code Chapter 36
- AMA E&D Policy Manual, August 2014
- AMA Long Term Care Waivers Quality Assurance Manual
- Medicaid Waiver Survey for E&D participants
- ADSS Case Management Guide, August 2014
- ADSS HCBS Application
- ADSS Home Visit Tool
- ADSS Rights and Responsibilities Form
- Alabama Medicaid Adult Day Health Standards
- Adult Day Health Scope of Service for HCBS Waivers
- Alabama Medicaid Adult Day Health Review Tool

Each of these documents was reviewed for consistency and compliance with each of the qualities defined at §441.301(c)(4) and §441.710 respectively, based on the needs of the individual as indicated in their person-centered plan. The completed crosswalk provides the appropriate citation for each administrative code, policy, rule and/or regulation and other applicable documents and indicates whether each was deemed compliant or non-compliant, including the basis for that determination. If no applicable citation could be identified that addressed a Final Rule requirement, the state's rules were considered to be silent in that area. For those Final Rule requirements for which the state's administrative code, policies, rules and/or regulations were not sufficiently compliant, or were silent, remedial strategies were

devised and are included in the crosswalk with projected milestones and timelines. Note that the silence rating was also used for items that may have reflected some elements of a requirement, but were deemed to not fully address that requirement.

II. Systemic Findings and Remediation

The findings of the systemic assessment and proposed remediation strategies for the E&D waiver are summarized in the table below. There are two crosswalks, one applying to services provided in individuals’ private homes and integrated employment and another specifically to Adult Day Health Services. The complete E&D Waiver crosswalks may be found in Appendix A. It includes detailed descriptions of each finding, the basis for each determination of compliance, and any needed remedial strategies with milestones and projected completion date.

Requirement	Summary of Compliance and Proposed Remediation
<p>1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>This requirement of the Final Rule was not fully addressed for the E&D Waiver. The following will require revision to reflect requirements that settings are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS:</p> <ul style="list-style-type: none"> • E&D Waiver • AMA Administrative Code, Chapter 36 • Alabama Medicaid Adult Day Health Standards • Scope of Service for Adult Day Health Service • Alabama Medicaid Adult Day Health Review Tool • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for Participants • AMA E&D Waiver Policy Manual • ADSS Medicaid Waivers Case Management Guide, Assessment Forms, Home Visit Tool
<p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Individuals are served in private homes of their choice with the exception of Adult Day Health services, which are the only services offered in a provider-controlled setting. Each client is given choice of either institutional or the home and community based services as well as given information necessary to make informed choices regarding the location of care, but key documents related to Adult Day Health are silent as to whether individuals are offered non-disability specific settings and will need revision. These include the following:</p> <ul style="list-style-type: none"> • Alabama Medicaid Adult Day Health Standards • Alabama Medicaid Agency Administrative Code, Chapter 36 • Scope of Service for Adult Day Health Service • Alabama Medicaid Adult Day Health Review Tool

Requirement	Summary of Compliance and Proposed Remediation
<p>3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>The E&D Waiver was largely compliant with this requirement as it relates to privacy, dignity and respect, which were addressed in a comprehensive manner with one exception. The AMA E&D Waiver Policy Manual does not reference dignity and respect and will need revision. As to freedom from coercion and restraint, the E&D Waiver provides that the State does not permit the use of restrictive interventions, restraints and seclusion and assures monitoring on a monthly basis by case managers as well as oversight by the appropriate state agencies. The ADSS Medicaid Waivers Case Management Guide and Home Visit Tool will require revision to fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance with safeguards against restraint, restrictive interventions and seclusion. The Medicaid Waiver Survey for Participants Includes questions/probes regarding being treated with dignity and respect, but revisions should be considered to add probes regarding freedom from coercion and restraint.</p>
<p>4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>AMA Administrative Code, Chapter 36 is only partially compliant with this requirement. Adult Day Health and Companion services provide some language related to this requirement, such as education and training for health and self-care and promoting client independence, but this section of the Code does not fully address the optimization of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. The AMA E&D Policy Manual is also silent regarding this requirement and will be revised. The ADSS Medicaid Waivers Case Management Guide, Assessment Forms and Home Visit Tool also do not fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance and will require revision.</p>
<p>5. Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>The E&D Waiver was largely compliant with this requirement, addressing the right of individuals regarding services and supports, and who provides them, including how this choice will be facilitated in the intake and planning processes as well as on an ongoing basis. The AMA January 2016 Provider Manual will require revision to add clarifying language that all individuals will be advised of available services and given choice of providers.</p>
<p>6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, additional conditions must be met.</p>	<p>Not applicable to the E&D Waiver. No waiver services are provided in provider owned or controlled residential settings.</p>

Requirement	Summary of Compliance and Proposed Remediation
<p>7. HCBS settings exclude locations that have the qualities of an institutional setting.</p>	<p>None of the documents pertaining to the E&D Waiver fully address this requirement as it relates to settings that have the qualities of an institution or are presumed to have qualities of an institution. They do not fully address exclusion of all institutional or presumed-institutional setting nor do they describe a process for identification and scrutiny of such settings. Revisions will be required to the following documents:</p> <ul style="list-style-type: none"> • E&D Waiver • AMA Provider Manual, Explanation of Covered Services • AMA Administrative Code, Chapter 36 • Alabama Medicaid Adult Day Health Standards • Scope of Service for Adult Day Health Service • Alabama Medicaid Adult Day Health Review Tool • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for E&D Participants • ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms and Home Visit Tool

ALABAMA COMMUNITY TRANSITION WAIVER

Waiver Description

The Alabama Community Transition (ACT) waiver provides services to individuals with disabilities or long term illnesses, who resided in a nursing facility and desired to transition to the home or community setting. The Operating Agency for the ACT waiver is the Alabama Department of Senior Services. The services available under this waiver are as follows:

ACT Waiver Services
Case Management
Transitional Assistance
Personal Care
Homemaker Services
Adult Day Health
Home Delivered Meals
Respite Care (Skilled and Unskilled)
Skilled Nursing
Adult Companion Services
Home Modifications
Assistive Technology
Personal Emergency Response Systems (PERS) Installation/Monthly Fee
Medical Equipment Supplies and Appliances

Systemic Assessment

I. Systemic Assessment Process

Prior to the submission of the initial STP in March 2015, Operating Agencies reviewed relevant regulations, policies and procedures, at least at a high level, to ensure consistency with the HCBS Final Rule promulgated by CMS. For the ACT waiver program, it was concluded at that time that regulations, policies and procedures appeared to be compliant with the HCBS settings requirements. Following CMS feedback and the issuance of expanded guidance to states as to the expectation for the assessment process, additional assessment activities were conducted. ADSS and ACT staff conducted a thorough examination of administrative code, policies, rules and regulations pertaining to the ACT waiver to evaluate whether they were sufficient to ensure compliance with the Final Rule. A crosswalk was developed to identify each applicable administrative code, policy, rule and/or regulation that addressed each of the Final Rule requirements:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and

receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
3. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
5. The setting facilitates individual choice regarding services and supports, and who provides them.
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the additional conditions must be met. *(Note: Not applicable to the ACT Waiver.)*
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows:
 - a. A nursing facility;
 - b. An institution for mental diseases;
 - c. An intermediate care facility for individuals with intellectual disabilities;
 - d. A hospital; or
 - e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.

AMA worked with ADSS to complete a thorough review of various documents pertaining to the ACT Waiver, including the following:

- AMA January 2016 Provider Manual, Chapter 107, Waiver Services
- ACT Waiver Application, March 2011
- AMA Administrative Code, Chapter 44
- AMA ACT Scopes of Covered Services, September 1, 2015
- AMA Long Term Care Waivers Quality Assurance Manual
- Medicaid Waiver Survey for ACT participants
- ADSS Case Management Guide, August 2014
- ADSS HCBS Application
- ADSS Home Visit Tool
- ADSS Rights and Responsibilities Form
- Alabama Medicaid Adult Day Health Standards
- Adult Day Health Scope of Service for HCBS Waivers
- Alabama Medicaid Adult Day Health Review Tool

Each of these documents was reviewed for consistency and compliance with each of the qualities defined at §441.301(c)(4) and §441.710 respectively, based on the needs of the individual as indicated in their person-centered plan. The completed crosswalk provides the appropriate citation for each administrative code, policy, rule and/or regulation and other applicable documents and indicates whether each was deemed compliant or non-compliant, including the basis for that determination. If no applicable citation could be identified that addressed a Final Rule requirement, the state’s rules were considered to be silent in that area. For those Final Rule requirements for which the state’s administrative code, policies, rules and/or regulations were not sufficiently compliant, or were silent, remedial strategies were devised and are included in the crosswalk with projected milestones and timelines. Note that the silence rating was also used for items that may have reflected some elements of a requirement, but were deemed to not fully address that requirement.

II. Systemic Findings and Remediation

The findings of the systemic assessment and proposed remediation strategies for the ACT waiver are summarized in the table below. There are two crosswalks, one applying to services provided in individuals’ private homes and integrated employment and another specifically to Adult Day Health Services. The complete ACT Waiver crosswalks may be found in Appendix A. It includes detailed descriptions of each finding, the basis for each determination of compliance, and any needed remedial strategies with milestones and projected completion date.

Requirement	Summary of Compliance and Proposed Remediation
<p>1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>This requirement of the Final Rule was not fully addressed for the ACT Waiver. The waiver Includes services designed to promote access to community living through supports for transition from an institution, including transitional assistance and community case management, as well as services to support integrated employment and increased independence. It does not specifically reflect requirements that settings are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to engage in community life and control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.</p> <ul style="list-style-type: none"> • AMA Administrative Code, Chapter 44 • Alabama Medicaid Adult Day Health Standards • Scope of Service for Adult Day Health Service • Alabama Medicaid Adult Day Health Review Tool • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for Participants • AMA ACT Scopes of Services • ADSS Medicaid Waivers Case Management Guide, Assessment Forms, Home Visit Tool

Requirement	Summary of Compliance and Proposed Remediation
<p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>Individuals are served in private homes of their choice with the exception of Adult Day Health services, which are the only services offered in a provider-controlled setting. Each client is given choice of either institutional or the home and community based services as well as given information necessary to make informed choices regarding the location of care, but key documents related to Adult Day Health are silent as to whether individuals are offered non-disability specific settings and will need revision. These include the following:</p> <ul style="list-style-type: none"> • Alabama Medicaid Adult Day Health Standards • Alabama Medicaid Agency Administrative Code, Chapter 44 • Scope of Service for Adult Day Health Service • Alabama Medicaid Adult Day Health Review Tool
<p>3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>The ACT Waiver was largely compliant with this requirement as it relates to privacy, dignity and respect, which were addressed in a comprehensive manner. As to freedom from coercion and restraint, the ACT Waiver provides that the State does not permit the use of restrictive interventions, restraints and seclusion and assures monitoring on a monthly basis by case managers as well as oversight by the appropriate state agencies. The ADSS Medicaid Waivers Case Management Guide and Home Visit Tool will require revision to fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance with safeguards against restraint, restrictive interventions and seclusion. The Medicaid Waiver Survey for Participants Includes questions/probes regarding being treated with dignity and respect, but revisions should be considered to add probes regarding freedom from coercion and restraint.</p>
<p>4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>AMA Administrative Code, Chapter 44, is only partially compliant with this requirement. Adult Day Health and Companion services provide some language related to this requirement, such as education and training for health and self-care and promoting client independence, but this section of the Code does not fully address the optimization of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. The AMA ACT Policy Manual is also silent regarding this requirement and will be revised. The ADSS Medicaid Waivers Case Management Guide, Assessment Forms and Home Visit Tool also do not fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance and will require revision.</p>

Requirement	Summary of Compliance and Proposed Remediation
<p>5. Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>The ACT Waiver was partially compliant with this requirement, addressing the right of individuals regarding services and supports, and who provides them, including how this choice will be facilitated in the intake and planning processes as well as on an ongoing basis. AMA Administrative Code Chapter 44 does not address individual choice regarding services and supports, and who provides them and will be Revised rule to integrate these requirements. In addition, the AMA January 2016 Provider Manual will require revision to add clarifying language that all individuals will be advised of available services and given choice of providers.</p>
<p>6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, additional conditions must be met.</p>	<p>Not applicable to the ACT Waiver. No waiver services are provided in provider owned or controlled residential settings.</p>
<p>7. HCBS settings exclude locations that have the qualities of an institutional setting.</p>	<p>None of the documents pertaining to the ACT Waiver fully address this requirement as it relates to settings that have the qualities of an institution or are presumed to have qualities of an institution. They do not fully address exclusion of all institutional or presumed-institutional setting nor do they describe a process for identification and scrutiny of such settings. Revisions will be required to the following documents:</p> <ul style="list-style-type: none"> • ACT Waiver • AMA Provider Manual, Explanation of Covered Services • AMA Administrative Code, Chapter 44 • Alabama Medicaid Adult Day Health Standards • Scope of Service for Adult Day Health Service • Alabama Medicaid Adult Day Health Review Tool • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for ACT Participants • ADSS Medicaid Waivers Case Management Guide, Assessment Forms and Home Visit Tool

STATE OF ALABAMA INDEPENDENT LIVING WAIVER

Waiver Description

The State of Alabama Independent Living (SAIL) Waiver provides services to disabled adults with specific medical diagnoses who meet the nursing facility level of care criteria. The Operating Agency for the SAIL waiver is the Alabama Department of Rehabilitation Services (ADRS.) The services available under this waiver are as follows:

SAIL Waiver Services
Case Management
Personal Care
Personal Assistance Service
Environmental Accessibility Adaptations
Personal Emergency Response System (Initial Setup)
Personal Emergency Response System (Monthly Fee)
Medical Supplies
Minor Assistive Technology
Evaluation for Assistive Technology
Assistive Technology Repairs

Systemic Assessment

III. Systemic Assessment Process

Prior to the submission of the initial STP in March 2015, Operating Agencies reviewed relevant regulations, policies and procedures, at least at a high level, to ensure consistency with the HCBS Final Rule promulgated by CMS. For the SAIL waiver program, it was concluded at that time that regulations, policies and procedures appeared to be compliant with the HCBS settings requirements. Following CMS feedback and the issuance of expanded guidance to states as to the expectation for the assessment process, additional assessment activities were conducted. ADRS and AMA staff have conducted a thorough examination of administrative code, policies, rules and regulations pertaining to the SAIL waiver to evaluate whether they were sufficient to ensure compliance with the Final Rule. A crosswalk was developed to identify each applicable administrative code, policy, rule and/or regulation that addressed each of the Final Rule requirements:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the

- individual's needs, preferences, and, for residential settings, resources available for room and board.
3. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
 4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
 5. The setting facilitates individual choice regarding services and supports, and who provides them.
 6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the additional conditions must be met. *(Note: Not applicable to the SAIL Waiver.)*
 7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows:
 - a. A nursing facility;
 - b. An institution for mental diseases;
 - c. An intermediate care facility for individuals with intellectual disabilities;
 - d. A hospital; or
 - e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.

AMA worked with ADRS, the waiver operating agency, to complete a thorough review of various documents pertaining to the SAIL Waiver, including the following:

- AMA January 2016 Provider Manual, Chapter 107, Waiver Services
- SAIL Waiver Application, April 2015
- Alabama Administrative Code, Chapter 57
- Alabama Administrative Code, Chapter 795
- SAIL Policy and Procedure Manual
- AMA Long Term Care Waivers Quality Assurance Manual
- Medicaid Waiver Survey for SAIL participants

Each of these documents was reviewed for consistency and compliance with each of the qualities defined at §441.301(c)(4) and §441.710 respectively, based on the needs of the individual as indicated in their person-centered plan. The completed crosswalk provides the appropriate citation for each administrative code, policy, rule and/or regulation and other applicable documents and indicates whether each was deemed compliant or non-compliant, including the basis for that determination. If no applicable citation could be identified that addressed a Final Rule requirement, the state's rules were considered to be silent in that area. For those Final Rule requirements for which the state's administrative code, policies, rules and/or regulations were not sufficiently compliant, or were silent, remedial strategies were devised and are included in the crosswalk with projected milestones and timelines. Note that

the silence rating was also used for items that may have reflected some elements of a requirement, but were deemed to not fully address that requirement.

IV. Systemic Findings and Remediation

The findings of the systemic assessment and proposed remediation strategies for the SAIL waiver are summarized in the table below. This crosswalk applies to the only setting in which waiver services are delivered, the private homes of individuals or integrated employment. The complete SAIL Waiver crosswalk may be found in Appendix A. It includes detailed descriptions of each finding, the basis for each determination of compliance, and any needed remedial strategies with milestones and projected completion date.

Requirement	Summary of Compliance and Proposed Remediation
<p>1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>This requirement of the Final Rule was not fully addressed for the SAIL Waiver. Covered services promote client independence, community access and integrated employment, but requirements that settings are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to engage in community life and control personal resources to the same degree of access as individuals not receiving Medicaid HCBS were not fully reflected. Revisions will be required for the following documents:</p> <ul style="list-style-type: none"> • Alabama Administrative Code, Chapter 57 • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for Participants • SAIL Waiver Policy and Procedure Manual • ADSS Medicaid Waivers Case Management Guide, Assessment Forms, Home Visit Tool
<p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board</p>	<p>This requirement was fully compliant. Individuals are served in private homes of their choice and in integrated competitive employment settings. Each client is given choice of either institutional or the home and community based services as well as given information necessary to make informed choices regarding the location of care. The participant-centered plan of care development process provides involved persons with the information necessary to make an informed choice regarding the location of care and services to be utilized.</p>

Requirement	Summary of Compliance and Proposed Remediation
<p>3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>The SAIL Waiver was largely compliant with this requirement as it relates to privacy, dignity and respect, which were addressed in a comprehensive manner. As to freedom from coercion and restraint, the SAIL Waiver provides that the State does not permit the use of restrictive interventions, restraints and seclusion and assures monitoring on a monthly basis by case managers as well as oversight by the appropriate state agencies. The SAIL Policy and Procedure Manual will require revision, however, to fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance with safeguards against restraint, restrictive interventions and seclusion. The Medicaid Waiver Survey for Participants Includes questions/probes regarding being treated with dignity and respect, but revisions should be considered to add probes regarding freedom from coercion and restraint.</p>
<p>4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>Both the SAIL Waiver and AMA Administrative Code, Chapter 57 address the optimization of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact., but the SAIL Policy and Procedure Manual will need to be revised to address this element as it relates to case manager roles to assess and monitor for and to document the findings.</p>
<p>5. Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>The SAIL Waiver was largely compliant with this requirement, addressing the right of individuals regarding services and supports, and who provides them, including how this choice will be facilitated in the intake and planning processes as well as on an ongoing basis. The AMA January 2016 Provider Manual will require revision to add clarifying language that all individuals will be advised of available services and given choice of providers.</p>
<p>6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, additional conditions must be met.</p>	<p>Not applicable to the SAIL Waiver. No waiver services are provided in provider owned or controlled residential settings.</p>

Requirement	Summary of Compliance and Proposed Remediation
<p>7. HCBS settings exclude locations that have the qualities of an institutional setting.</p>	<p>None of the documents pertaining to the SAIL Waiver fully address this requirement as it relates to settings that have the qualities of an institution or are presumed to have qualities of an institution. They do not fully address exclusion of all institutional or presumed-institutional setting nor do they describe a process for identification and scrutiny of such settings. Revisions will be required to the following documents:</p> <ul style="list-style-type: none"> • SAIL Waiver • AMA Provider Manual, Explanation of Covered Services • AMA Administrative Code, Chapter 57 • Alabama Administrative Code Chapter 795 • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for SAIL Participants • SAIL Waiver Policy and Procedure Manual

LIVING AT HOME WAIVER

Waiver Description

The Living at Home (LAH) Waiver provides services to individuals who would otherwise require the level of care available in an ICF/IID. The Operating Agency for the LAH waiver is the Alabama Department of Mental Health, Division of Developmental Disabilities (ADMH/DDD.) The services available under this waiver are as follows:

LAH Waiver Services
Residential Habilitation In-Home
Day Habilitation-Level 1-4
Day-Habilitation with Transportation – Level 1-4
Prevocational Services
Supported Employment
Individual Job Coach
Individual Job Developer
Occupational Therapy Services
Speech and Language Therapy
Physical Therapy
Behavior Therapy- Level 1-3
In-Home Respite
Out-of-Home Respite
Personal Care
Personal Care on Worksite
Personal Care Transportation
Environmental Accessibility Adaptations
Specialized Medical Equipment
Medical Supplies
Skilled Nursing
Community Specialist
Crisis Intervention

Systemic Assessment

I. Systemic Assessment Process

Prior to the submission of the initial STP in March 2015, Operating Agencies reviewed relevant regulations, policies and procedures, at least at a high level, to ensure consistency with the HCBS Final Rule promulgated by CMS. For the LAH waiver program, it was concluded at that time that regulations, policies and procedures appeared to be compliant with the HCBS settings requirements. Following CMS feedback and the issuance of expanded guidance to states as to the expectation for the assessment process, additional assessment activities were conducted.

ADMH/DDD and AMA staff have conducted a thorough examination of administrative code, policies, rules and regulations pertaining to the LAH waiver to evaluate whether they were sufficient to ensure compliance with the Final Rule. A crosswalk was developed to identify each applicable administrative code, policy, rule and/or regulation that addressed each of the Final Rule requirements:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
3. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
5. The setting facilitates individual choice regarding services and supports, and who provides them.
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the additional conditions must be met. *(Note: Not applicable to the LAH Waiver.)*
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows:
 - a. A nursing facility;
 - b. An institution for mental diseases;
 - c. An intermediate care facility for individuals with intellectual disabilities;
 - d. A hospital; or
 - e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.

AMA worked with ADMH/DDD to complete a thorough review of various documents pertaining to the LAH Waiver, including the following:

- AMA January 2016 Provider Manual, Chapter 107, Waiver Services
- LAH Waiver
- Alabama Administrative Code, Chapter 52
- Alabama Title 38
- Behavioral Services Procedural Guidelines, 2014 Update
- Assessment Tool for Basic Assurance, 2012

- Provider Certification and Guidance Manual, Revised June 2014
- Home And Community Based Settings Check List
- AMA Long Term Care Waivers Quality Assurance Manual
- Medicaid Waiver Survey for LAH participants

Each of these documents was reviewed for consistency and compliance with each of the qualities defined at §441.301(c)(4) and §441.710 respectively, based on the needs of the individual as indicated in their person-centered plan. The completed crosswalk provides the appropriate citation for each administrative code, policy, rule and/or regulation and other applicable documents and indicates whether each was deemed compliant or non-compliant, including the basis for that determination. If no applicable citation could be identified that addressed a Final Rule requirement, the state’s rules were considered to be silent in that area. For those Final Rule requirements for which the state’s administrative code, policies, rules and/or regulations were not sufficiently compliant, or were silent, remedial strategies were devised and are included in the crosswalk with projected milestones and timelines. Note that the silence rating was also used for items that may have reflected some elements of a requirement, but were deemed to not fully address that requirement.

II. Systemic Findings and Remediation

The findings of the systemic assessment and proposed remediation strategies for the LAH waiver are summarized in the table below. This crosswalk applies to all settings in which waiver services are delivered. These include the private homes of individuals, day habilitation programs, workplace and various community settings. The complete LAH Waiver crosswalk may be found in Appendix A. It includes detailed descriptions of each finding, the basis for each determination of compliance, and any needed remedial strategies with milestones and projected completion date.

Requirement	Summary of Compliance and Proposed Remediation
<p>1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>This requirement of the Final Rule is addressed for the LAH Waiver in most respects. Covered services promote integrated settings and support full access of individuals receiving Medicaid HCBS to the greater community, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Additional emphasis on opportunities to seek employment and work in competitive integrated settings continued to be needed. Revisions will be required for the following documents: LAH Waiver AMA Administrative Code, Chapter 52 AMA January 2016 Provider Manual, Chapter 107 Long Term Care Waiver Quality Assurance Manual Medicaid Waiver Survey for Participants</p>

Requirement	Summary of Compliance and Proposed Remediation
<p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>This requirement was not fully compliant. Services provided under the LAH Waiver are generally provided in the person's own home or family's home. Day services that may be offered in a disability specific setting under the waiver include Day Habilitation and Prevocational Services. Facilitation of choices of supports and services, as well as providers, throughout the person-centered planning process is addressed, but the requirement to ensure selection is made from among setting options including non-disability specific settings is not fully reflected. Revisions will be required for the following documents:</p> <ul style="list-style-type: none"> • LAH Waiver • Alabama Administrative Code, Chapter 52 • Assessment Tool for Basic Assurance, 2012
<p>3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint</p>	<p>The LAH Waiver is largely compliant with this requirement as regulations comprehensively address individual's rights of privacy, dignity and respect, and freedom from coercion and restraint. As to freedom from coercion and restraint, the LAH Waiver provides that the State permits the use of restraints, but prohibits the use of seclusion and restrictive interventions. The waiver, related regulations and the Behavioral Services Procedural Guidelines describe the requirements for implementing, monitoring and documenting use of restraints permitted during the course of the delivery of waiver services. These include due process protections, staff training requirements and reporting procedures. Revisions will be required for the Provider Certification and Guidance Manual Restraint, however, as restrictive interventions are currently probed only in the context of mental health or behavior supports an individual receives to help achieve goals, but there are no probes regarding unauthorized use. In addition, the Medicaid Waiver Survey for Participants Includes questions/probes regarding being treated with dignity and respect, but revisions should be considered to add probes regarding freedom form coercion and restraint.</p>
<p>4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>The LAH Waiver is in compliance with this requirement.</p>

Requirement	Summary of Compliance and Proposed Remediation
<p>5. Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>The LAH Waiver is largely compliant with this requirement, addressing the right of individuals regarding services and supports, and who provides them, including how this choice will be facilitated in the person-centered planning processes as well as on an ongoing basis. AMA Administrative Code, Chapter 52 does not address individual choice regarding services and supports, and who provides them and will require revision. The instrument used for licensing and certification, Assessment Tool for Basic Assurance, does not include specific probes related to individual choice regarding services and supports, and who provides them. These will be added.</p>
<p>6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, additional conditions must be met.</p>	<p>Not applicable to the LAH Waiver. No waiver services are provided in provider owned or controlled residential settings.</p>
<p>7. HCBS settings exclude locations that have the qualities of an institutional setting.</p>	<p>Only the Home and Community Based Checklist fully addresses this requirement as it relates to settings that have the qualities of an institution or are presumed to have qualities of an institution. Other documents pertaining to the LAH Waiver do not fully address exclusion of all institutional or presumed-institutional setting nor do they describe a process for identification and scrutiny of such settings. Revisions will be required to the following documents:</p> <ul style="list-style-type: none"> • LAH Waiver • AMA Provider Manual, Explanation of Covered Services • AMA Administrative Code, Chapter 52 • Alabama Administrative Code Chapter 58 • Provider Certification and Guidance Manual • Assessment Tool for Basic Assurance • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for LAH Participants

INTELLECTUAL DISABILITIES WAIVER

Waiver Description

The Intellectual Disabilities (ID) Waiver provides services to individuals who would otherwise require the level of care available in an ICF/IID. The Operating Agency for the ID waiver is the Alabama Department of Mental Health, Division of Developmental Disabilities (ADMH/DDD.) The services available under this waiver are as follows:

ID Waiver Services
Residential Habilitation
Residential Habilitation - Other Living Arrangement
Day Habilitation – Level 1-4
Day Habilitation with Transportation – Level 1-4
Prevocational Services
Supported Employment
Individual Job Coach
Individual Job Developer
Occupational Therapy
Speech and Language Therapy
Physical Therapy
Behavior Therapy– Level 1-3
In-Home Respite Care
Out-of-Home Respite Care
Institutional Respite Care
Personal Care
Personal Care on Worksite
Personal Care Transportation
Environmental Accessibility Adaptations
Specialized Medical Equipment
Medical Supplies
Skilled Nursing
Adult Companion Services
Crisis Intervention
Community Specialist

III. Systemic Assessment Process

Prior to the submission of the initial STP in March 2015, Operating Agencies reviewed relevant regulations, policies and procedures, at least at a high level, to ensure consistency with the HCBS Final Rule promulgated by CMS. For the ID waiver program, which came due for renewal in the period between issuance of the Final Rule and the submission of the initial STP, a transition plan was required. As a part of that transition plan process, ADMH/DDD had developed a preliminary crosswalk of the Final Rule requirements with Alabama Administrative Code Chapter 58. Following CMS feedback and

the issuance of expanded guidance to states as to the expectation for the assessment process, additional assessment activities were conducted. ADMH/DDD and AMA staff have since conducted a thorough examination of administrative code, policies, rules and regulations pertaining to the ID waiver to evaluate whether they were sufficient to ensure compliance with the Final Rule. In its response to Alabama's initial STP, CMS had also specifically requested that all regulations and other guiding documents related to restraint practices be identified and assessed. These were thoroughly examined in the current process. An expanded crosswalk was developed to identify each applicable administrative code, policy, rule and/or regulation that addressed each of the Final Rule requirements:

1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
3. The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
4. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
5. The setting facilitates individual choice regarding services and supports, and who provides them.
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the additional conditions must be met.
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows:
 - a. A nursing facility;
 - b. An institution for mental diseases;
 - c. An intermediate care facility for individuals with intellectual disabilities;
 - d. A hospital; or
 - e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.

AMA worked with ADMH/DDD to complete a thorough review of various documents pertaining to the ID Waiver, including the following:

- AMA January 2016 Provider Manual, Chapter 107, Waiver Services
- ID Waiver
- Alabama Administrative Code, Chapter 58-5-33
- AMA Administrative Code, Chapter 35
- Alabama Title 38

- Behavioral Services Procedural Guidelines, 2014 Update
- Assessment Tool for Basic Assurance, 2012
- Provider Certification and Guidance Manual, Revised June 2014
- Home And Community Based Settings Check List
- AMA Long Term Care Waivers Quality Assurance Manual
- Medicaid Waiver Survey for ID participants
- Life Safety Minimum Standards for Physical Facilities

Each of these documents was reviewed for consistency and compliance with each of the qualities defined at §441.301(c)(4) and §441.710 respectively, based on the needs of the individual as indicated in their person-centered plan. The completed crosswalk provides the appropriate citation for each administrative code, policy, rule and/or regulation and indicates whether it was deemed compliant or non-compliant, including the basis for that determination. If no applicable citation could be identified that addressed a Final Rule requirement, the state’s rules were considered to be silent in that area. For those Final Rule requirements for which the state’s administrative code, policies, rules and/or regulations were not sufficiently compliant, or were silent, remedial strategies were devised and are included in the crosswalk with projected milestones and timelines.

IV. Systemic Findings and Remediation

The findings of the systemic assessment and proposed remediation strategies for the ID waiver are summarized in the table below. This crosswalk applies to all settings in which waiver services are delivered. These may include the residential group homes, private homes of individuals, day habilitation programs, workplace and various community settings. The complete ID Waiver crosswalk may be found in Appendix A. It includes detailed descriptions of each finding, the basis for each determination of compliance, and any needed remedial strategies with milestones and projected completion date.

Requirement	Summary of Compliance and Proposed Remediation
<p>1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>This requirement of the Final Rule is addressed for the ID Waiver in most respects. Covered services promote integrated settings and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Attachment 2 of the ID waiver acknowledges additional work to be accomplished to fully support integrated employment opportunities and remedial action is underway as described in the Crosswalk. Revisions will also be required for the following documents:</p> <ul style="list-style-type: none"> • AMA Administrative Code, Chapter 35 • AMA January 2016 Provider Manual, Chapter 107 • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for Participants

Requirement	Summary of Compliance and Proposed Remediation
<p>2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</p>	<p>This requirement was not fully compliant. Facilitation of choices of supports and services, as well as providers, throughout the person-centered planning process is addressed, but the requirement to ensure selection is made from among setting options including non-disability specific settings is not fully reflected. For example, for the definition of Residential Habilitation in the waiver document, residence selection is discussed only in the context of provider responsibilities. There is no discussion of residence selection being based upon the preferences of the individual. Revisions will be required for the following documents:</p> <ul style="list-style-type: none"> • ID Waiver • Alabama Administrative Code, Chapter 58 • Assessment Tool for Basic Assurance
<p>3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</p>	<p>The ID Waiver is largely compliant with this requirement as it relates to privacy, dignity and respect, which are addressed in a comprehensive manner. As to freedom from coercion and restraint, the ID Waiver provides that the State permits the use of restraints and certain restrictive interventions, but prohibits the use of seclusion. The waiver, related regulations and the Behavioral Services Procedural Guidelines describe the requirements for implementing, monitoring and documenting use of restraints and certain restrictive interventions that are permitted during the course of the delivery of waiver services. These include due process protections, staff training requirements and reporting procedures. Revisions will be required for the Provider Certification and Guidance Manual, as restrictive interventions are currently probed only in the context of mental health or behavior supports an individual receives to help achieve goals, but there are no probes regarding unauthorized use. In addition, the Medicaid Waiver Survey for Participants Includes questions/probes regarding being treated with dignity and respect, but revisions should be considered to add probes regarding freedom form coercion and restraint.</p>
<p>4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</p>	<p>The ID Waiver is in compliance with this requirement.</p>

Requirement	Summary of Compliance and Proposed Remediation
<p>5. Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>The ID Waiver is largely compliant with this requirement, addressing the right of individuals regarding services and supports, and who provides them, including how this choice will be facilitated in the person-centered planning processes as well as on an ongoing basis. AMA Administrative Code, Chapter 52 does not address individual choice regarding services and supports, and who provides them and will require revision. The instrument used for licensing and certification, Assessment Tool for Basic Assurance, does not include specific probes related to individual choice regarding services and supports, and who provides them. These will be added.</p>
<p>6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, additional conditions must be met.</p>	<p>Waiver services may be delivered in provider owned or controlled residential settings. The ID Waiver is not fully compliant with this requirement, particularly as it was silent as to entrance doors lockable by the individual and to legally enforceable leases/occupancy agreements that include protections from eviction and appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS. ADMH/DDD had identified these areas requiring remediation and has begun the process of revising the pertinent administrative code sections. In addition, revisions will be required for the following:</p> <ul style="list-style-type: none"> • ID Waiver • Provider Certification and Guidance Manual • Assessment Tool for Basic Assurance
<p>7. HCBS settings exclude locations that have the qualities of an institutional setting.</p>	<p>Only the Home and Community Based Checklist fully addresses this requirement as it relates to settings that have the qualities of an institution or are presumed to have qualities of an institution. Other documents pertaining to the ID Waiver do not fully address exclusion of all institutional or presumed- institutional setting nor do they describe a process for identification and scrutiny of such settings. Revisions will be required to the following documents:</p> <ul style="list-style-type: none"> • ID Waiver • AMA Provider Manual, Explanation of Covered Services • AMA Administrative Code, Chapter 35 • Alabama Administrative Code Chapter 58 • Provider Certification and Guidance Manual • Assessment Tool for Basic Assurance • Long Term Care Waiver Quality Assurance Manual • Medicaid Waiver Survey for ID Participants

APPENDIX A:

SYSTEMIC ASSESSMENT WAIVER CROSSWALKS

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Application for TA Waiver Renewal, February 2016, Appendix C-5: Home and Community-Based Settings			X	Does not fully address this requirement. Indicates that a description of the settings will be amended after the Statewide Transition Plan has been approved.	Amend Appendix C-5, and other sections as appropriate, after the Statewide Transition Plan has been approved to reflect requirements that settings are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Submission of Settings Assessment for Statewide Transition Plan	3/31/16
							Approval of Statewide Transition Plan Settings Assessment	6/30/16
							Waiver amendment submission to reflect approved Statewide Transition Plan	9/30/16
	AMA January 2016 Provider Manual, Chapter 107.2.4, Explanation of Covered Services			X	The Provider Manual includes some references that support this requirement of the Rule, such as the definition of Personal Care/Attendant Services (107.2.4, Explanation of Covered Services) which states PC/AS is designed to "...support individuals with physical disabilities...seeking or maintaining competitive employment either in the home or in an integrated or work setting. See also below. The	Revise Chapter 107 to reflect requirement as noted above. <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the</u>	Draft revisions to Provider Manual	11/30/16
							Administrative review and approval	3/31/17
							Publish revised Provider Manual	9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					overall purpose of Waiver Services (including the TA Waiver) does indicate they are designed to serve individuals who would otherwise require institutionalization, but the definition of purpose is limited to protecting health, safety and dignity of participants while reducing Medicaid expenditures. It does not address the other components of this requirement, including supporting full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	<u>community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>		
	Alabama Administrative Code, Chapter 560-x-54, Rule No. 560-x-54-.01 - Authority and Purpose			X	States purpose of HCBS is to protect health, safety and dignity of individuals at risk for institutional care, but does not address full scope of requirement regarding integration, full access to community, opportunities to	Revise rule to reflect all requirement as noted above . <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals</u>	Draft revisions to rule Publish rule for public comment Publish final rule	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	<u>receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>		
	Alabama Administrative Code, Chapter 560-X-54, Rule No. 560-X-54-.03 – Covered Services	X			Covered services support community access, integration and exertion of personal control, including the following: (1) (a)-(b)Personal Care/Attendant Services (a) Personal Care/Attendant Service (PC/AS) provides in-home and out-of-home (job site) assistance; (b) PC/AS is designed to increase an individual's independence and ability to perform daily activities and to support individuals with physical disabilities in need of these services as well as those seeking or maintaining competitive employment either in the home or an integrated work setting; and, (3) Medical supplies and appliances which enable the	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					individual to increase abilities to perform activities of daily living, or to perceive, control or communicate with the environment in which he/she lives			
	Long Term Care Waiver Quality Assurance Manual		X		The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Proposed revisions include defining Home and Community-Based services as being provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u> <u>(a)Services may only be provided in settings that:</u> <u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>access as individuals not receiving Medicaid HCBS;</u></p> <p><u>(ii) Are selected by the individual from among setting options;</u></p> <p><u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p><u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p><u>(v) Facilitate choice regarding services and who provides them.</u></p> <p><u>Proposed language to be added to specific QA activities include:</u></p> <p><u>Modification of the objectives to add:</u></p> <ul style="list-style-type: none"> <u>To assure participants are receiving services in settings that meet the requirements of the HCBS Final Settings Rule and maximize opportunities for community integration</u> <p><u>Modification of the record review and home visit process for a random sample of waiver participants to include:</u></p> <p><u>Services are provided in settings that maximize opportunities for community</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						participation and integration to the same degree as individuals not receiving HCBS.		
	Medicaid Waiver Survey for Participants			X	Survey questions do not address/probe compliance with this element	<p>Revise Survey to include questions/probes that address compliance with this element</p> <p>Probes will be added to address full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Proposed probes to be added:</p> <ul style="list-style-type: none"> • <u>Do you get help to do the things you like to do in the community?</u> • <u>If you have a job or want to work, do you get the help you need to make that possible?</u> • <u>Do staff who come into your home show respect for your personal belongings?</u> 	<p>Draft revisions to Survey</p> <p>OA and Administrative review and approval</p> <p>Implement revised Survey</p>	<p>11/30/16</p> <p>3/31/17</p> <p>9/30/17</p>
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms.			X	Allows client the opportunity to choose services in an institution or the community and to have information to make decisions about his/her plan of care. Also	Revise manual to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the	Revise manual Waivers Case Management Guide and Promulgate	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Home Visit Tool (Form MW-1)				specifically states that individuals receiving waiver services can be employed. Does not, however, fully address this element as it relates to case management responsibilities for assessment, monitoring and documentation to ensure compliance.	<p><u>findings.</u> <u>A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated. It will replace and expand upon ADSS Medicaid Waivers Case Management Guide, Assessment Forms and Home Visit Tool. It will incorporate revisions to ensure compliance with this provision, including the following proposed language for the new ADSS Medicaid Waiver Programs Policy and Procedure Guide: Case managers will assist each individual receiving services to develop of a person-centered plan that ensures the individual is provided, in keeping with their preferences and needs, with full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. On at least a monthly basis, the case manager will assess and monitor the setting in which services are delivered to ensure the person-centered plan remains appropriate and is implemented as written, and will document the findings and take any</u></p>	<p><u>new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools</u></p>	
							Administrative review and approval	3/31/17
							Develop curriculum and complete Case Manager and DSP training	6/1/17
							Publish and implement ADSS Medicaid Waiver Programs Policy and Procedure Guide	6/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>corrective actions needed.</u></p> <p><u>Assessment Forms and Home Visit tool proposed revisions:</u></p> <ul style="list-style-type: none"> • <u>Client Rights and Responsibilities modified as follows:</u> <ul style="list-style-type: none"> ○ <u>Client has the right to full access to the community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community.</u> • <u>Case Management Home Visit Tool additional elements to be assessed including:</u> <ul style="list-style-type: none"> ○ <u>Client has full access to the community as desired.</u> ○ <u>Client (or authorized representative when indicated) has control over personal resources.</u> <p><u>Client has support to engage in employment as desired.</u></p>		
	AMA TA Waiver Policy Manual, Revised October 2015			X	Does not address this element.	<u>The AMA TA Waiver Policy Manual will be revised to have language consistent with the new ADSS Medicaid Waiver</u>	Revise AMA TA Waiver Policy Manual	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>Programs Policy and Procedure Guide will be promulgated</u>	Administrative review and approval	3/31/17
							Publish and implement revised TA Waiver Policy Manual	6/30/17
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Pending Application for TA Waiver Renewal, February 2016	X			The individual is served in a private home of their choice. TA Waiver Coordinator and ADSS Targeted Case Managers ensure waiver participants are actively involved in decision-making related to the provision of waiver services.	None required	NA	NA
	AMA TA Waiver Policy Manual, revised October 2015	X			The client is given information necessary to make informed choices regarding the location of care and given choice of either institutional or the home and community based services	None required. <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. It will subsume the AMA TA Waiver Policy Manual 2010. To further strengthen compliance, the following will be added to the Client Rights and Responsibilities form: The client has the right to choose among setting options, including non-disability specific settings</u>	NA	NA
	ADSS Medicaid	X			A Rights and Responsibilities form	None required. <u>This element will be</u>	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)				outlines participants' ability to choose. HCBS-1 Form also documents participant's choice between community services and institutional care.	retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. To further strengthen compliance, the following will be added to the Client Rights and Responsibilities form: The client has the right to choose among setting options, including non-disability specific settings.		
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Application for TA Waiver Renewal, February 2016; Appendix G-2	X			The State does not permit or prohibits the use of restrictive interventions, restraints and seclusion. The Alabama Department of Senior Services will monitor the unauthorized use of restraints or seclusion during the monthly face-to-face visits. Alabama Medicaid Agency will monitor through Satisfaction Surveys and the established Complaint and Grievance process. Additionally, the ADSS and AMA will monitor when onsite visits are conducted.	None required	NA	NA
	Alabama Administrative Code, Chapter 560-x-54, Rule No. 560-x-54-.08 - Confidentiality			X	Providers are not to use or disclose any information regarding an eligible recipient without written consent of the recipient, their attorney or guardian, or upon subpoena.	Revise AMA Administrative Code Chapter 54. Proposed revision: Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-	Draft revisions to rule	11/30/16
						in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-	Publish rule for public comment	3/31/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<ul style="list-style-type: none"> ○ <u>Add Client has right to be free from coercion and restraint.</u> ○ <u>Provide Elder Abuse Toolkit to all new clients and at time of annual re-assessment</u> • <u>Case Management Home Visit Tool additional elements to be assessed including:</u> <ul style="list-style-type: none"> ○ <u>Client shows no sign of restraint and/or coercion.</u> ○ <u>Client reports no restraint or coercion.</u> <p><u>Privacy and Dignity: Individuals receiving services under the TA waiver shall be provided with privacy consistent with their needs, preferences and choice of living environment. The setting must also provide for privacy and dignity in the provision of personal care. On at least a monthly basis, the case manager will assess and monitor the setting in which services are delivered to ensure the individual's needs and preferences for privacy are respected, and will document the findings and take any corrective actions needed.</u></p> <p><u>Case Management Home Visit Tool</u></p>	<p><u>Waiver Policy Manual ADSS Medicaid Waiver Programs Policy and Procedure Guide</u></p>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>additional elements to be assessed including:</u> <ul style="list-style-type: none"> <u>Client is treated with dignity and respect?</u> <u>Client is afforded privacy for personal care?</u> <u>Premises provide for privacy based on the client's needs and preferences?</u>		
	AMA TA Waiver Policy Manual, Revised October 2015, Chapter 3.A.10	X			Services cannot be provided to client in an environment where the client is not treated with dignity and respect.	None required.	NA	NA
	AMA TA Waiver Policy Manual, Revised October 2015, Chapter 8.A.2.c	X			Requires safeguarding of applicant and recipient information in accordance with provisions of Code of Federal Regulations governing confidentiality.	None required.	NA	NA
	Medicaid Waiver Survey for Participants			X	Includes questions/probes regarding being treated with dignity and respect, but may need revisions to probe freedom from coercion and restraint.	Consider revisions to probe for freedom from coercion and restraint <u>Proposed probes added to address freedom from coercion and restraint.</u> <ul style="list-style-type: none"> <u>Do workers respect your opinion?</u> <u>Are workers careful they never try to make you do things you don't want to do?</u> <u>Proposed probe to be added to address privacy:</u> <ul style="list-style-type: none"> <u>Do you have enough privacy in your home, including a private location for any personal care you need?</u> 	Draft proposed revisions to Survey OA and Administrative review and approval Implement revised Survey	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Alabama Medicaid Agency Technology Assisted Waiver For Adults, Private Duty Nursing –Rights and Duties, APPENDIX D-4B	X			Defines right to be treated with respect by all people who provide care or bring equipment or supplies	None required	NA	NA
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)			X	Does not fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance	Revise manual A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. <u>Proposed revisions: Waiver services must be delivered in a manner that optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. On at least a monthly basis, the case manager will assess, monitor and document whether the setting in which services are delivered ensures the individual is supported so that initiative, autonomy, and independence in making life choices is optimized.</u>	Revise manual <u>Waivers Case Management Guide and Promulgate new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools</u>	1/1/17
							Administrative review and approval	3/31/17
							Develop curriculum and complete Case Manager and DSP training	6/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>Case Management Home Visit Tool additional elements to be assessed including: Client's maximum level of autonomy and independence, based on client's preferences, are fully supported by the provider/worker?</u>	<u>Publish and implement revised E&D Waiver Policy Manual-ADSS Medicaid Waiver Programs Policy and Procedure Guide</u>	6/30/17
	AMA TA Policy Manual, Revised October 2015			X	The Policy and Procedure Manual includes some references that support this requirement of the Rule, such as: The case manager works with clients to provide information needed to make informed choices regarding care and services. Services are to restore, maintain, and promote health status of clients through support and assistances with activities of daily living. It does not fully address the component of this requirement related to choices related to with whom to interact.	<u>The AMA TA Waiver Policy Manual will be revised to have language consistent with the new ADSS Medicaid Waiver Programs Policy and Procedure Guide that will be promulgated as described immediately above.</u>	Revise AMA TA Waiver Policy Manual Administrative review and approval	1/1/17 3/31/17
	Alabama Administrative Code, Chapter 560-X-54, Rule No. 560-X-54-.03 –	X			Covered services support community individual initiative, independence and autonomy specifically for integrated work	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Covered Services				settings and as an outcome for medical supplies and appliances and assistive technology.			
5. Facilitates individual choice regarding services and supports, and who provides them.	Application for TA Waiver Renewal, February 2016, Appendix B-7 Freedom of Choice; Appendix D-1b and D-1f Service Plan Development	X			B-7: During the initial contact made by the ADSS TCM, the applicant is informed of the feasible alternatives available under the waiver allowing free choice of waiver services or institutional care. The applicant is also informed about the services available under the waiver and the scope of each service. Activities or tasks performed within each service are described in detail as well as any specific limitations within each service. D-1b: Participant and/or representative are encouraged to ask questions about specific services and direct services providers. Throughout the POC development process, the participant and/or representative are engaged in the process of the development of the POC. The participant is assured through the process that they have the right to choose from any willing and qualified waiver provider. D-1f: On the initial visit, the	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					targeted case manager provides the participant with a list of providers (listed in alphabetical order) for all waiver services available in the area. If subsequent changes or additions of providers are made verbally they are documented in the case narrative or as a case note. A copy of an updated list of providers is given to participants at each redetermination visit so that the participant will always be informed of providers serving the area. Participants are also advised of their freedom to select a provider that is not on this list as long as the provider meets the provider qualifications for the specific services included on the plan of care.			
	AMA Administrative Code Chapter 560-x-54, Rule No. 560-x-54-.05 – Application Process	X			Each individual is given freedom of choice based on the participant centered plan of care	None required	NA	NA
	AMA TA Waiver Policy Manual, Revised October 2015, Chapter 4.B	X			Intake and screening process must include documentation applicant has been provided with freedom of choice of all providers and has received information to	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					make informed choice.			
	AMA January 2016 Provider Manual, Chapter 107.2.6			X	Describes Medicaid responsibilities to ensure beneficiaries are advised of feasible service alternatives and receive a choice of institutional and HCB services. Further states that when residents of long term care facilities become eligible for HCBS, will be advised of available services and given choice of providers. Does not clarify that all individuals receiving HCBS will be so advised and given choice of providers.	Revise Provider Manual to add clarifying language will be advised of available services and given choice of providers.	Draft revisions to Provider Manual	6/30/16
							Administrative review and approval	8/30/16
							Publish revised Provide Manual	1/1/17
	Medicaid Waiver Survey for Participants	X			Includes questions/probes regarding choice of providers	None required	NA	NA
	Alabama Medicaid Agency Technology Assisted Waiver For Adults, Private Duty Nursing –Rights And Duties, APPENDIX D-4B	X			Defines right of individual to change provider for nursing care or equipment	None required	NA	NA
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:	NA. No services provided in provider owned or controlled residential settings.							
7. HCBS settings exclude locations that have the	Application for TA Waiver Renewal,			X	Does not fully address this requirement as it relates to	Amend after the Statewide Transition Plan has been approved to reflect	Submission of Settings	3/31/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
<p>qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows:</p> <p>a. A nursing facility;</p> <p>b. An institution for mental diseases;</p> <p>c. An intermediate care facility for individuals with intellectual disabilities;</p> <p>d. A hospital; or</p> <p>e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.</p> <p>For 1915(c) home and community-based waivers, section 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution:</p> <p>a. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,</p> <p>b. Any setting that is located in a building on the grounds</p>	February 2016			<p>settings that have the qualities of an institution or are presumed to have qualities of an institution. Does not address process for identifying settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny.</p>	<p>requirements regarding settings that are presumed institutional. <u>Proposed language will specifically state that waiver services will not be provided in any excluded setting and that case managers will monitor, on at least a monthly basis, all settings in which waiver services are delivered to ensure they are not institutional and/or isolating in nature. If case managers identify any setting that appears to be institutional and/or isolating in nature, such instances will be reported immediately to ADSS and AMA for an assessment to be completed. If the ADSS and AMA determine the setting is institutional and/or isolating in nature, waiver services cannot be provided in that setting. (Note: this assessment process is currently under development as a part of the final Settings Assessment.) Corrective action may be taken to demonstrate compliance or, if desired, the individual will be assisted through a person-centered planning process to transition to another setting that is compliant with the Final Rule. If the ADSS and AMA determine the setting qualifies for heightened scrutiny, evidence and documentation will be submitted to CMS according to the</u></p>	<p>Assessment for Statewide Transition Plan</p>		
						<p>Approval of Statewide Transition Plan Settings Assessment</p>	<p>6/30/17</p>	
						<p>Waiver amendment submission to reflect approved Statewide Transition Plan</p>	<p>8/1/17</p>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
of, or immediately adjacent to, a public institution, or c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.	Alabama Administrative Code, Chapter 560-x-54, Rule No. 560-x-54-.02(1) – Description of Services			X	States that no services may not be provided in a hospital or nursing facility. Rule does not address exclusion of other institutional or presumed-institutional setting or process for identification and scrutiny of such settings.	<u>heightened scrutiny process defined in the approved Statewide Transition Plan Settings Assessment. (Note: this process is currently under development as a part of the final Settings Assessment.)</u> Revise rule to explicitly define all excluded settings as defined in Final Settings Rule. Proposed revision: <u>Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u> <u>(a) Services may only be provided in settings that:</u> <u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u> <u>(ii) Are selected by the individual from among setting options;</u> <u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u>	Draft revisions to rule Publish rule for public comment Publish final rule	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p><u>(v) Facilitate choice regarding services and who provides them.</u></p> <p><u>(b) Services may not be provided in:</u></p> <p><u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u></p> <p><u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p>		
	<p>ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)</p>			X	<p>Guide indicates services are not to be provided in a nursing home setting, but does not fully address this element as it relates to case management assessment, monitoring and documentation that services may not be provided in other settings that are</p>	<p><u>Revise guide A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. Proposed</u></p>	<p><u>Revise manual Waivers Case Management Guide and Promulgate new ADSS Medicaid Waiver</u></p>	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					presumed to be institutional.	revision will add the following language: <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u> <u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u>	<u>Programs Policy and Procedure Guide and related tools</u>	
							Administrative review and approval	3/31/17
							Develop curriculum and complete Case Manager and DSP training	6/1/17
							Publish and implement ADSS Medicaid Waiver Programs Policy and Procedure Guide	6/30/17
	AMA TA Waiver Policy Manual, Revised October 2015, Chapter 3.A.10			X	Specifies exclusions for nursing facilities, hospital and ICF/ID. Does not address specific exclusion of other presumed institutional settings or process for identification and scrutiny of such settings.	<u>The AMA TA Waiver Policy Manual will be revised to have language consistent with the new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated as described immediately above.</u>	Draft revision to TA Waiver Policy Manual	6/30/16
							Obtain administrative approval	8/30/16
							Publish amended TA Waiver Policy	10/1/16

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
							Manual	
	AMA January 2016 Provider Manual, Chapter 107.2.3, Limitations			X	States that Medicaid does not provide waiver services to recipients in a hospital or nursing facility. Does not address exclusion of other institutional or presumed-institutional setting. Does not address process for identifying settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny	Revise Provider Manual to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision will add the following language:</u> <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u> <u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u>	Draft revisions to Provider Manual Administrative review and approval Publish revised Provider Manual	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Home and Community-Based Services are provided in compliance with the provisions of the</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
TA WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					activities to assure compliance.	<p>HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and, (ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p> <p><u>QA activities include home visits to a random sample of waiver recipients. Proposed language to be added will specify onsite inspection of the home will include an assessment of compliance with HCBS Final Settings Rule regarding settings that tend to isolate or are otherwise institutional in nature, including, when applicable, compliance with any prescribed remediation plan and timelines.</u></p>	revised Waiver Quality Assurance Manual	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline	
		Compliance	Non-compliance					
1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	HIV Waiver AL.40382.R02.00		X	The HIV Waiver provides for some assistance with full access of individuals receiving Medicaid HCBS to the greater community, particularly as it relates to assistance with transition from institutional settings and case management activities to ensure access to both waiver and non-waiver services in the community. It does not fully address opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Waiver will be amended, consistent with the Statewide Transition Plan, to address opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Submission of Settings Assessment for Statewide Transition Plan	3/31/16	
						Approval of Statewide Transition Plan Settings Assessment	6/30/16	
						Make necessary changes to reflect approved Statewide Transition Plan for Waiver for renewal submission	8/1/17	
	AMA January 2016 Provider Manual, Chapter 107.2.4, Explanation of Covered Services			X	The Provider Manual includes some references that support this requirement of the Rule, such as the definition of Personal Care/Attendant Services (107.2.4, Explanation of Covered Services) which states PC/AS is designed to "...support individuals with physical disabilities...seeking or	Revise Chapter 107 to reflect requirement setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of	Draft revisions to Provider Manual	11/30/16
							Administrative review and approval	3/31/17
							Publish revised Provider Manual	9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
				maintaining competitive employment either in the home or in an integrated or work setting. See also below. The overall purpose of Waiver Services (including the HIV Waiver) does indicate they are designed to serve individuals who would otherwise require institutionalization, but the definition of purpose is limited to protecting health, safety and dignity of participants while reducing Medicaid expenditures. It does not address the other components of this requirement, including supporting full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	access as individuals not receiving Medicaid HCBS. <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>		
	Alabama Administrative Code, Chapter 560-X-58,		X	Stated purpose does not address full scope of requirement regarding integration, full access	Revise rule to reflect requirement as noted above. <u>Proposed language is congruent with Final Rule requirements</u>	Draft revisions to rule Publish rule for	11/30/16 3/31/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Rule No. 560-X-58-.01 - Authority and Purpose				to community, opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	<u>and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	public comment Publish final rule	9/30/17
	Alabama Administrative Code, Chapter 560-X-58, Rule No. 560-X-58-.02 - Description of Services			X	Covered services do not references support for community access, integration and exertion of personal control.	See above. Alabama Administrative Code, Chapter 560-X-58 will be revised as described in the above row.	Draft revisions to rule Publish rule for public comment Publish final rule	9/30/16 12/1/16 2/1/17
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Proposed revisions include defining Home and Community-Based services as being provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p>F/2296-F). These provisions require the following:</p> <p><u>(a) Services may only be provided in settings that:</u></p> <p><u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u> <u>(ii) Are selected by the individual from among setting options;</u> <u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u> <u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u> <u>(v) Facilitate choice regarding services and who provides them.</u></p> <p><u>Proposed language to be added to specific QA activities include:</u></p> <p><u>Modification of the objectives to add:</u></p> <ul style="list-style-type: none"> <u>To assure participants are receiving</u> 	Assurance Manual	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>services in settings that meet the requirements of the HCBS Final Settings Rule and maximize opportunities for community integration</u></p> <p><u>Modification of the record review and home visit process for a random sample of waiver participants to include:</u></p> <ul style="list-style-type: none"> <u>Services are provided in settings that maximize opportunities for community participation and integration to the same degree as individuals not receiving HCBS.</u> 		
	Medicaid Waiver Survey for Participants		X	Survey includes questions that address/probe compliance with this element in the areas of community integration and access, but consideration should be given to whether probes are sufficient to test for compliance.	<p>Consider revising the Survey to include questions/probes that address compliance with this element</p> <p><u>Probes will be added to address full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Proposed probes to be added:</u></p> <ul style="list-style-type: none"> <u>Do you get help to do the things</u> 	<p>Draft possible revisions to Survey</p> <p>OA and Administrative review and approval</p> <p>Implement any revisions to Survey deemed needed and appropriate.</p>	<p>11/30/16</p> <p>3/31/17</p> <p>9/30/17</p>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<ul style="list-style-type: none"> you like to do in the community? If you have a job or want to work, do you get the help you need to make that possible? Do staff who come into your home show respect for your personal belongings? 		
	AMA HIV Waiver Policy Manual, March 2011		X	Does not address this element.	<p>The new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated will subsume the AMA HIV Waiver Policy Manual. This element will be addressed. Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Revise Replace AMA HIV Waiver Policy Manual with ADSS Medicaid Waiver Programs Policy and Procedure Guide</p>	<u>1/1/17</u>	
						Administrative review and approval	<u>3/31/17</u>	
						Develop curriculum and complete Case Manager and DSP training	<u>6/1/17</u>	
						Publish and implement revised HIV Waiver Policy Manual-ADSS Medicaid	<u>6/30/17</u>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
							<u>Waiver Programs Policy and Procedure Guide</u>	
	ADSS Medicaid Waivers Case Management Guide, August 2014 ; Assessment Forms, Home Visit Tool (Form MW-1)		X		Allows client the opportunity to choose services in an institution or the community and to have information to make decisions about his/her plan of care. Also specifically states that individuals receiving waiver services can be employed. Does not, however, fully address this element as it relates to case management responsibilities for assessment, monitoring and documentation to ensure compliance.	Revise manual to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings <u>A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated. It will replace and expand upon ADSS Medicaid Waivers Case Management Guide, Assessment Forms and Home Visit Tool. It will incorporate revisions to ensure compliance with this provision, including the following proposed language for the new ADSS Medicaid Waiver Programs Policy and Procedure Guide: Case managers will assist each individual receiving services to develop of a person-centered plan that ensures the individual is provided, in keeping with their preferences and needs, with full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal</u>	Revise manual Waivers Case Management Guide and Promulgate new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools Administrative review and approval Develop curriculum and complete Case Manager and DSP training Publish and implement ADSS Medicaid Waiver Programs	1/1/17 3/31/17 6/1/17 6/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. On at least a monthly basis, the case manager will assess and monitor the setting in which services are delivered to ensure the person-centered plan remains appropriate and is implemented as written, and will document the findings and take any corrective actions needed.</u></p> <p><u>Assessment Forms and Home Visit tool proposed revisions:</u></p> <ul style="list-style-type: none"> • <u>Client Rights and Responsibilities modified as follows:</u> <ul style="list-style-type: none"> ○ <u>Client has the right to full access to the community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community.</u> • <u>Case Management Home Visit Tool additional elements to be assessed including:</u> <ul style="list-style-type: none"> ○ <u>Client has full access to the community as desired.</u> 	<u>Policy and Procedure Guide</u>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
					<ul style="list-style-type: none"> ○ <u>Client (or authorized representative when indicated) has control over personal resources.</u> ○ <u>Client has support to engage in employment as desired.</u> 		
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	HIV Waiver AL.40382.R02.00 Appendix B-7 and Appendix D-1	X		Individuals are served in private homes of their choice. No residential or non-residential services settings are offered under the HIV waiver. HIV Case Managers ensure waiver participants are informed as to all feasible alternatives under the waiver, including free choice of waiver services or institutional care. During the person-centered care plan meeting all parties discuss the needs of the client, informal supports provided by family or other community resources, identify the gaps in supports and are informed of what waiver services may fill in those gaps. The participant decides which personal representative will be involved in development of the plan of care.	None required	NA	NA
	AMA HIV Waiver Policy Manual, March	X		The client is given information necessary to make informed	None required. <u>This element will be retained in the new ADSS Medicaid</u>	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance Silent				
	2011			choices regarding the location of care and given choice of either institutional or the home and community based services	<u>Waiver Programs Policy and Procedure Guide to be promulgated. It will subsume the AMA HIV Waiver Policy Manual 2010. To further strengthen compliance, the following will be added to the Client Rights and Responsibilities form: The client has the right to choose among setting options, including non-disability specific settings</u>		
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)	X		A Rights and Responsibilities form outlines participants' ability to choose.	<u>None required. This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. To further strengthen compliance, the following will be added to the Client Rights and Responsibilities form: The client has the right to choose among setting options, including non-disability specific settings.</u>	NA	NA
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	HIV Waiver AL.40382.R02.00, Appendix G-2		X	The State does not permit or prohibits the use of restrictive interventions, restraints and seclusion. The waiver document does not provide any information as to oversight procedures to ensure no occurrence of unauthorized use of restraint, seclusion and/or restrictive interventions.	Amend waiver to provide description of oversight procedures to ensure no occurrence of unauthorized use of restraint, seclusion and/or restrictive interventions.	Submit waiver amendment with renewal	8/1/17
						Obtain approval of waiver renewal	10/1/17
						Implement revised procedures per approved renewal	10/1/17
	Alabama Administrative Code,	X		Providers are not to use or disclose any information	<u>None required Addresses confidentiality as one aspect of privacy. Additional</u>	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance Silent				
	Chapter. 560-X-58, Rule No. 560-X-58-.09 - Confidentiality.			regarding an eligible recipient without written consent of the recipient, their attorney or guardian, or upon subpoena	<u>aspects of privacy addressed below.</u>		
	AMA HIV Waiver Policy Manual, March 2011, Chapter 3.A.10	X		Services cannot be provided to client in an environment where the client is not treated with dignity and respect.	None required. <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. It will subsume the AMA HIV Waiver Policy Manual 2010.</u>	NA	NA
	AMA HIV Waiver Policy Manual, March 2011, Chapter 8.A.2.c	X		Requires safeguarding of applicant and recipient information in accordance with provisions of Code of Federal Regulations governing confidentiality.	None required. <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. It will subsume the AMA HIV Waiver Policy Manual 2010.</u>	NA	NA
	Medicaid Waiver Survey for Participants		X	Includes questions/probes regarding being treated with dignity and respect, but may need revisions to probe freedom from coercion and restraint.	<u>Consider revisions to probe for freedom from coercion and restraint. Proposed probes added to address freedom from coercion and restraint.</u> <ul style="list-style-type: none"> <u>Do workers respect your opinion?</u> <u>Are workers careful they never try to make you do things you don't want to do?</u> <u>Proposed probe to be added to address privacy:</u> <ul style="list-style-type: none"> <u>Do you have enough privacy in your home, including a private location for any personal care you need?</u> 	Draft proposed revisions to Survey OA and Administrative review and approval Implement revised Survey	11/30/16 3/31/17 9/30/17
	ADSS Medicaid Waivers Case		X	Confidentiality is addressed as noted above. Does not fully	Revise manual A new ADSS Medicaid Waiver Programs Policy and Procedure	Revise manual Waivers Case	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
	Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)			address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance with safeguards against restraint, restrictive interventions and seclusion.	<p><u>Guide will be promulgated</u> to address freedom from coercion and restraint as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. <u>Proposed language:</u> <u>Coercion and Restraint: Restraint, restrictive interventions and seclusion are prohibited practices under the HIV waiver. On at least a monthly basis, the case manager will assess, monitor and document whether the individual is free from restraint, restrictive interventions and seclusion. Any incident of actual or suspected restraint or seclusion shall be reported immediately to the Department of Human Resources.</u></p> <p><u>Assessment Forms and Home Visit tool proposed revisions:</u></p> <ul style="list-style-type: none"> • <u>Client Rights and Responsibilities modified as follows:</u> <ul style="list-style-type: none"> ○ <u>Add Client has right to be free from coercion and restraint.</u> • <u>Case Management Home Visit Tool additional elements to be assessed including:</u> <ul style="list-style-type: none"> ○ <u>Client shows no sign of restraint and/or coercion.</u> 	<p><u>Management Guide and Promulgate new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools</u></p> <p>Administrative review and approval</p> <p>Develop curriculum and complete Case Manager and DSP training</p> <p>Publish and implement revised E&D Waiver Policy Manual ADSS Medicaid Waiver Programs Policy and Procedure Guide</p>	<p>3/31/17</p> <p>6/1/17</p> <p>6/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<ul style="list-style-type: none"> ○ <u>Client reports no restraint or coercion.</u> <p><u>Privacy and Dignity: Individuals receiving services under the HIV waiver shall be provided with privacy consistent with their needs, preferences and choice of living environment. The setting must also provide for privacy and dignity in the provision of personal care. On at least a monthly basis, the case manager will assess and monitor the setting in which services are delivered to ensure the individual's needs and preferences for privacy are respected, and will document the findings and take any corrective actions needed.</u></p> <p><u>Case Management Home Visit Tool additional elements to be assessed including:</u></p> <ul style="list-style-type: none"> • <u>Client is treated with dignity and respect?</u> • <u>Client is afforded privacy for personal care?</u> • <u>Premises provide for privacy based on the client's needs and preferences?</u> 		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	AMA HIV Policy Manual, March 2011			X	The Policy and Procedure Manual includes some references that support this requirement of the Rule, such as: The case manager works with clients to provide information needed to make informed choices regarding care and services. Services are to restore, maintain, and promote health status of clients through support and assistances with activities of daily living. It does not fully address the component of this requirement related to choices of with whom to interact.	A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated and will address this requirement and case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. Proposed revisions: <u>Waiver services must be delivered in a manner that optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. On at least a monthly basis, the case manager will assess, monitor and document whether the setting in which services are delivered ensures the individual is supported so that initiative, autonomy, and independence in making life choices is optimized.</u> <u>Case Management Home Visit Tool additional elements to be assessed including: Client's maximum level of autonomy and independence, based on client's preferences, are fully supported by the</u>	<u>Revise Replace</u> AMA HIV Waiver Policy Manual with ADSS Medicaid Waiver Programs Policy and Procedure Guide Administrative review and approval Develop curriculum and complete Case Manager and DSP training Publish and implement revised E&D Waiver Policy Manual-ADSS Medicaid Waiver Programs Policy and Procedure Guide	<u>1/1/17</u> <u>3/31/17</u> <u>6/1/17</u> <u>6/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p><u>assess, monitor and document whether the setting in which services are delivered ensures the individual is supported so that initiative, autonomy, and independence in making life choices is optimized.</u></p> <p><u>Case Management Home Visit Tool additional elements to be assessed including:</u> <u>Client's maximum level of autonomy and independence, based on client's preferences, are fully supported by the provider/worker?</u></p> <p><u>Revise manual A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. Proposed revisions: Waiver services must be delivered in a manner that optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. On at least a monthly basis, the case manager will</u></p>	<p><u>curriculum and complete Case Manager and DSP training</u></p> <p><u>Revise manual Waivers Case Management Guide and Promulgate new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools</u></p>	1/1/17	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>assess, monitor and document whether the setting in which services are delivered ensures the individual is supported so that initiative, autonomy, and independence in making life choices is optimized.</u></p> <p><u>Case Management Home Visit Tool additional elements to be assessed including:</u></p> <ul style="list-style-type: none"> <u>Client's maximum level of autonomy and independence, based on client's preferences, are fully supported by the provider/worker?</u> 		
5. Facilitates individual choice regarding services and supports, and who provides them.	HIV Waiver AL.40382.R02.00 Appendix B-7 Freedom of Choice; Appendix D-1 Service Plan Development			x	Under Appendix B-7 and D-1, the case manager informs eligible individuals or their legal representatives of the feasible alternatives available under the waiver, allowing free choice of waiver services or institutional care, during the assessment/application process for admission, readmission, and redetermination of eligibility. Participants and/or their representative are given as much information as possible to allow them to make an informed choice based upon their	Revise waiver to ensure participants are provided with individual choice regarding services and supports, and who provides them, including the freedom to make such choices at other times than assessment/application process for admission, readmission, and redetermination of eligibility.	Submit waiver amendment	8/1/17
						Obtain approval of waiver amendment	10/1/17	
						Implement revised procedures per approved amendment	10/1/17	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					individual and personal preferences without putting their health and safety at risk. Does not indicate that individuals have the right to change service providers at other times.			
	AMA HIV Waiver Policy Manual, March 2011, Chapter 4.B	X			Intake and screening process must include documentation applicant has been provided with freedom of choice of all providers and has received information to make informed choice.	None required. <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated</u>	NA	NA
	AMA January 2016 Provider Manual, Chapter 107.2.6			X	Describes Medicaid responsibilities to ensure beneficiaries are advised of feasible service alternatives and receive a choice of institutional and HCB services. Further states that when residents of long term care facilities become eligible for HCBS, will be advised of available services and given choice of providers. Does not clarify that all individuals receiving HCBS will be so advised and given choice of providers.	Revise Provider Manual to add clarifying language will be advised of available services and given choice of providers.	Draft revisions to Provider Manual	11/30/16
							Administrative review and approval	3/31/17
							Publish revised Provide Manual	9/30/17
	AMA Administrative Code Chapter 58, Rule No. 560-X-58-.06.			x	<u>Provides for choice between institutional or home and community-based service, but</u>	<u>Chapter 58 will be revised. Proposed language: Home and Community-Based Services for the Elderly and Disabled</u>	Draft revisions to rule	<u>11/30/16</u>
							Publish rule for	<u>3/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
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Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
	Informing Beneficiaries of Choice.			<u>does not fully address choice regarding services and who provides them.</u>	<u>Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that: facilitate choice regarding services and who provides them.</u>	public comment Publish final rule	<u>9/30/17</u>
	Medicaid Waiver Survey for Participants	X		Includes questions/probes regarding choice of providers	None required	NA	NA
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:	NA. No services provided in provider owned or controlled residential settings.						
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows: a. A nursing facility; b. An institution for mental diseases; c. An intermediate care facility for individuals with intellectual disabilities;	HIV Waiver AL.40382.R02.00		X	Does not fully address this requirement as it relates to settings that have the qualities of an institution or are presumed to have qualities of an institution. Does not address process for identifying settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny.	Amend after the Statewide Transition Plan has been approved to reflect requirements regarding settings that are presumed institutional. <u>Proposed language will specifically state that waiver services will not be provided in any excluded setting and that case managers will monitor, on at least a monthly basis, all settings in which waiver services are delivered to ensure they are not institutional and/or isolating in nature. If case managers identify any setting that appears to be institutional and/or isolating in nature, such instances will be reported</u>	Submission of Settings Assessment for Statewide Transition Plan	3/31/17
						Approval of Statewide Transition Plan Settings Assessment	6/30/17
						Make necessary changes to reflect approved	8/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
<p>d. A hospital; or e. Any other locations that have qualities of an institutional setting, as determined by the Secretary. For 1915(c) home and community-based waivers, section 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution:</p> <p>a. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, b. Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.</p>					<p><u>immediately to ADSS and AMA for an assessment to be completed. If the ADSS and AMA determine the setting is institutional and/or isolating in nature, waiver services cannot be provided in that setting. (Note: this assessment process is currently under development as a part of the final Settings Assessment.)</u> Corrective action may be taken to demonstrate compliance or, if desired, the individual will be assisted through a person-centered planning process to transition to another setting that is compliant with the Final Rule. If the ADSS and AMA determine the setting qualifies for heightened scrutiny, evidence and documentation will be submitted to CMS according to the heightened scrutiny process defined in the approved Statewide Transition Plan Settings Assessment. (Note: this process is currently under development as a part of the final Settings Assessment.)</p>	Statewide Transition Plan for Waiver for renewal submission		
	<p>Alabama Administrative Code, Chapter 560-X-58, Rule No. 560-X-58-.03(3) - Eligibility</p>		X		<p>States that no services may not be provided in a hospital or nursing facility.</p> <p>Rule does not address exclusion of other institutional or presumed-institutional setting or</p>	<p>Revise rule to explicitly define all excluded settings as defined in Final Settings Rule. Proposed revision: <u>Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final</u></p>	<p>Draft revisions to rule</p> <p>Publish rule for public comment</p> <p>Publish final rule</p>	<p>11/30/16</p> <p>3/31/17</p> <p>9/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					process for identification and scrutiny of such settings.	<p>Rule (CMS 2249-F/2296-F). These provisions require the following:</p> <p><u>(a) Services may only be provided in settings that:</u></p> <p><u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u></p> <p><u>(ii) Are selected by the individual from among setting options;</u></p> <p><u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p><u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p><u>(v) Facilitate choice regarding services and who provides them.</u></p> <p><u>(b) Services may not be provided in:</u></p> <p><u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>individuals with intellectual disabilities, and hospitals; and,</u> <u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p>		
	AMA HIV Waiver Policy Manual, March 2011, Chapter 3.A.10		X	<p>Specifies exclusions for nursing facilities, hospital and ICF/ID.</p> <p>Does not address specific exclusion of other presumed institutional settings or process for identification and scrutiny of such settings.</p>	<p>Revise rule to explicitly define all excluded settings as defined in Final Settings Rule. Proposed revision: <u>Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u> <u>(a)Services may only be provided in settings that:</u> <u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of</u></p>	Draft revisions to rule	<u>11/30/16</u>	
						Publish rule for public comment	<u>3/31/17</u>	
						Publish final rule	<u>9/30/17</u>	
						Draft revisions to rule	<u>11/30/16</u>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p>access as individuals not receiving Medicaid HCBS;</p> <p><u>(ii) Are selected by the individual from among setting options;</u></p> <p><u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p><u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p><u>(v) Facilitate choice regarding services and who provides them.</u></p> <p><u>(b) Services may not be provided in:</u></p> <p><u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u></p> <p><u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p> <p>Revise rule to explicitly define all</p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p>excluded settings as defined in Final Settings Rule. <u>Proposed revision: Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u></p> <p><u>(a)Services may only be provided in settings that:</u></p> <p><u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u></p> <p><u>(ii) Are selected by the individual from among setting options;</u></p> <p><u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p><u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
					<p>(v) <u>Facilitate choice regarding services and who provides them.</u></p> <p>(b) <u>Services may not be provided in:</u></p> <p>(i) <u>Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u></p> <p>(ii) <u>Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p>		
	AMA January 2016 Provider Manual, Chapter 107.2.3, Limitations		X	<p>States that Medicaid does not provide waiver services to recipients in a hospital or nursing facility.</p> <p>Does not address exclusion of other institutional or presumed-institutional setting. Does not address process for identifying settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny</p>	<p>Revise Provider Manual to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision will add the following language:</u></p> <p><u>Services may not be provided in:</u></p> <p>(i) <u>Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u></p> <p>(ii) <u>Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient</u></p>	<p>Draft revisions to Provider Manual</p> <p>Administrative review and approval</p> <p>Publish revised Provider Manual</p>	<p>11/30/16</p> <p>3/31/17</p> <p>9/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u>		
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)		X		Guide indicates services are not to be provided in a nursing home setting, but does not fully address this element as it relates to case management assessment, monitoring and documentation that services may not be provided in other settings that are presumed to be institutional.	<u>Revise guide A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. Proposed revision will add the following language:</u> <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u> <u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader</u>	Revise manual and related forms Provide training to case management staff	12/31/16 2/28/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>community of individuals not receiving Medicaid-funded HCBS</u>		
	Long Term Care Waiver Quality Assurance Manual		X		The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Home and Community-Based Services are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u> <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and, (ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA HIV WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>QA activities include home visits to a random sample of waiver recipients. Proposed language to be added will specify onsite inspection of the home will include an assessment of compliance with HCBS Final Settings Rule regarding settings that tend to isolate or are otherwise institutional in nature, including, when applicable, compliance with any prescribed remediation plan and timelines.</u>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	E&D Waiver AL.0068.R06.00			X	The E&D Waiver provides for some assistance with full access of individuals receiving Medicaid HCBS to the greater community, particularly as it relates to assistance with transition from institutional settings and case management activities to ensure access to both waiver and non-waiver services in the community. It does not fully address opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Waiver will be amended, consistent with the Settings Assessment of the Statewide Transition Plan, to address opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Submission of Settings Assessment for Statewide Transition Plan	3/31/17
							Approval of Statewide Transition Plan Settings Assessment	6/30/17
							Make necessary changes to reflect approved Statewide Transition Plan for Waiver renewal submission	8/1/17
	AMA January 2016 Provider Manual, Chapter 107.2.4, Explanation of Covered Services			X	The Provider Manual includes some references that support this requirement of the Rule, such as the definition of Personal Care/Attendant Services (107.2.4, Explanation of Covered	Revise Chapter 107 of the Provider Manual to address the other components of this requirement, including supporting full access of individuals receiving Medicaid HCBS to the greater community. <u>Proposed</u>	Draft revisions to Provider Manual	11/30/16

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
				Services) which states PC/AS is designed to "...support individuals with physical disabilities...seeking or maintaining competitive employment either in the home or in an integrated or work setting. The overall purpose of Waiver Services (including the E&D Waiver) indicates they are designed to serve individuals who would otherwise require institutionalization, but the definition of purpose is limited to protecting health, safety and dignity of participants while reducing Medicaid expenditures. It does not address the other components of this requirement, including supporting full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	language is congruent with Final Rule requirements and specifically states <u>waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	Administrative review and approval	3/31/17
						Publish revised Provider Manual	9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
	AMA Administrative Code, Chapter 36, Rule No. 560-X-36-.01, Authority and Purpose		X	Home and community-based services are provided to individuals who would otherwise require institutionalization in a nursing facility. Stated purpose of HCBS includes to protect health, safety and dignity of individuals at risk for institutional care, but does not address full scope of requirement regarding integration, full access to community, opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS	Revise rule to reflect all requirements as noted above . Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Draft revisions to rule Publish rule for public comment Publish final rule	11/30/16 3/31/17 9/30/17
	AMA Administrative Code, Chapter 36, Rule No. 560-X-36-.04, Covered Services		X	Covered services include some references to promoting client independence, but otherwise do not fully address the integration of settings and full access to opportunities in the greater community as indicated in this element of the Final Rule.	Revise rule to reflect all requirements. Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal	Draft revisions to rule Publish rule for public comment Publish final rule	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>		
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Proposed revisions include defining Home and Community-Based services as being provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u> <u>(a)Services may only be provided in settings that:</u> <u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
					<p><u>(ii) Are selected by the individual from among setting options;</u></p> <p><u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p><u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p><u>(v) Facilitate choice regarding services and who provides them.</u></p> <p><u>Proposed language to be added to specific QA activities include:</u></p> <p><u>Modification of the objectives to add:</u></p> <ul style="list-style-type: none"> <u>To assure participants are receiving services in settings that meet the requirements of the HCBS Final Settings Rule and maximize opportunities for community integration</u> <p><u>Modification of the record review and home visit process for a random sample of waiver participants to include:</u></p> <ul style="list-style-type: none"> <u>Services are provided in settings that maximize opportunities for community participation and integration to the same degree as</u> 		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
					<u>individuals not receiving HCBS.</u>		
	Medicaid Waiver Survey for Participants		X	Survey questions do not address/probe compliance with this element	<p><u>Probes will be added to address full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Proposed probes to be added:</u></p> <ul style="list-style-type: none"> <u>Do you get help to do the things you like to do in the community?</u> <u>If you have a job or want to work, do you get the help you need to make that possible?</u> <u>Do staff who come into your home show respect for your personal belongings?</u> 	<p>Draft revisions to Survey</p> <p>OA and Administrative review and approval</p> <p>Implement revised Survey</p>	<p>11/30/16</p> <p>3/31/17</p> <p>9/30/17</p>
	AMA E&D Waiver Policy Manual, 2010		X	States waiver provides home and community-based services to assist elderly and disabled individuals to live in the community who would	The new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated will subsume the AMA E&D Waiver Policy Manual. This element will be addressed. Proposed	Revise Replace AMA E&D Waiver Policy Manual with ADSS	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
				otherwise require nursing facility care, but does not fully address each of the elements of this requirement.	language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<u>Medicaid Waiver Programs Policy and Procedure Guide</u> Administrative review and approval Develop curriculum and complete Case Manager and DSP training Publish and implement revised E&D Waiver Policy Manual-ADSS Medicaid Waiver Programs Policy and Procedure Guide	3/31/17 6/1/17 6/30/17
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms,		X	Allows client the opportunity to choose services in an institution or the community and to have information to make decisions about his/her plan of care. Also	Revise manual to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the	Revise manual Waivers Case Management Guide and Promulgate	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
	Home Visit Tool (Form MW-1)			specifically states that individuals receiving waiver services can be employed. Does not, however, fully address this element as it relates to case management responsibilities for assessment, monitoring and documentation to ensure compliance.	findings. A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated. It will replace and expand upon ADSS Medicaid Waivers Case Management Guide, Assessment Forms and Home Visit Tool. It will incorporate revisions to ensure compliance with this provision, including the following proposed language for the new ADSS Medicaid Waiver Programs Policy and Procedure Guide: Case managers will assist each individual receiving services to develop of a person-centered plan that ensures the individual is provided, in keeping with their preferences and needs, with full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. On at least a monthly basis, the case manager will assess and monitor the setting in which services are delivered to ensure the person-centered plan remains appropriate and is implemented as written, and will document the findings and take any	new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools	
						Administrative review and approval	3/31/17
						Develop curriculum and complete Case Manager and DSP training	6/1/17
						Publish and implement ADSS Medicaid Waiver Programs Policy and Procedure Guide	6/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>corrective actions needed.</u></p> <p><u>Assessment Forms and Home Visit tool proposed revisions:</u></p> <ul style="list-style-type: none"> • <u>Client Rights and Responsibilities modified as follows:</u> <ul style="list-style-type: none"> ○ <u>Client has the right to full access to the community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community.</u> • <u>Case Management Home Visit Tool additional elements to be assessed including:</u> <ul style="list-style-type: none"> ○ <u>Client has full access to the community as desired.</u> ○ <u>Client (or authorized representative when indicated) has control over personal resources.</u> ○ <u>Client has support to engage in employment as desired.</u> 		
2. The setting is selected by the individual from among setting options including non-	E&D Waiver AL.0068.R06.00	X			The individual is served in a private home of their choice for all services with the exception of	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.					Adult Day Health (refer to separate crosswalk for ADH setting).			
	AMA E&D Waiver Policy Manual 2010	X			The client is given information necessary to make informed choices regarding the location of care and given choice of either institutional or the home and community based services.	None required. <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. It will subsume the AMA E&D Waiver Policy Manual 2010. To further strengthen compliance, the following will be added to the Client Rights and Responsibilities form: The client has the right to choose among setting options, including non-disability specific settings</u>	NA	NA
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)	X			A Rights and Responsibilities form outlines participants' ability to choose. HCBS-1 Form also documents participant's choice between community services and institutional care.	None required. <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. To further strengthen compliance, the following will be added to the Client Rights and Responsibilities form: The client has the right to choose among setting options, including non-disability specific settings.</u>	NA	NA
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	E&D Waiver: AL.0068.R06.00: Appendix G-2	X			The State does not permit or prohibits the use of restrictive interventions, restraints and seclusion for this waiver. The Alabama Department of Senior Services is responsible for detecting the unauthorized use of restrictive interventions	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					through monthly face to face visits as well as supervisory visits every 60 days. The Alabama Medicaid Agency: Annual review of ADSS investigations. Certain incidents of abuse, neglect and exploitation must also be reported to the Alabama Department of Resources by law.			
	AMA Administrative Code Chapter 36, Rule No. 560-X-36-.10, Confidentiality.	X			Providers are not to use or disclose, except to duly authorized representatives of federal or state agencies, any information regarding an eligible recipient except upon written consent of the recipient, their attorney and/or guardian, or upon subpoena from a court of appropriate jurisdiction. <u>Does not fully address rights of privacy, dignity, respect and freedom from coercion.</u>	<u>Revise AMA Administrative Code Chapter 36. Proposed revision: Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
	AMA E&D Waiver Policy Manual, 2010			X	Does not address rights of privacy, dignity and respect.	<u>Revise manual to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. A new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated will subsume the AMA E&D Waiver Policy Manual. It will</u>	<u>Revise</u> Replace AMA E&D Waiver Policy Manual with ADSS Medicaid Waiver Programs Policy and	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
					<p>incorporate revisions to ensure compliance with this provision, including the following proposed language:</p> <p>Coercion and Restraint: Restraint, restrictive interventions and seclusion are prohibited practices under the E&D waiver. On at least a monthly basis, the case manager will assess, monitor and document whether the individual is free from restraint, restrictive interventions and seclusion. Any incident of actual or suspected restraint or seclusion shall be reported immediately to the Department of Human Resources.</p> <p>Assessment Forms and Home Visit tool proposed revisions:</p> <ul style="list-style-type: none"> • <u>Client Rights and Responsibilities modified as follows:</u> <ul style="list-style-type: none"> ○ <u>Add Client has right to be free from coercion and restraint.</u> • <u>Case Management Home Visit Tool additional elements to be assessed including:</u> <ul style="list-style-type: none"> ○ <u>Client shows no sign of restraint and/or coercion.</u> ○ <u>Client reports no restraint or coercion.</u> 	<p><u>Procedure Guide</u></p> <p>Administrative review and approval</p> <p>Develop curriculum and complete Case Manager and DSP training</p> <p>Publish and implement revised E&D Waiver Policy Manual-ADSS Medicaid Waiver Programs Policy and Procedure Guide</p>	<p>3/31/17</p> <p>6/1/17</p> <p>6/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>Privacy and Dignity: Individuals receiving services under the E&D waiver shall be provided with privacy consistent with their needs, preferences and choice of living environment. The setting must also provide for privacy and dignity in the provision of personal care. On at least a monthly basis, the case manager will assess and monitor the setting in which services are delivered to ensure the individual's needs and preferences for privacy are respected, and will document the findings and take any corrective actions needed.</u></p> <p><u>Case Management Home Visit Tool additional elements to be assessed including:</u></p> <ul style="list-style-type: none"> • <u>Client is treated with dignity and respect?</u> • <u>Client is afforded privacy for personal care?</u> • <u>Premises provide for privacy based on the client's needs and preferences?</u> 		
	AMA E&D Waiver Policy Manual 2010, Chapter 8.A.2.c	X			Requires safeguarding of applicant and recipient information in accordance with provisions of Code of Federal Regulations governing	None required. <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated.</u>	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
				confidentiality.			
	Medicaid Waiver Survey for Participants		X	Includes questions/probes regarding being treated with dignity and respect, but needs revisions to probe <u>privacy and freedom from coercion and restraint</u> .	<p><u>Proposed probes added to address freedom from coercion and restraint.</u></p> <ul style="list-style-type: none"> <u>Do workers respect your opinion?</u> <u>Are workers careful they never try to make you do things you don't want to do?</u> <p><u>Proposed probe to be added to address privacy:</u></p> <ul style="list-style-type: none"> <u>Do you have enough privacy in your home, including a private location for any personal care you need?</u> 	<p>Draft proposed revisions to Survey</p> <p>Operating Agency and Administrative review and approval</p> <p>Implement revised Survey</p>	<p>11/30/16</p> <p>3/31/17</p> <p>9/30/17</p>
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)		X	Confidentiality is addressed as noted above. Case Management Guide also references the individual's right to respect and dignity and states the goal includes maintaining the greatest amount of independence and human dignity. Does not fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance with safeguards against restraint, restrictive interventions and seclusion and to ensure an individual's rights of privacy, dignity and respect.	<p>Revise manual A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to address privacy, dignity and respect as well as freedom from coercion and restraint as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. <u>Proposed language:</u> <u>Coercion and Restraint: Restraint, restrictive interventions and seclusion are prohibited practices under the E&D waiver. On at least a monthly basis, the case manager will assess, monitor and document whether the individual is free from restraint, restrictive interventions and seclusion. Any incident of actual or</u></p>	<p>Revise manual <u>Waivers Case Management Guide and Promulgate new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools</u></p> <p>Administrative review and approval</p> <p>Develop curriculum</p>	<p>1/1/17</p> <p>3/31/17</p> <p>6/1/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
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Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
					<p><u>suspected restraint or seclusion shall be reported immediately to the Department of Human Resources.</u></p> <p><u>Assessment Forms and Home Visit tool proposed revisions:</u></p> <ul style="list-style-type: none"> • <u>Client Rights and Responsibilities modified as follows:</u> <ul style="list-style-type: none"> ○ <u>Add Client has right to be free from coercion and restraint.</u> ○ <u>Provide Elder Abuse Toolkit to all new clients and at time of annual re-assessment</u> • <u>Case Management Home Visit Tool additional elements to be assessed including:</u> <ul style="list-style-type: none"> ○ <u>Client shows no sign of restraint and/or coercion.</u> ○ <u>Client reports no restraint or coercion.</u> <p><u>Privacy and Dignity: Individuals receiving services under the E&D waiver shall be provided with privacy consistent with their needs, preferences and choice of living environment. The setting must also provide for privacy and dignity in the provision of personal care. On at least a monthly basis, the</u></p>	<p><u>and complete Case Manager and DSP training</u></p> <p><u>Publish and implement revised E&D Waiver Policy Manual ADSS Medicaid Waiver Programs Policy and Procedure Guide</u></p>	<p>6/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
					<p><u>case manager will assess and monitor the setting in which services are delivered to ensure the individual's needs and preferences for privacy are respected, and will document the findings and take any corrective actions needed.</u></p> <p><u>Case Management Home Visit Tool additional elements to be assessed including:</u></p> <ul style="list-style-type: none"> • <u>Client is treated with dignity and respect?</u> • <u>Client is afforded privacy for personal care?</u> • <u>Premises provide for privacy based on the client's needs and preferences?</u> 		
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	AMA E&D Policy Manual, 2010		X	Does not address this element.	<p><u>A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated and will address this requirement and case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. Proposed revisions:</u></p> <p><u>Waiver services must be delivered in a manner that optimizes, but does not</u></p>	<p><u>Revise</u> <u>Replace AMA E&D Waiver Policy Manual with ADSS Medicaid Waiver Programs Policy and Procedure Guide</u></p>	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
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Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
					<p><u>regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. On at least a monthly basis, the case manager will assess, monitor and document whether the setting in which services are delivered ensures the individual is supported so that initiative, autonomy, and independence in making life choices is optimized.</u></p> <p><u>Case Management Home Visit Tool additional elements to be assessed including:</u></p> <ul style="list-style-type: none"> <u>Client's maximum level of autonomy and independence, based on client's preferences, are fully supported by the provider/worker?</u> 	<p>Administrative review and approval</p> <p>Develop curriculum and complete Case Manager and DSP training</p> <p>Publish and implement revised E&D Waiver Policy Manual ADSS Medicaid Waiver Programs Policy and Procedure Guide</p>	<p>3/31/17</p> <p>6/1/17</p> <p>6/30/17</p>
	<p>AMA Administrative Code, Chapter 36, Rule No. 560-X-36-.04. Covered Services</p>		X	<p>Adult Day Health and Companion services provide some language related to this requirement, such as education and training for health and self-care and promoting client independence, but this section of the Code does not fully address the optimization of individual initiative, autonomy, and</p>	<p>Revise rule to reflect all requirements. Proposed revisions: Proposed language is congruent with Final Rule requirements and specifically states <u>waiver services must be provided in settings that optimize, but do not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment,</u></p>	<p>Draft revisions to rule</p> <p>Publish rule for public comment</p> <p>Publish final rule</p>	<p>11/30/16</p> <p>3/31/17</p> <p>9/30/17</p>

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Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
				independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	and with whom to interact.		
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)		X	Does not fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance	Revise manual A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. <u>Proposed revisions: Waiver services must be delivered in a manner that optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. On at least a monthly basis, the case manager will assess, monitor and document whether the setting in which services are delivered ensures the individual is supported so that initiative, autonomy, and independence in making life</u>	Revise manual <u>Waivers Case Management Guide and Promulgate new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools</u> Administrative review and approval Develop curriculum and complete Case Manager and DSP training	1/1/17 3/31/17 6/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>choices is optimized.</u></p> <p><u>Case Management Home Visit Tool additional elements to be assessed including:</u></p> <ul style="list-style-type: none"> <u>Client's maximum level of autonomy and independence, based on client's preferences, are fully supported by the provider/worker?</u> 	<p>Publish and implement revised <u>E&D Waiver Policy Manual-ADSS Medicaid Waiver Programs Policy and Procedure Guide</u></p>	6/30/17
5. Facilitates individual choice regarding services and supports, and who provides them.	<p>E&D Waiver: AL.0068.R06.00 Appendix B-7 Freedom of Choice</p>	X			<p>Appendix B-7 states clients are provided with adequate information to make an informed decision as to where care will be received. Service coordination addresses problems and feasible solutions and includes an exploration of all the resources utilized by the client, both formal and informal, as well as those waiver services which may be available to meet the client's needs and those needs which cannot be met. Case Managers inform applicants of all direct service providers and allow freedom of choice of providers; and the choice of either institutional or home and community based services.</p>	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
	AMA Administrative Code Chapter 36, Rule No. 560-X-36-.01. Authority and Purpose	X		Each individual is given freedom of choice of all qualified providers based on the written plan of care.	None required; however, Chapter 36 will be revised to further strengthen its language: <u>Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that: Facilitate choice regarding services and who provides them.</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
	AMA E&D Waiver Policy Manual, 2010, Chapter 4.B	X		Intake and screening process must include documentation applicant has been provided with freedom of choice of all providers and has received information to make informed choice.	None required. <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated.</u>	NA	NA
	AMA January 2016 Provider Manual, Chapter 107.2.6		X	Describes Medicaid responsibilities to ensure beneficiaries are advised of feasible service alternatives and receive a choice of institutional and HCB services. Further states	Revise Provider Manual to add clarifying language <u>to ensure beneficiaries will be advised of available services and given choice of providers. Proposed revision: Medicaid is responsible for ensuring that all</u>	Draft revisions to Provider Manual Administrative review and approval	<u>11/30/16</u> <u>3/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
				that when residents of long term care facilities become eligible for HCBS, will be advised of available services and given choice of providers. Does not clarify that all individuals receiving HCBS will be so advised and given choice of providers.	<u>beneficiaries of the waiver service program are advised of feasible service alternatives and receive a choice regarding which type of service they wish to receive (institutional or home-and/or community-based services).</u>	Publish revised Provide Manual	9/30/17
	Medicaid Waiver Survey for Participants	X		Includes questions/probes regarding choice of providers.	None required	NA	NA
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:	NA. No services provided in provider owned or controlled residential settings.						

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
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Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline	
		Compliance	Noncompliance					
<p>7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows:</p> <p>a. A nursing facility;</p> <p>b. An institution for mental diseases;</p> <p>c. An intermediate care facility for individuals with intellectual disabilities;</p> <p>d. A hospital; or</p> <p>e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.</p> <p>For 1915(c) home and community-based waivers, section 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution:</p> <p>a. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient</p>	<p>E&D Waiver: AL.0068.R06.00</p>		X	<p>Does not fully address this requirement as it relates to settings that have the qualities of an institution or are presumed to have qualities of an institution. Does not address process for identifying settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny.</p>	<p>Amend waiver after the Statewide Transition Plan has been approved to reflect requirements regarding settings that are presumed institutional. <u>Proposed language will specifically state that waiver services will not be provided in any excluded setting and that case managers will monitor, on at least a monthly basis, all settings in which waiver services are delivered to ensure they are not institutional and/or isolating in nature. If case managers identify any setting that appears to be institutional and/or isolating in nature, such instances will be reported immediately to ADSS and AMA for an assessment to be completed. If the ADSS and AMA determine the setting is institutional and/or isolating in nature, waiver services cannot be provided in that setting. (Note: this assessment process is currently under development as a part of the final Settings Assessment.) Corrective action may be taken to demonstrate compliance or, if desired, the individual will be assisted through a person-centered planning process to transition to another setting that is compliant with the Final Rule. If the ADSS and AMA determine the setting qualifies for heightened</u></p>	Submission of Settings Assessment for Statewide Transition Plan	3/31/17	
							Approval of Statewide Transition Plan Settings Assessment	6/30/17
								Make necessary changes to reflect approved Statewide Transition Plan for Waiver for

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
institutional treatment, b. Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.						<u>scrutiny, evidence and documentation will be submitted to CMS according to the heightened scrutiny process defined in the approved Statewide Transition Plan Settings Assessment. (Note: this process is currently under development as a part of the final Settings Assessment.)</u>	renewal submission	
	AMA Administrative Code, Chapter 36, Rule No. 560-X-36-.02. (3)		X		States that no services may be provided in a hospital or nursing facility. Rule does not address exclusion of other institutional or presumed-institutional setting or process for identification and scrutiny of such settings.	Revise rule to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision: Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a)Services may only be provided in settings that: (i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS; (ii) Are selected by the individual from among setting options;</u>	Draft revisions to rule	11/30/16
							Publish rule for public comment	3/31/17
							Publish final rule	9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p><u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p><u>(v) Facilitate choice regarding services and who provides them.</u></p> <p><u>(b) Services may not be provided in:</u></p> <p><u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u></p> <p><u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p>		
	AMA E&D Waiver Policy Manual, 2010, Chapter 3.A.10			X	<p>Specifies exclusions for nursing facilities, hospital and ICF/ID.</p> <p>Does not address specific exclusion of other presumed</p>	<p>Revise manual A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed</u></p>	<p>Revise Replace AMA E&D Waiver Policy Manual with ADSS</p>	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
				institutional settings or process for identification and scrutiny of such settings.	<p><u>revision:</u> <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and, (ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p>	<p><u>Medicaid Waiver Programs Policy and Procedure Guide</u></p>	
						Administrative review and approval	3/31/17
						Develop curriculum and complete Case Manager Training	6/1/17
						Publish and implement revised E&D Waiver Policy Manual ADSS Medicaid Waiver Programs Policy and Procedure Guide	6/30/17
	AMA January 2016 Provider Manual, Chapter 107.2.3, Limitations		X	States that Medicaid does not provide waiver services to recipients in a hospital or nursing facility. Does not address exclusion of	Revise Provider Manual to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision will add the following language:</u> <u>Services may not be provided in:</u>	Draft revisions to Provider Manual	11/30/16
						Administrative review and approval	3/31/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-compliance				
				other institutional or presumed-institutional setting. Does not address process for identifying settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny	(i) <u>Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u> (ii) <u>Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u>	Publish revised Provider Manual	9/30/17
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)		X	Guide indicates services are not to be provided in a nursing home setting, but does not fully address this element as it relates to case management assessment, monitoring and documentation that services may not be provided in other settings that are presumed to be institutional.	Revise guide A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. <u>Proposed revision will add the following language:</u> <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u>	Revise manual and related forms Provide training to case management staff	12/31/16 2/28/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u>		
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Home and Community-Based Services are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: Services may not be provided in: (i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and, (ii) Presumed institutional settings that include those</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ELDERLY & DISABLED WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p> <p><u>QA activities include home visits to a random sample of waiver recipients. Proposed language to be added will specify onsite inspection of the home will include an assessment of compliance with HCBS Final Settings Rule regarding settings that tend to isolate or are otherwise institutional in nature, including, when applicable, compliance with any prescribed remediation plan and timelines.</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Alabama Medicaid Adult Day Health Standards			X	This element of the HCBS Final Rule requirement was not addressed in the Alabama Adult Day Health Standards.	<p>This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Standards. <u>Proposed revision:</u></p> <p><u>Under Objective, add “ADH services support full access to the greater community, ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint and optimize autonomy and independence in making life choices.”</u></p> <p><u>Under Services Provided, add “activities that promote integration in the broader community.”</u></p> <p><u>Under Program Content, add “the program will be provided a variety of opportunities for access to the community.”</u></p>	Finalize revisions to Adult Day Health Standards	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>
							Implement revised Adult Day Health Standards	<u>9/30/17</u>
	ADH Scope of Service for ADH service for HCBS Waivers			X	This element of the HCBS Final Rule requirement was not addressed in the ADH Scope of Service for ADH service for HCBS Waivers	The Scope of Service for ADH service will be revised to include this element of the HCBS Final Rule requirement, <u>consistent with the language specified for the ADH Standards immediately above.</u>	Finalize revisions to Adult Day Health Scope of Services	<u>1/1/17</u>
							Develop and train ADH providers	<u>3/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
							Implement revised standards	<u>9/30/17</u>
	Alabama Administrative Code, Chapter 560-X-36, Rule No. 560-X-36-.04(10) – Authority and Purpose			X	This element of the HCBS Final Rule requirement was not addressed in the Alabama Medicaid Agency Administrative Code Chapter 560-X-36, Rule No. 560-X-36-.04.(10)	This element of the HCBS Final Rule will be incorporated into the Alabama Medicaid Agency's Administrative Code Chapter 560-X-36, Rule No. 560-X-36-.04.(10) <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
	Alabama Medicaid Adult Day Health Review Tool			X	This element of the HCBS Final Rule requirement was not addressed on the Alabama Medicaid Adult Day Health Review Tool	The Alabama Medicaid Adult Day Health Review Tool will be revised to include this element of the HCBS Final Rule requirement. <u>Probes, through observation, interview and documentation review, will be added to the tool for each of the following elements: services are integrated in and support full access of individuals</u>	Finalize revisions to Adult Day Health Review Tool Provide training Adult Day Health providers	<u>1/1/17</u> <u>3/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
						<u>receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	Implement revised Adult Day Health Tool	<u>9/30/17</u>
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Alabama Medicaid Adult Day Health Standards			X	Does not provide language regarding this element of the HCBS Final Rule.	This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Standards. <u>Adult Day Health programs are not disability-specific, but the following proposed language to be added will clarify each individual has the option of choosing non-disability specific settings:</u> The person centered service plan will reflect a. the settings options made available to the individual and b. the setting options were based on the individual's needs and preferences.	Finalize revisions to Adult Day Health Standards Provide training Adult Day Health providers	<u>1/1/17</u> <u>3/31/17</u>
	Scope of Service for Adult Day Health Service			X	Does not provide language regarding this element of the HCBS Final Rule	This element of the HCBS Final Rule requirement will be incorporated into the Scope of Service for Adult Day Health Service <u>consistent with the</u>	Implement revised Adult Day Health Standards	<u>9/30/17</u>
							Finalize revisions to Adult Day Health Scope of Services	<u>1/1/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
						<u>language for ADH Standards specified immediately above.</u>	Develop and train ADH providers	<u>3/31/17</u>
							Implement revised standards	<u>9/30/17</u>
	Alabama Administrative Code, Chapter 560-X-36, Rule No. 560-X-36-.04(10) – Covered Services			X	This element of the HCBS Final Rule requirement was not addressed in the Alabama Medicaid Agency Administrative Code Chapter.560-X-36, Rule No. 560-X-36-.04.(10)	This element of the HCBS Final Rule will be incorporated into the Alabama Medicaid Agency Administrative Code Chapter 560-X-36, Rule No. 560-X-36 to <u>indicate the client will be given information necessary to make informed choices regarding the location of care and given choice of either institutional or the home and community based services.</u> The person centered service plan will reflect a. the settings options made available to the individual and b. the setting options were based on the individual's needs and preferences.	Draft revisions to rule	<u>1/1/17</u>
							Publish rule for public comment	<u>3/31/17</u>
							Publish final rule	<u>9/30/17</u>
	Alabama Medicaid Adult Day Health Review Tool			X	Does not provide language regarding this element of the HCBS Final Rule	The Alabama Medicaid Adult Day Health Review Tool will be revised to include this element of the HCBS Final Rule requirement. <u>Probes will be added to test whether there is evidence, through documentation and interview, that clients selected from among setting options including non-disability specific settings and that The setting</u>	Finalize revisions to Adult Day Health Review Tool	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
						<u>options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences</u>	Implement revised Adult Day Health Tool	<u>9/30/17</u>
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Alabama Medicaid Agency's Adult Day Health Standards			X	Does not provide language regarding this element of the HCBS Final Rule	<p>This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Standards. <u>Proposed revision:</u></p> <p><u>Under Objective, add "ADH services support full access to the greater community, ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint and optimize autonomy and independence in making life choices."</u></p> <p><u>Under Services Provided, add</u></p> <ul style="list-style-type: none"> • <u>"Provide privacy for self-care and personal hygiene, and for social support services and other activities as appropriate."</u> • <u>"Ensure clients are free from coercion and restraint at all times."</u> <p><u>Under Training, add to the client rights curriculum requirements for ADH staff, "including dignity, autonomy, privacy, respect and freedom for coercion and restraint."</u></p>	Finalize revisions to Adult Day Health Standards	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>
							Implement revised Adult Day Health Standards	<u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
	Scope of Service for ADH service			X	Does not provide language regarding this element of the HCBS Final Rule	This element of the HCBS Final Rule requirement will be incorporated into the Scope of Service for Adult Day Health Service, <u>consistent with the language for ADH Standards specified immediately above.</u>	Finalize revisions to Adult Day Health Scope of Services	8/30/16
							Publish revised scope of services	10/1/16
	Alabama Administrative Code, Chapter 560-X-36, Rule No. 560-X-36-.04(10) – Covered Services			X	Does not provide language regarding this element of the HCBS Final Rule	This element of the HCBS Final Rule will be incorporated into the Alabama Medicaid Agency's Administrative Code Chapter 560-X-36, Rule No. 560-X-36: <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint.</u>	Draft revisions to rule	<u>1/1/17</u>
							Publish rule for public comment	<u>3/31/17</u>
							Publish final rule	<u>9/30/17</u>
	Alabama Medicaid Adult Day Health Review Tool			X	Does not provide language regarding this element of the HCBS Final Rule	The Alabama Medicaid Adult Day Health Review Tool will be revised to include this element of the HCBS Final Rule requirement. <u>Probes will be added to test whether there is evidence, through documentation, observation and interview, that the setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</u>	Finalize revisions to Adult Day Health Review Tool	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>
							Implement revised Adult Day Health	<u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
							Tool	
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Alabama Medicaid Adult Day Health Standards.			x	Definition: The ADH service provides waiver recipients with a variety of health, social, recreational, and support activities. The objective of ADH is to provide an organized program of rehabilitative, therapeutic and supportive health and social services in the community to individuals otherwise not capable of living independently in the community. <u>Does not fully address optimization without regimentation of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</u>	<u>Proposed language to be added includes:</u>	Finalize revisions to Adult Day Health Standards	<u>1/1/17</u>
						<u>Under Objective, add “ADH services support full access to the greater community, ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint and optimize autonomy and independence in making life choices.”</u>	Provide training Adult Day Health providers	<u>3/31/17</u>
						<u>Under Services Provided, specifying that ADH services are provided within a model that promotes, among other existing goals, “independence and autonomy” of the client.</u>	Implement revised Adult Day Health Standards	<u>9/30/17</u>
						<u>Specifying in multiple locations that ADH programs must provide choices of activities.</u>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
	Scope of Service for Adult Day Health Services			x	ADH services is provided within a maintenance model of care, which provides services that include health and social activities such as planned therapeutic activities on a daily basis to stimulate the client's mental and physical activity, communication and self-expression. These activities include reality orientation exercises, crafts, music, educational and cultural programs. <u>This does not fully address optimization without regimentation of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</u>	<u>This element of the HCBS Final Rule requirement will be incorporated into the Scope of Service for Adult Day Health Service, consistent with the language for ADH Standards specified immediately above.</u>	Finalize revisions to Adult Day Health Review Tool	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>
							Implement revised Adult Day Health Tool	<u>9/30/17</u>
	Alabama Administrative Code, Chapter 560-X-36, Rule No. 560-X-36-.04(10) – Covered Services			x	(4) Adult Day Health Services. (a) Adult Day Health Service provides social and health care in a community facility approved to provide such care. Health education, self-care training,	This element of the HCBS Final Rule will be incorporated into the Alabama Medicaid Agency's Administrative Code Chapter 560-X-36, Rule No. 560-X-44: <u>Proposed language is congruent with Final Rule requirements and specifically</u>	<u>Draft revisions to rule</u>	<u>1/1/17</u>
							<u>Publish rule for public comment</u>	<u>3/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
					therapeutic activities, and health screening shall be included in the program. <u>Does not fully address optimization without regimentation of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</u>	<u>states waiver services must be provided in settings that Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.</u>	<u>Publish final rule</u>	<u>9/30/17</u>
	Alabama Medicaid Adult Day Health Review Tool			x	The review tool contains the following evaluation elements: Weekly activity plans posted; Both indoor and outdoor activities offered; individual and group activities offered; Areas are available for different activities; Therapeutic activities that stimulate mental communication and self-expression offered	<u>This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Review Tool. Probes will be added to test whether there is evidence, through documentation, observation and interview, that the setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</u>	Finalize revisions to Adult Day Health Review Tool Provide training Adult Day Health providers	<u>1/1/17</u> <u>3/31/17</u>
	Alabama Medicaid Adult Day Health Standards.			x	<u>The ADH standards do not address service selection. This is addressed in the Requirement 5 crosswalk for the ACT waiver, as</u>	<u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. To further strengthen</u>	NA	NA
5. Facilitates individual choice regarding services and supports, and who provides them.	Alabama Medicaid Adult Day Health Standards.			x	<u>The ADH standards do not address service selection. This is addressed in the Requirement 5 crosswalk for the ACT waiver, as</u>	<u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. To further strengthen</u>	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
					<p><u>this is a service provided under that program. The current ADSS Case Management Guide includes the following language that complies with this requirement.</u></p> <p><u>The client is given information necessary to make informed choices regarding the location of care and given choice of either institutional or the home and community based services.</u></p> <p><u>A Rights and Responsibilities form outlines participants' ability to choose. HCBS-1 Form also documents participant's choice between community services and institutional care.</u></p>	<p><u>compliance, the following will be added to the Client Rights and Responsibilities form: The client has the right to choose among setting options, including non-disability specific settings.</u></p>		
	<p>Scope of Service for Adult Day Health Service Section E1; 2c: Procedure of Service</p>	x			<p>1.The case manager will submit a Service Authorization Form and Plan of Care to the Adult Day Health center authorizing Adult Day Health Service designating the units, frequency, beginning date and types of activities in accordance with the client's needs. 2c On the first day of service the provider will review</p>	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
					the plan of care, provide the client written information regarding rights and responsibilities and how to register complaints and discuss the provisions and supervision of services.			
	Alabama Administrative Code, Chapter 560-X-36, Rule No. 560-X-36-.04(10) – Covered Services			x	This element of the HCBS Final Rule requirement was not addressed in the Alabama Medicaid Agency Administrative Code Chapter 560-X-36, Rule No. 560-X-36-.04.(10)	This element of the HCBS Final Rule will be incorporated into the Alabama Medicaid Agency's Administrative Code Chapter 560-X-36, Rule No. 560-X-36, <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that facilitate individual choice regarding services and supports, and who provides them.</u>	Draft revisions to rule	<u>1/1/17</u>
					Publish rule for public comment		<u>3/31/17</u>	
							Publish final rule	<u>9/30/17</u>
	Alabama Medicaid Adult Day Health Review Tool			x	This element of the HCBS Final Rule requirement was not addressed in the Alabama Medicaid Adult Day Health Review Tool	This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Review Tool. <u>Probes will be added to test whether there is evidence, through documentation, observation and interview, that the setting facilitates individual choice regarding services and supports, and who provides them.</u>	Finalize revisions to Adult Day Health Review Tool	<u>1/1/17</u>
					Provide training Adult Day Health providers		<u>3/31/17</u>	
					Implement revised Adult Day Health Tool		<u>9/30/17</u>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:	NA. This is not a residential service							
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows: a. A nursing facility; b. An institution for mental diseases; c. An intermediate care facility for individuals with intellectual disabilities; d. A hospital; or e. Any other locations that have qualities of an institutional setting, as determined by the Secretary. For 1915(c) home and community-based waivers,	Alabama Adult Day Health Standards			x	Does not provide language regarding the exclusion of settings that have qualities of an institution.	This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Standards. <u>Proposed Language to be added under Center:</u>	Finalize revisions to Adult Day Health Standards	<u>1/1/17</u>
						<u>The ADH Center may not be located in a setting that is institutional or presumed institutional under the HCBS Settings Final Rule CMS 2249-F/2296-F.</u>	Provide training Adult Day Health providers	<u>3/31/17</u>
						<u>Excluded institutional settings include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals. Presumed institutional settings include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader</u>	Implement revised Adult Day Health Standards	<u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
<p>section 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution:</p> <p>a. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,</p> <p>b. Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or</p> <p>c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.</p>					<u>community of individuals not receiving Medicaid-funded HCBS.</u>			
	Scope of Service for Adult Day Health Service			x	Does not provide language regarding the exclusion of settings that have qualities of an institution.	This element of the HCBS Final Rule requirement will be incorporated into the Scope of Service for Adult Day Health Service for all applicable waivers, <u>consistent with the language for ADH Standards specified immediately above.</u>	Finalize revisions to Adult Day Health Scope of Services	8/30/16
							Publish revised scope of services	10/1/16
	Alabama Administrative Code, Chapter 560-X-36, Rule No. 560-X-36-.04(10) – Covered Services			x	Code states: "Adult Day Health Services are provided in a community facility." However, does not provide language regarding the exclusion of settings that have qualities of an institution.	This element of the HCBS Final Rule requirement will be integrated to include language regarding the exclusion of settings that have qualities of an institution. <u>Proposed revision: Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u> <u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader</u>	Draft revisions to rule	<u>1/1/17</u>
							Publish rule for public comment	<u>3/31/17</u>
						Publish final rule	<u>9/30/17</u>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Non-Compliance	Silent				
						<u>community of individuals not receiving Medicaid-funded HCBS.</u>		
	Alabama Medicaid Adult Day Health Review Tool			x	Does not provide language regarding this element of the HCBS Final Rule	The Alabama Medicaid Adult Day Health Review Tool will be revised to include this element of the HCBS Final Rule requirement. <u>Probes will be added to test whether there is evidence, through documentation, observation and interview, that the setting is not institutional or presumed institutional in nature per the requirements of the Final Rule as described immediately above.</u>	Finalize revisions to Adult Day Health Review Tool	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>
							Implement revised Adult Day Health Tool	<u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	ACT Waiver: AL0878R0002-Appendix D, D-1, Appendix C			X	The Transition Coordinator provides Options Counseling during the transition process, discussing each of the HCBS waivers and assists recipients with making educated decision about which waiver they prefer. When completing the Return to Community Assessment, the Transition Coordinator inquires as to whether the recipient would like to return to employment. Vocational Rehab is offered. Personal Assistant Service is available to ACT participants to assist individuals with physical disabilities in competitive employment in their home or integrated work setting. Does not fully reflect requirements that settings are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to engage in community life, and control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.	Amend waiver after the Statewide Transition Plan has been approved to reflect requirements that settings are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Submission of Settings Assessment for Statewide Transition Plan	3/31/16
							Approval of Statewide Transition Plan Settings Assessment	6/30/16
							Waiver amendment submission to reflect approved Statewide Transition Plan	No later than 12/17/18
	AMA January 2016			X	The Provider Manual includes	Revise Chapter 107 of the Provider	Draft revisions	11/30/16

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Provider Manual, Chapter 107.2.4, Explanation of Covered Services				some references that support this requirement of the Rule, such as the definition of Personal Care/Attendant Services (107.2.4, Explanation of Covered Services) which states PC/AS is designed to "...support individuals with physical disabilities...seeking or maintaining competitive employment either in the home or in an integrated or work setting. The overall purpose of Waiver Services (including the ACT Waiver) indicates they are designed to serve individuals who would otherwise require institutionalization, but the definition of purpose is limited to protecting health, safety and dignity of participants while reducing Medicaid expenditures. It does not address the other component of this requirement to have to the same degree of access as individuals not receiving Medicaid HCBS to the same degree of access as individuals not receiving Medicaid HCBS.	Manual to reflect requirement as noted above. <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	to Provider Manual Administrative review and approval Publish revised Provider Manual	3/31/17 9/30/17
	Alabama Administrative Code, Chapter 560-X-44, Rule			X	Enables individuals, who currently reside in a nursing facility the ability to transition out and	Revise rule to reflect all requirements- as noted above. <u>Proposed language is congruent with Final Rule requirements</u>	Draft revisions to rule Publish rule	11/30/16 3/31/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	No. 560-X-44-.01 – Authority and Purpose				receive services in the community. Stated purpose of HCBS includes to protect health, safety and dignity of individuals at risk for institutional care, but does not address full scope of requirement regarding integration and full access to community to the same degree of access as individuals not receiving Medicaid HCBS.	<u>and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	for public comment Publish final rule	9/30/17
	Alabama Administrative Code, Chapter 560-X-44, Rule No. 560-X-44-.04 - Covered Services	X			Covered services promote client independence, community access and integrated employment	None required	NA	NA
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Proposed revisions include defining Home and Community-Based services as being provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>(a) Services may only be provided in settings that:</u></p> <p><u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u></p> <p><u>(ii) Are selected by the individual from among setting options;</u></p> <p><u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p><u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p><u>(v) Facilitate choice regarding services and who provides them.</u></p> <p><u>Proposed language to be added to specific QA activities include:</u></p> <p><u>Modification of the objectives to add:</u></p> <ul style="list-style-type: none"> <u>To assure participants are receiving services in settings that meet the</u> 		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>requirements of the HCBS Final Settings Rule and maximize opportunities for community integration</u></p> <p><u>Modification of the record review and home visit process for a random sample of waiver participants to include:</u></p> <ul style="list-style-type: none"> <u>Services are provided in settings that maximize opportunities for community participation and integration to the same degree as individuals not receiving HCBS.</u> 		
	Medicaid Waiver Survey for Participants			X	Survey questions do not address/probe compliance with this element	<p><u>Revise Survey to include questions/probes that address compliance with this element. Probes will be added to address full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Proposed probes to be added:</u></p> <ul style="list-style-type: none"> <u>Do you get help to do the things you like to do in the community?</u> <u>If you have a job or want to work, do you get the help you need to make</u> 	<p>Draft revisions to Survey</p> <p>OA and Administrative review and approval</p> <p>Implement revised Survey</p>	<p>11/30/16</p> <p>3/31/17</p> <p>9/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p>that possible?</p> <ul style="list-style-type: none"> Do staff who come into your home show respect for your personal belongings? 		
	ACT Scopes of Services, September 2015			X	Includes services designed to promote access to community living through supports for transition from an institution, including transitional assistance and community case management, as well as services to support integrated employment and increased independence. It does not address the other component of this requirement, to have the same degree of access as individuals not receiving Medicaid HCBS as individuals not receiving Medicaid HCBS.	<p>The new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated will subsume the AMA ACT Scope of Services. This element will be addressed. Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>Revise Replace AMA ACT Scope of Services with ADSS Medicaid Waiver Programs Policy and Procedure Guide</p> <p>Administrative review and approval</p> <p>Develop curriculum and complete Case Manager and DSP training</p> <p>Publish and implement revised ADSS Medicaid Waiver Programs Policy and Procedure Guide</p>	<p>1/1/17</p> <p>3/31/17</p> <p>6/1/17</p> <p>6/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)			X	Allows client the opportunity to choose services in an institution or the community and to have information to make decisions about his/her plan of care. Also specifically states that individuals receiving waiver services can be employed. Does not, however, fully address this element as it relates to case management responsibilities for assessment, monitoring and documentation to ensure compliance.	Revise manual to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated. It will replace and expand upon ADSS Medicaid Waivers Case Management Guide, Assessment Forms and Home Visit Tool. It will incorporate revisions to ensure compliance with this provision, including the following proposed language for the new ADSS Medicaid Waiver Programs Policy and Procedure Guide: Case managers will assist each individual receiving services to develop a person-centered plan that ensures the individual is provided, in keeping with their preferences and needs, with full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. On at least a monthly basis, the case manager will assess and monitor the setting in which services are delivered to	<p>Revise manual Waivers Case Management Guide and Promulgate new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools</p> <p>Administrative review and approval</p> <p>Develop curriculum and complete Case Manager and DSP training</p> <p>Publish and implement ADSS Medicaid Waiver Programs Policy and Procedure Guide</p>	<p>1/1/17</p> <p>3/31/17</p> <p>6/1/17</p> <p>6/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>ensure the person-centered plan remains appropriate and is implemented as written, and will document the findings and take any corrective actions needed.</u></p> <p><u>Assessment Forms and Home Visit tool proposed revisions:</u></p> <ul style="list-style-type: none"> • <u>Client Rights and Responsibilities modified as follows:</u> <ul style="list-style-type: none"> ○ <u>Client has the right to full access to the community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community.</u> • <u>Case Management Home Visit Tool additional elements to be assessed including:</u> <ul style="list-style-type: none"> ○ <u>Client has full access to the community as desired.</u> ○ <u>Client (or authorized representative when indicated) has control over personal resources.</u> ○ <u>Client has support to engage in employment as desired.</u> 		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	ACT Waiver: AL0878R0002	X			The individual is served in a private home of their choice for all services with the exception of Adult Day Health (refer to separate crosswalk for ADH setting).	None required	NA	NA
	ACT Scopes of Services, September 2015	X			The client is given information necessary to make informed choices regarding the location of care and given choice of either institutional or the home and community based services. The client's choice of location to receive long term care and Medicaid eligibility will be verified.	None required <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. To further strengthen compliance, the following will be added to the Client Rights and Responsibilities form: The client has the right to choose among setting options, including non-disability specific settings.</u>	NA	NA
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)	X			A Rights and Responsibilities form outlines participants' ability to choose. HCBS-1 Form also documents participant's choice between community services and institutional care	None required <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. To further strengthen compliance, the following will be added to the Client Rights and Responsibilities form: The client has the right to choose among setting options, including non-disability specific settings.</u>	NA	NA
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	ACT Waiver: AL0878R0002 Appendix G-2	X			The State does not permit or prohibits the use of restrictive interventions, restraints and seclusion for this waiver. The Alabama Department of Senior Services is responsible for	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					detecting the unauthorized use of restrictive interventions through monthly face to face visits as well as supervisory visits every 60 days. The Alabama Medicaid Agency completes annual reviews of ADSS investigations. Certain incidents of abuse, neglect and exploitation must also be reported to the Alabama Department of Human Resources by law.			
	Alabama Administrative Code, Chapter 560-X-44, Rule No. 560-X-44.09 - Confidentiality.	X			Providers are not to use or disclose, except to duly authorized representatives of federal or state agencies, any information regarding an eligible recipient except upon written consent of the recipient, their attorney and/or guardian, or upon subpoena from a court of appropriate jurisdiction. <u>Does not fully address rights of privacy, dignity, respect and freedom from coercion.</u>	<u>Revise AMA Administrative Code Chapter 44. Proposed revision: Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u>	Draft revisions to rule	<u>11/30/16</u>
							Publish rule for public comment	<u>3/31/17</u>
							Publish final rule	<u>9/30/17</u>
	ACT Scopes of Services, September 2015	X			Requires the Operating Agency to comply with federal and state confidentiality laws and regulations in regard to client files.	<u>None required. This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. Additional aspects of this requirement, including the rights to privacy, dignity and freedom</u>	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						form coercion and restraint are also addressed in the newly promulgated manual as described below.		
	Medicaid Waiver Survey for Participants			X	Includes questions/probes regarding being treated with dignity and respect, but may need revisions to probe freedom from coercion and restraint.	<p>Consider revisions <u>Revise</u> to probe for freedom from coercion and restraint. <u>Proposed probes added to address freedom from coercion and restraint.</u></p> <ul style="list-style-type: none"> <u>Do workers respect your opinion?</u> <u>Are workers careful they never try to make you do things you don't want to do?</u> <p><u>Proposed probe to be added to address privacy:</u></p> <ul style="list-style-type: none"> <u>Do you have enough privacy in your home, including a private location for any personal care you need?</u> 	Draft proposed revisions to Survey	11/30/16
							OA and Administrative review and approval	3/31/17
							Implement revised Survey	9/30/17
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)			X	Confidentiality is addressed. Case Management Guide also references the individual's right to respect and dignity and states the goal includes maintaining the greatest amount of independence and human dignity. Does not fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance with safeguards against restraint, restrictive	<p>Revise manual <u>A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated</u> to address privacy, dignity and respect as well as freedom from coercion and restraint as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. <u>Proposed language:</u></p> <p><u>Coercion and Restraint: Restraint, restrictive interventions and seclusion are prohibited practices under the ACT</u></p>	<p>Revise manual <u>Waivers Case Management Guide and</u> Promulgate <u>new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools</u></p>	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>interventions and seclusion and to ensure an individual's rights of privacy, dignity and respect.</p>	<p>waiver. On at least a monthly basis, the case manager will assess, monitor and document whether the individual is free from restraint, restrictive interventions and seclusion. Any incident of actual or suspected restraint or seclusion shall be reported immediately to the Department of Human Resources.</p> <p><u>Assessment Forms and Home Visit tool proposed revisions:</u></p> <ul style="list-style-type: none"> • <u>Client Rights and Responsibilities modified as follows:</u> <ul style="list-style-type: none"> ○ <u>Add Client has right to be free from coercion and restraint.</u> • <u>Case Management Home Visit Tool additional elements to be assessed including:</u> <ul style="list-style-type: none"> ○ <u>Client shows no sign of restraint and/or coercion.</u> ○ <u>Client reports no restraint or coercion.</u> <p><u>Privacy and Dignity: Individuals receiving services under the ACT waiver shall be provided with privacy consistent with their needs, preferences and choice of living environment. The setting must also provide for privacy and dignity in the provision of personal care. On at least a</u></p>	<p>Administrative review and approval</p> <p>Develop curriculum and complete Case Manager and DSP training</p> <p>Publish and implement revised E&D Waiver Policy Manual-ADSS Medicaid Waiver Programs Policy and Procedure Guide</p>	<p>3/31/17</p> <p>6/1/17</p> <p>6/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>monthly basis, the case manager will assess and monitor the setting in which services are delivered to ensure the individual's needs and preferences for privacy are respected, and will document the findings and take any corrective actions needed.</u></p> <p><u>Case Management Home Visit Tool additional elements to be assessed including:</u></p> <ul style="list-style-type: none"> • <u>Client is treated with dignity and respect?</u> • <u>Client is afforded privacy for personal care?</u> • <u>Premises provide for privacy based on the client's needs and preferences?</u> 		
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	ACT Waiver: AL0878R0001-Appendix C, Appendix D-1	X			In the choices provided in the return to community services, the Case Manager provides the participant with a choice of vendors for all services. Care plans are developed based on needs assessment, medical information from participant's physician, and input from participant and family members, or legal representative. The participant is then given choice of qualified and willing providers from which to choose.	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					Care Plans are individualized for each participant and seek to balance the participant's rights, values, and preferences.			
	Alabama Administrative Code, Chapter 560-X-44, Rule No. 560-X-44-.04 - Covered Services			X	Services descriptions provide some language related to this requirement, such as education and training for health and self-care and promoting/increasing client independence, but this section of the Code does not fully address the optimization of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Revise rule to reflect all requirements. <u>Proposed revisions: Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that optimize, but do not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
	ACT Scopes of Services, September 2015			X	Services descriptions provide some language related to this requirement, such as education and training for health and self-care and promoting client independence, but does not fully address how services will address the optimization of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to	<u>A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated and will address this requirement and case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. Proposed revisions:</u> <u>Waiver services must be delivered in a manner that optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices,</u>	<u>Revise Replace AMA ACT Scope of Services. with ADSS Medicaid Waiver Programs Policy and Procedure Guide</u> Administrative review and approval	<u>1/1/17</u> <u>3/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					interact.	including but not limited to, daily activities, physical environment, and with whom to interact. On at least a monthly basis, the case manager will assess, monitor and document whether the setting in which services are delivered ensures the individual is supported so that initiative, autonomy, and independence in making life choices is optimized. Case Management Home Visit Tool additional elements to be assessed including: Client's maximum level of autonomy and independence, based on client's preferences, are fully supported by the provider/worker?	Develop curriculum and complete Case Manager and DSP training Publish and implement revised AMA ACT Scope of Services-ADSS Medicaid Waiver Programs Policy and Procedure Guide	6/1/17 6/30/17
	ADSS Medicaid Waivers Case Management Guide, August 2014; Assessment Forms, Home Visit Tool (Form MW-1)			X	Does not fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance.	Revise manual A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. Proposed revisions: Waiver services must be delivered in a manner that optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to,	Revise manual Waivers Case Management Guide and Promulgate new ADSS Medicaid Waiver Programs Policy and Procedure Guide and related tools	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>daily activities, physical environment, and with whom to interact. On at least a monthly basis, the case manager will assess, monitor and document whether the setting in which services are delivered ensures the individual is supported so that initiative, autonomy, and independence in making life choices is optimized.</u></p> <p><u>Case Management Home Visit Tool additional elements to be assessed including:</u> <u>Client's maximum level of autonomy and independence, based on client's preferences, are fully supported by the provider/worker?</u></p>	<p>Administrative review and approval</p> <p>Develop curriculum and complete Case Manager and DSP training</p> <p>Publish and implement revised E&D Waiver Policy Manual-ADSS Medicaid Waiver Programs Policy and Procedure Guide</p>	<p>3/31/17</p> <p>6/1/17</p> <p>6/30/17</p>
5. Facilitates individual choice regarding services and supports, and who provides them.	ACT Waiver: AL0878R0002 Appendix B-7 Freedom of Choice	X			Appendix B-7 states as part of the assessment and service coordination visit, participants and/or responsible parties are provided with adequate information to make an informed decision as to where the participant's care will be received. Service coordination addresses problems and feasible solutions. It also includes an exploration of all the resources utilized by the	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					participant, both formal and informal, as well as those waiver services which may be available to meet the participant's needs. Each waiver participant must make a written choice for either institution or community care, which will remain in effect until such time as the participant changes their choice. Appendix D-1 states the plan of care development process provides involved persons with the information necessary to make an informed choice regarding the location of care and services to be utilized. It also states the participant can change providers at any time by notifying the Case Manager. Each month the Case Manager discusses freedom of choice of service providers with the participant to ensure proper delivery of services, participant's choice, and participant satisfaction.			
	Alabama Administrative Code, Chapter 560-X-44, Rule No. 560-X-44-.01 - Authority and Purpose			X	Does not address individual choice regarding services and supports, and who provides them	Revise rule to integrate requirements regarding individual choice regarding services and supports, and who provides them. <u>Chapter 44 will be revised to further strengthen its language: Home</u>	Draft revisions to rule Publish rule for public comment	9/30/16 12/1/16

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that: Facilitate choice regarding services and who provides them.	Publish final rule	2/1/17
	ACT Scopes of Services, September 2015	X			Facilitation of free choice provisions in the ACT Scopes of Services include offer of the alternative of home and community-based services or institutional services; the Plan of Care development process which provides involved persons with information necessary to make an informed choice regarding the location of care and services to be utilized; services may be initiated or changed at any time within an authorization period to accommodate a client's changing needs; Client freedom of choice options regarding Case Management Service shall be honored.	None required. <u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated.</u>	NA	NA
	AMA January 2016 Provider Manual,			X	Describes Medicaid responsibilities to ensure	Revise Provider Manual to add clarifying language to ensure beneficiaries will be	Draft revisions to Provider	11/30/16

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Chapter 107.2.6				beneficiaries are advised of feasible service alternatives and receive a choice of institutional and HCB services. Further states that when residents of long term care facilities become eligible for HCBS, will be advised of available services and given choice of providers. Does not clarify that all individuals receiving HCBS will be so advised and given choice of providers.	advised of available services and given choice of providers. <u>Proposed revision: Medicaid is responsible for ensuring that all beneficiaries of the waiver service program are advised of feasible service alternatives and receive a choice regarding which type of service they wish to receive (institutional or home-and/or community-based services).</u>	Manual Administrative review and approval Publish revised Provide Manual	3/31/17 9/30/17
	Medicaid Waiver Survey for Participants	X			Includes questions/probes regarding choice of providers.	None required	NA	NA
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:	NA. No services provided in provider owned or controlled residential settings.							
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows: a. A nursing facility; b. An institution for mental diseases;	ACT Waiver: AL0878R0002			X	Waiver transition plan was included in the most recent amendment, but does not fully address this requirement as it relates to a description of the settings pertinent to the waiver and how they meet federal HCB Settings requirements, or a description of the means by which the state Medicaid agency ascertains that all waiver settings	The State will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal. <u>Proposed language will specifically state that waiver services will not be provided in any excluded setting and that case managers will monitor, on at least a monthly basis, all settings in which waiver services are delivered to ensure</u>	(1) Submission of Settings Assessment for Statewide Transition Plan Approval of Statewide Transition Plan Settings Assessment Waiver	3/31/17 6/30/17 8/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
c. An intermediate care facility for individuals with intellectual disabilities; d. A hospital; or e. Any other locations that have qualities of an institutional setting, as determined by the Secretary. For 1915(c) home and community-based waivers, section 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution: a. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, b. Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.					meet federal HCB Setting requirements on an ongoing basis. Includes state assures that the settings transition plan included with amendment will be subject to any provisions or requirements included in the State’s approved Statewide Transition Plan.	<u>they are not institutional and/or isolating in nature. If case managers identify any setting that appears to be institutional and/or isolating in nature, such instances will be reported immediately to ADSS and AMA for an assessment to be completed. If the ADSS and AMA determine the setting is institutional and/or isolating in nature, waiver services cannot be provided in that setting. (Note: this assessment process is currently under development as a part of the final Settings Assessment.) Corrective action may be taken to demonstrate compliance or, if desired, the individual will be assisted through a person-centered planning process to transition to another setting that is compliant with the Final Rule. If the ADSS and AMA determine the setting qualifies for heightened scrutiny, evidence and documentation will be submitted to CMS according to the heightened scrutiny process defined in the approved Statewide Transition Plan Settings Assessment. (Note: this process is currently under development as a part of the final Settings Assessment.)</u>	amendment submission to reflect approved Statewide Transition Plan	
	Alabama Administrative Code, Chapter 560-X-44			X	Does not address exclusion of settings that are not home and community-based.	Revise rule to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision:</u>	(1) Draft revisions to rule	11/30/16

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>Rule does not address exclusion of other institutional or presumed-institutional setting or process for identification and scrutiny of such settings.</p>	<p>Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</p> <p>(a) Services may only be provided in settings that:</p> <p>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</p> <p>(ii) Are selected by the individual from among setting options;</p> <p>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</p> <p>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</p> <p>(v) Facilitate choice regarding services and who provides them.</p> <p>(b) Services may not be provided in:</p>	<p>Publish rule for public comment</p> <p>Publish final rule</p>	<p>3/31/17</p> <p>9/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</p> <p>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</p>		
	ACT Scopes of Services, September 2015			X	Does not address exclusion in selection of service location of institutional or other presumed institutional settings or process for identification and scrutiny of such settings.	<p>Revise manual A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to explicitly define all excluded settings as defined in Final Settings Rule. Proposed revision: Services may not be provided in:</p> <p>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and, (ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of</p>	<p>(1) Revise Replace AMA ACT Scope of Services with ADSS Medicaid Waiver Programs Policy and Procedure Guide</p> <p>Administrative review and approval</p> <p>Develop curriculum and complete Case</p>	<p><u>1/1/17</u></p> <p><u>3/31/17</u></p> <p><u>6/1/17</u></p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.	<u>Manager Training</u> Publish and implement revised <u>AMA ACT Scope of Services ADSS Medicaid Waiver Programs Policy and Procedure Guide</u>	6/30/17
	AMA January 2016 Provider Manual, Chapter 107.2.3, Limitations			X	States that Medicaid does not provide waiver services to recipients in a hospital or nursing facility. Does not address exclusion of other institutional or presumed-institutional setting. Does not address process for identifying settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny	Revise Provider Manual to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision will add the following language:</u> <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u> <u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader</u>	(1) Draft revisions to Provider Manual Administrative review and approval Publish revised Provider Manual	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						community of individuals not receiving Medicaid-funded HCBS.		
	ADSS Medicaid Waivers Case Management Guide, August 2014 ; Assessment Forms, Home Visit Tool (Form MW-1)			X	Guide indicates services are not to be provided in a nursing home setting, but does not fully address this element as it relates to case management assessment, monitoring and documentation that services may not be provided in other settings that are presumed to be institutional.	Revise guide A new ADSS Medicaid Waiver Programs Policy and Procedure Guide will be promulgated to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. <u>Proposed revision will add the following language:</u> <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u> <u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u>	(1) Revise manual and related forms Provide training to case management staff	12/31/16 2/28/17
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting”	(1) Draft revisions to Waiver Quality	11/30/16

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.</p>	<p>and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Home and Community-Based Services are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u> <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and, (ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p> <p><u>QA activities include home visits to a random sample of waiver recipients. Proposed language to be added will specify onsite inspection of the home will include an assessment of compliance</u></p>	<p>Assurance Manual</p> <p>Administrative review and approval</p> <p>Publish and implement revised Waiver Quality Assurance Manual</p>	<p>3/31/17</p> <p>9/30/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ALABAMA COMMUNITY TRANSITION WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						with HCBS Final Settings Rule regarding <u>settings that tend to isolate or are otherwise institutional in nature, including, when applicable, compliance with any prescribed remediation plan and timelines.</u>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Alabama Medicaid Adult Day Health Standards			X	This element of the HCBS Final Rule requirement was not addressed in the Alabama Adult Day Health Standards.	This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Standards. <u>Proposed revision:</u> <u>Under Objective, add “ADH services support full access to the greater community, ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint and optimize autonomy and independence in making life choices.”</u> <u>Under Services Provided, add “activities that promote integration in the broader community.”</u> <u>Under Program Content, add “the program will be provided a variety of opportunities for access to the community.”</u>	Finalize revisions to Adult Day Health Standards	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>
							Implement revised Adult Day Health Standards	<u>9/30/17</u>
	ADH Scope of Service for ADH service for HCBS Waivers			X	This element of the HCBS Final Rule requirement was not addressed in the ADH Scope of Service for ADH service for HCBS Waivers	The Scope of Service for ADH service will be revised to include this element of the HCBS Final Rule requirement, <u>consistent with the language specified for the ADH Standards immediately above.</u>	Finalize revisions to Adult Day Health Scope of Services	<u>1/1/17</u>
							Develop and train ADH providers	<u>3/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
							Implement revised standards	<u>9/30/17</u>
	Alabama Administrative Code, Chapter 44, Rule No. 560-X-44-.04(10) – Authority and Purpose			X	This element of the HCBS Final Rule requirement was not addressed in the Alabama Medicaid Agency Administrative Code Chapter. 44, Rule No. 560-X-44-.04.(10)	This element of the HCBS Final Rule will be incorporated into the Alabama Medicaid Agency's Administrative Code Chapter. 44, Rule No. 560-X-44-.04.(10) <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
	Alabama Medicaid Adult Day Health Review Tool			X	This element of the HCBS Final Rule requirement was not addressed on the Alabama Medicaid Adult Day Health Review Tool	The Alabama Medicaid Adult Day Health Review Tool will be revised to include this element of the HCBS Final Rule requirement. <u>Probes, through observation, interview and documentation review, will be added to the tool for each of the following elements: services are integrated in and support full access of individuals</u>	Finalize revisions to Adult Day Health Review Tool Provide training Adult Day Health providers	<u>1/1/17</u> <u>3/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
						receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Implement revised Adult Day Health Tool	<u>9/30/17</u>
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	Alabama Medicaid Adult Day Health Standards			X	Does not provide language regarding this element of the HCBS Final Rule.	This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Standards. <u>Adult Day Health programs are not disability-specific, but the following proposed language to be added will clarify each individual has the option of choosing non-disability specific settings:</u> The person centered service plan will reflect a. the settings options made available to the individual and b. the setting options were based on the individual's needs and preferences.	Finalize revisions to Adult Day Health Standards	<u>1/1/17</u>
	Scope of Service for Adult Day Health Service				X	Does not provide language regarding this element of the HCBS Final Rule		Provide training Adult Day Health providers
							Implement revised Adult Day Health Standards	<u>9/30/17</u>
							Finalize revisions to Adult Day Health Scope of Services	<u>1/1/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
						<u>language for ADH Standards specified immediately above.</u>	Develop and train ADH providers	<u>3/31/17</u>
							Implement revised standards	<u>9/30/17</u>
	Alabama Administrative Code, Chapter 560-X-44, Rule No. 560-X-44-.04(10) – Covered Services			X	This element of the HCBS Final Rule requirement was not addressed in the Alabama Medicaid Agency Administrative Code Chapter. 44, Rule No. 560-X-44-.04.(10)	This element of the HCBS Final Rule will be incorporated into the Alabama Medicaid Agency Administrative Code Chapter. 44, Rule No. 560-X-44 to <u>indicate the client will be given information necessary to make informed choices regarding the location of care and given choice of either institutional or the home and community based services.</u> The person centered service plan will reflect a. the settings options made available to the individual and b. the setting options were based on the individual's needs and preferences.	Draft revisions to rule	<u>1/1/17</u>
							Publish rule for public comment	<u>3/31/17</u>
							Publish final rule	<u>9/30/17</u>
	Alabama Medicaid Adult Day Health Review Tool			X	Does not provide language regarding this element of the HCBS Final Rule	The Alabama Medicaid Adult Day Health Review Tool will be revised to include this element of the HCBS Final Rule requirement. <u>Probes will be added to test whether there is evidence, through documentation and interview, that clients selected from among setting options including non-disability specific settings and that The setting</u>	Finalize revisions to Adult Day Health Review Tool	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
						<u>options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences</u>	Implement revised Adult Day Health Tool	<u>9/30/17</u>
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	Alabama Medicaid Agency's Adult Day Health Standards			X	Does not provide language regarding this element of the HCBS Final Rule	<p>This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Standards. <u>Proposed revision:</u></p> <p><u>Under Objective, add "ADH services support full access to the greater community, ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint and optimize autonomy and independence in making life choices."</u></p> <p><u>Under Services Provided, add "Provide privacy for self-care and personal hygiene, and for social support services and other activities as appropriate."</u></p> <p><u>"Ensure clients are free from coercion and restraint at all times."</u></p> <p><u>Under Training, add to the client rights curriculum requirements for ADH staff, "including dignity, autonomy, privacy, respect and freedom for coercion and restraint."</u></p>	Finalize revisions to Adult Day Health Standards	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>
							Implement revised Adult Day Health Standards	<u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
	Scope of Service for ADH service			X	Does not provide language regarding this element of the HCBS Final Rule	This element of the HCBS Final Rule requirement will be incorporated into the Scope of Service for Adult Day Health Service, <u>consistent with the language for ADH Standards specified immediately above.</u>	Finalize revisions to Adult Day Health Scope of Services	8/30/16
							Publish revised scope of services	10/1/16
	Alabama Administrative Code, Chapter 560-X-44, Rule No. 560-X-44-.04(10) – Covered Services			X	Does not provide language regarding this element of the HCBS Final Rule	This element of the HCBS Final Rule will be incorporated into the Alabama Medicaid Agency's Administrative Code Chapter. 44, Rule No. 560-X-44: <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint.</u>	Draft revisions to rule	1/1/17
							Publish rule for public comment	3/31/17
							Publish final rule	9/30/17
	Alabama Medicaid Adult Day Health Review Tool			X	Does not provide language regarding this element of the HCBS Final Rule	The Alabama Medicaid Adult Day Health Review Tool will be revised to include this element of the HCBS Final Rule requirement. <u>Probes will be added to test whether there is evidence, through documentation, observation and interview, that the setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</u>	Finalize revisions to Adult Day Health Review Tool	1/1/17
							Provide training Adult Day Health providers	3/31/17
							Implement revised Adult Day Health	9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
							Tool	
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	Alabama Medicaid Adult Day Health Standards.			x	Definition: The ADH service provides waiver recipients with a variety of health, social, recreational, and support activities. The objective of ADH is to provide an organized program of rehabilitative, therapeutic and supportive health and social services in the community to individuals otherwise not capable of living independently in the community. <u>Does not fully address optimization without regimentation of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</u>	<p><u>Proposed language to be added includes:</u></p> <p><u>Under Objective, add “ADH services support full access to the greater community, ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint and optimize autonomy and independence in making life choices.”</u></p> <p><u>Under Services Provided, specifying that ADH services are provided within a model that promotes, among other existing goals, “independence and autonomy” of the client.</u></p> <p><u>Specifying in multiple locations that ADH programs must provide choices of activities.</u></p>	Finalize revisions to Adult Day Health Standards	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>
							Implement revised Adult Day Health Standards	<u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
	Scope of Service for Adult Day Health Services			x	ADH services is provided within a maintenance model of care, which provides services that include health and social activities such as planned therapeutic activities on a daily basis to stimulate the client's mental and physical activity, communication and self-expression. These activities include reality orientation exercises, crafts, music, educational and cultural programs. This does not fully address <u>Does not fully address optimization without regimentation of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</u>	<u>This element of the HCBS Final Rule requirement will be incorporated into the Scope of Service for Adult Day Health Service, consistent with the language for ADH Standards specified immediately above.</u>	Finalize revisions to Adult Day Health Review Tool Provide training Adult Day Health providers	<u>1/1/17</u> <u>3/31/17</u>
	Alabama Administrative Code, Chapter 560-X-44, Rule No. 560-X-44-.04(10) – Covered Services			x	(4) Adult Day Health Services. (a) Adult Day Health Service provides social and health care in a community facility approved to provide such care. Health education, self-care training,	This element of the HCBS Final Rule will be incorporated into the Alabama Medicaid Agency's Administrative Code Chapter. 44, Rule No. 560-X-44: <u>Proposed language is congruent with Final Rule requirements and specifically</u>	<u>Draft revisions to rule</u> <u>Publish rule for public comment</u>	<u>1/1/17</u> <u>3/31/17</u>
							Implement revised Adult Day Health Tool	<u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
					therapeutic activities, and health screening shall be included in the program. <u>Does not fully address optimization without regimentation of individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</u>	<u>states waiver services must be provided in settings that Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.</u>	<u>Publish final rule</u>	<u>9/30/17</u>
	Alabama Medicaid Adult Day Health Review Tool			x	The review tool contains the following evaluation elements: Weekly activity plans posted; Both indoor and outdoor activities offered; individual and group activities offered; Areas are available for different activities; Therapeutic activities that stimulate mental communication and self-expression offered	<u>This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Review Tool. Probes will be added to test whether there is evidence, through documentation, observation and interview, that the setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</u>	Finalize revisions to Adult Day Health Review Tool Provide training Adult Day Health providers	<u>1/1/17</u> <u>3/31/17</u>
5. Facilitates individual choice regarding services and supports, and who provides them.	Alabama Medicaid Adult Day Health Standards.			x	<u>The ADH standards do not address service selection. This is addressed in the Requirement 5 crosswalk for the ACT waiver, as</u>	<u>This element will be retained in the new ADSS Medicaid Waiver Programs Policy and Procedure Guide to be promulgated. To further strengthen</u>	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
					<p><u>this is a service provided under that program. The current ADSS Case Management Guide includes the following language that complies with this requirement.</u></p> <p><u>The client is given information necessary to make informed choices regarding the location of care and given choice of either institutional or the home and community based services.</u></p> <p><u>A Rights and Responsibilities form outlines participants' ability to choose. HCBS-1 Form also documents participant's choice between community services and institutional care.</u></p>	<p><u>compliance, the following will be added to the Client Rights and Responsibilities form: The client has the right to choose among setting options, including non-disability specific settings.</u></p>		
	Scope of Service for Adult Day Health Service Section E1; 2c: Procedure of Service	x			<p>1.The case manager will submit a Service Authorization Form and Plan of Care to the Adult Day Health center authorizing Adult Day Health Service designating the units, frequency, beginning date and types of activities in accordance with the client's needs. 2c On the first day of service the provider will review</p>	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
					the plan of care, provide the client written information regarding rights and responsibilities and how to register complaints and discuss the provisions and supervision of services.			
	Alabama Administrative Code, Chapter 560-X-44, Rule No. 560-X-44-.04(10) – Covered Services			x	This element of the HCBS Final Rule requirement was not addressed in the Alabama Medicaid Agency Administrative Code Chapter. 44, Rule No. 560-X-44-.04.(10)	This element of the HCBS Final Rule will be incorporated into the Alabama Medicaid Agency's Administrative Code Chapter. 44, Rule No. 560-X-44, <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that facilitate individual choice regarding services and supports, and who provides them.</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>1/1/17</u> <u>3/31/17</u> <u>9/30/17</u>
	Alabama Medicaid Adult Day Health Review Tool			x	This element of the HCBS Final Rule requirement was not addressed in the Alabama Medicaid Adult Day Health Review Tool	This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Review Tool. <u>Probes will be added to test whether there is evidence, through documentation, observation and interview, that the setting facilitates individual choice regarding services and supports, and who provides them.</u>	Finalize revisions to Adult Day Health Review Tool Provide training Adult Day Health providers Implement revised Adult Day Health Tool	<u>1/1/17</u> <u>3/31/17</u> <u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:	NA. This is not a residential service							
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows: a. A nursing facility; b. An institution for mental diseases; c. An intermediate care facility for individuals with intellectual disabilities; d. A hospital; or e. Any other locations that have qualities of an institutional setting, as determined by the Secretary. For 1915(c) home and community-based waivers,	Alabama Adult Day Health Standards			X	Does not provide language regarding the exclusion of settings that have qualities of an institution.	This element of the HCBS Final Rule requirement will be incorporated into the Alabama Medicaid Adult Day Health Standards. <u>Proposed Language to be added under Center:</u> <u>The ADH Center may not be located in a setting that is institutional or presumed institutional under the HCBS Settings Final Rule CMS 2249-F/2296-F. Excluded institutional settings include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals. Presumed institutional settings include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader</u>	Finalize revisions to Adult Day Health Standards	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>
							Implement revised Adult Day Health Standards	<u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
section 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution: a. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, b. Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.						<u>community of individuals not receiving Medicaid-funded HCBS.</u>		
	Scope of Service for Adult Day Health Service			X	Does not provide language regarding the exclusion of settings that have qualities of an institution.	This element of the HCBS Final Rule requirement will be incorporated into the Scope of Service for Adult Day Health Service for all applicable waivers, <u>consistent with the language for ADH Standards specified immediately above.</u>	Finalize revisions to Adult Day Health Scope of Services	8/30/16
	Alabama Administrative Code, Chapter 560-X-44, Rule No. 560-X-44-.04(10) – Covered Services			X	Code states: "Adult Day Health Services are provided in a community facility." However, does not provide language regarding the exclusion of settings that have qualities of an institution.	This element of the HCBS Final Rule requirement will be integrated to include language regarding the exclusion of settings that have qualities of an institution. <u>Proposed revision: Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u> <u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader</u>	Draft revisions to rule	<u>1/1/17</u>
	Publish rule for public comment	<u>3/31/17</u>						
	Publish final rule	<u>9/30/17</u>						

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
ADULT DAY HEALTH (ALABAMA COMMUNITY TRANSITION WAIVER)**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
						<u>community of individuals not receiving Medicaid-funded HCBS.</u>		
	Alabama Medicaid Adult Day Health Review Tool			X	Does not provide language regarding this element of the HCBS Final Rule	The Alabama Medicaid Adult Day Health Review Tool will be revised to include this element of the HCBS Final Rule requirement. <u>Probes will be added to test whether there is evidence, through documentation, observation and interview, that the setting is not institutional or presumed institutional in nature per the requirements of the Final Rule as described immediately above.</u>	Finalize revisions to Adult Day Health Review Tool	<u>1/1/17</u>
							Provide training Adult Day Health providers	<u>3/31/17</u>
							Implement revised Adult Day Health Tool	<u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline	
1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	SAIL Waiver AL.0241.R05.00 Appendix D, D-1, Appendix C			X	Covered services promote client independence, community access and integrated employment. It does not fully address the other component of this requirement that individuals receiving HCBS have the same degree of access to community integration as individuals not receiving Medicaid HCBS.	Amend Appendix C-5, and other sections as appropriate, after the Statewide Transition Plan has been approved to reflect requirements that settings are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	Submission of Systemic Assessment of Statewide Transition Plan	3/31/16	
							Approval of Statewide Transition Plan Systemic Assessment	6/30/16	
							Waiver amendment submission to reflect approved Statewide Transition Plan	No later than 12/17/18	
	AMA January 2016 Provider Manual, Chapter 107.2.4, Explanation of Covered Services				X	The Provider Manual includes some references that support this requirement of the Rule, such as the definition of Personal Care/Attendant Services (107.2.4, Explanation of Covered Services) which states PC/AS is designed to "...support individuals with physical disabilities...seeking or	Revise Chapter 107 of the Provider Manual to reflect requirement as noted above.	Draft revisions to Provider Manual	6/30/16
								Administrative review and approval	8/30/16
								Publish revised Provider Manual	1/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
					maintaining competitive employment either in the home or in an integrated or work setting. The overall purpose of Waiver Services (including the SAIL Waiver) indicates they are designed to serve individuals who would otherwise require institutionalization, but the definition of purpose is limited to protecting health, safety and dignity of participants while reducing Medicaid expenditures. It does not address the other component of this requirement to have to the same degree of access as individuals not receiving Medicaid HCBS to the same degree of access as individuals not receiving Medicaid HCBS.			
	AMA Administrative Code, Chapter 57, Rule No. 560-X-57-.01 Authority and Purpose			X	States purpose of providing HCBS is to protect health, safety and dignity, but does not address the integration of settings that will support full access of individuals receiving Medicaid HCBS to the greater community.	Revise rule to reflect all requirements as noted above . Proposed language is <u>congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and</u>	Draft revisions to rule Publish rule for public comment Publish final rule	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
						<u>work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>		
	Alabama Administrative Code Chapter 795, Rule No. 795-9-1-.01 (7)	X			(7) Individual and Systems Advocacy: Individual advocacy related to assist the individual with a significant disability to be able to function for themselves in the community, in their home or their workplace. Advocacy and referral to the Adult Vocational Rehabilitation program if those individuals, after assistance from the Independent Living program, are deemed ready for a vocational program. The Independent Living Specialist assists the individual with a disability to access and receive services from community resources. The Independent Living Specialist provides public awareness relating to issues that affect the individual with a significant disability.	None required	NA	NA
	AMA Administrative Code, Chapter 57, Rule			X	Covered services promote client independence, community	Revise rule to reflect all requirements. <u>Proposed language is congruent with</u>	Draft revisions to rule	<u>11/30/16</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
	No. 560-X-57-.04. Covered Services				access and integrated employment. Does not address the other component of this requirement that individuals receiving HCBS have the same degree of access to community integration as individuals not receiving Medicaid HCBS.	<u>Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	Publish rule for public comment Publish final rule	<u>3/31/17</u> <u>9/30/17</u>
	ADRS Blueprint	X			All ADRS services are provided with regard to individual's choice as outlined in agency Blueprint (Mission and Values of ADRS): Promote and respect consumer choice regarding provision of services.	None required	NA	NA
	ADRS VR Policy Manual, page 3 (Informed Choice)	X			SAIL Waiver Participants are provided opportunities to seek employment through ADRS Hybrid VR counselors in the SAIL program.	None required	NA	NA
	SAIL Waiver Policy and Procedure Manual			X	Allows client the opportunity to choose services in an institution or the community and to be involved in the development of the plan of care. Does not,	Revise SAIL Waiver Policy and Procedure Manual to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for	Revise SAIL Waiver Policy and Procedure Manual Provide	10/1/16 2/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
					<p>however, fully address this element as it relates to case management responsibilities for assessment, monitoring and documentation to ensure compliance of full access to opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>	<p>compliance with this element and to document the findings. <u>Proposed language to be incorporated:</u></p> <p>Application Narrative <u>An application narrative must be completed and the following addressed:</u> <u>Describe the service setting to determine that participant is not residing in a setting that is presumed to be institutional.</u></p> <p>Service Initiation The Plan of Care is developed jointly with the participant utilizing a person centered planning process. During this process, the case manager will address the specific needs of the participant to include health and safety, access to the community and opportunities to engage in employment and services within the community and the ability to control resources.</p> <p>QA Documentation: Document that the participant’s home supports his or her ability to access the community and is not presumed to be institutional.</p>	<p>training to case management staff</p>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Proposed revisions include defining Home and Community-Based services as being provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u> <u>(a) Services may only be provided in settings that:</u> <u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u> <u>(ii) Are selected by the individual from among setting options;</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
						<p>(iii) <u>Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p>(iv) <u>Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p>(v) <u>Facilitate choice regarding services and who provides them.</u></p> <p><u>Proposed language to be added to specific QA activities include:</u></p> <p><u>Modification of the objectives to add:</u></p> <ul style="list-style-type: none"> <u>To assure participants are receiving services in settings that meet the requirements of the HCBS Final Settings Rule and maximize opportunities for community integration</u> <p><u>Modification of the record review and home visit process for a random sample of waiver participants to include: Services are provided in settings that maximize opportunities for community participation and integration to the same degree as individuals not receiving HCBS.</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
	Medicaid Waiver Survey for Participants			X	Survey questions do not address/probe compliance with this element	Probes will be added to address full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Proposed probes to be added: <ul style="list-style-type: none"> • <u>Do you get help to do the things you like to do in the community?</u> • <u>If you have a job or want to work, do you get the help you need to make that possible?</u> • <u>Do staff who come into your home show respect for your personal belongings?</u> 	Draft revisions to Survey OA and Administrative review and approval Implement revised Survey	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
2. The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the	SAIL Waiver AL.0241.R05.00 Appendix D, D-1, Appendix C	X			The individual is served in a private home, in the community or in an integrated place of employment of his/her choice for all services. The participant-centered plan of care is developed collaboratively with the client, case manager, family or legal representative, and other persons designated by the	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Basis	Remediation Required	Milestones	Timeline
person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.				client. The Plan of Care development process provides involved persons with the information necessary to make an informed choice regarding the location of care and services to be utilized.			
	SAIL waiver policy and procedure manual	X		SAIL Waiver services are designed to allow individuals to remain in their chosen home and avoid nursing home placement. Manual states SAIL will recognize and strive to honor the client's decision regarding location of care and services received.	None required	NA	NA
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	SAIL Waiver AL.0241.R05.00 Appendix G	X		The State does not permit the use of restrictive interventions, restraints and seclusion for this waiver. The state agency responsible for detecting the unauthorized use of restraints or seclusion is the Department of Rehabilitation Services (ADRS), which it achieves by monitoring participant health and welfare monthly and provider quality reviews. The Department of Human Resources monitors reports of abuse, neglect and exploitation. That Alabama	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Basis	Remediation Required	Milestones	Timeline
				Medicaid Agency conducts annual reviews of ADRS investigations. ADRS, in its function of certifying providers, and in its monitoring of direct service provision and service plan implementation, will detect any unauthorized use of restrictive interventions either through records (for instance, notes in a participant's file communicating the restriction), staff comments and discussion, or participant or family feedback during direct interviews.			
	AMA Administrative Code Chapter 57, Rule No. 560-X-57-.12, Confidentiality.	X		Providers are not to use or disclose, except to duly authorized representatives of federal or state agencies, any information regarding an eligible recipient except upon written consent of the recipient, their attorney and/or guardian, or upon subpoena from a court of appropriate jurisdiction. <u>Does not fully address rights of privacy, dignity, respect and freedom from coercion.</u>	Revise AMA Administrative Code Chapter 36. Proposed revision: <u>Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
	Alabama Administrative Code	X		(3) It is the policy of the Independent Living Service	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
	Chapter 795, Rule No. 795-9-1-.01(3)				program to ensure that an individual with a significant disability is provided the services they need to live independently in the community and to respect the right of an individual with a disability to be treated with respect and dignity.			
	Medicaid Waiver Survey for Participants			X	Includes questions/probes regarding being treated with dignity and respect, but needs revisions to probe <u>privacy and freedom from coercion and restraint</u> .	<p>Proposed probes added to address freedom from coercion and restraint.</p> <ul style="list-style-type: none"> Do workers respect your opinion? Are workers careful they never try to make you do things you don't want to do? <p>Proposed probe to be added to address privacy:</p> <ul style="list-style-type: none"> Do you have enough privacy in your home, including a private location for any personal care you need? 	<p>Draft proposed revisions to Survey</p> <p>Operating Agency and Administrative review and approval</p> <p>Implement revised Survey</p>	<p><u>11/30/16</u></p> <p><u>3/31/17</u></p> <p><u>9/30/17</u></p>
	SAIL Waiver Policy and Procedure Manual			X	It is the policy of the SAIL Waiver program to respect each individual's dignity when providing Waiver services and to acknowledge and respect the client's right to be treated with consideration and dignity. Use and release of personal information must conform to applicable State and Federal laws and Regulations. All applicants,	<p>Revise SAIL Waiver Policy and Procedure Manual to address this element as it relates to case manager roles to assess and monitor for unauthorized use of restraint, seclusion and other restrictive interventions to ensure compliance with this element and to document the findings.</p> <p>HCBS Settings Assurances</p>	<p>Revise SAIL Waiver Policy and Procedure Manual</p> <p>Provide training to case management staff</p>	<p>10/1/16</p> <p>2/1/17</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
					<p>participants, or participant's representatives are to be informed of the confidentiality of records. Release of such information must be by written consent of the participant or authorized representative. SAIL policy and procedure does not address the case manager's role to assess, monitor and document any unauthorized use of restraint, seclusion or other restrictive interventions.</p>	<p>SAIL Waiver services shall be provided according to the Home and Community-Based Services Settings Final Rule (CMS 2249-F/2296-F) as follows: Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.</p> <p>Service Initiation During visits the case manager will assess health and safety, level of independence, freedom from restraint and coercion, and access to choices regarding services.</p> <p>Philosophy To acknowledge and respect the client's right to be treated with consideration and dignity and to be free from coercion, restraint, or seclusion.</p> <p>Monitoring The case manager must address and document the following at monthly contacts and redeterminations: Participants are free from coercion, restraint, or seclusion.</p>		
4. Optimizes, but does not regiment, individual initiative, autonomy, and	SAIL Waiver AL.007.05.00 Appendix C, Appendix	X			The Plan of Care process provides information for all individuals to make informed	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	D-1				choices regarding available community services and support. The Plan of Care development must include exploration of the resources currently utilized by the client, both formal and informal, as well as those additional services which may be available to meet the client's needs. The service plan development process involves all persons with information necessary to make an informed choice regarding the location of care and services to be utilized.			
	AMA Administrative Code, Chapter 57, Rule No. 560-X-57-.04. Covered Services	X			Covered services promote client independence, community access and integrated employment	None required	NA	NA
	SAIL Waiver Policy and Procedure Manual			X	States the case manager should constantly strive to empower the participant to become as independent as possible in advocating for him/her self and coordinating his/her own care. Through service coordination, the case manager consistently strives to meet the needs of the participant through the exploration of all formal and	Revise SAIL Waiver Policy and Procedure Manual to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings.	Revise SAIL Waiver Policy and Procedure Manual and related forms Provide training to case management staff	10/1/16 2/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
					informal services. Does not fully address this element as it relates to case manager responsibility for assessment, monitoring and documentation to ensure compliance with this intent.			
5. Facilitates individual choice regarding services and supports, and who provides them.	SAIL Waiver Draft AL.007.05.00 - Apr 01, 2015 Appendix B-7 Freedom of Choice	X			Appendix B-7 states the participant-centered Plan of Care development process provides involved persons with the information necessary to make an informed choice regarding the services to be utilized. As part of the assessment and service coordination visit, participants and/or responsible parties are provided with adequate information to make an informed decision as to where the participant's care will be received. As the plan of care is developed, the case manager discusses and documents the client's freedom to choose a direct service provider from the list of approved contract providers that are qualified, available and willing to provide the services. The freedom of choice provider list form is kept	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
					in the participant's record to serve as evidence of individual choice. The participant can change providers at any time by notifying the case manager. Each month the case manager discusses freedom of choice of service providers with the participant to ensure proper delivery of services and participant's choice.			
	AMA Administrative Code Chapter 57			X	Does not address individual choice regarding services and supports, and who provides them.	Chapter 57 will be revised. Proposed language: Home and Community-Based Services for the SAIL Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that: Facilitate choice regarding services and who provides them.	Draft revisions to rule Publish rule for public comment Publish final rule	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
	SAIL Waiver Policy and Procedure Manual	X			Policy mandates waiver recipients to have choice of services and providers and agency must document satisfaction. Facilitation of free choice provisions include offer of the alternative of home and community-based services or	None required	NA	NA

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STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
					institutional services. Development of the Plan of Care includes educating the participant and responsible party or knowledgeable others with the long-term care options available to them and ensuring the participant's right to be involved in planning his/her care. The various service options and their expected outcomes should be clearly explored with the participant and/or responsible party or knowledgeable others. Participant must always be informed of providers serving their area. At any time, the participant and/or primary caregiver may request an additional Waiver service or a change in providers. The case manager must narrate this information exchange as well as review the choice of providers.			
	AMA January 2016 Provider Manual, Chapter 107.2.6			X	Describes Medicaid responsibilities to ensure beneficiaries are advised of feasible service alternatives and receive a choice of institutional and HCB services. Further states	Revise Provider Manual to add clarifying language will be advised of available services and given choice of providers.	Draft revisions to Provider Manual Administrative review and approval	<u>11/30/16</u> <u>3/31/17</u>

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Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
					that when residents of long term care facilities become eligible for HCBS, will be advised of available services and given choice of providers. Does not clarify that all individuals receiving HCBS will be so advised and given choice of providers.		Publish revised Provide Manual	<u>9/30/17</u>
	Medicaid Waiver Survey for Participants	X			Includes questions/probes regarding choice of providers.	None required	NA	NA
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:	NA. No services provided in provider owned or controlled residential settings.							
7. HCBS settings exclude locations that have the qualities of an institutional setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows: a. A nursing facility; b. An institution for mental diseases; c. An intermediate care	SAIL Waiver AL.0241.R05.00			X	Waiver transition plan included in the most recent amendment, but it does not fully address this requirement as it relates to a description of the settings pertinent to the waiver and how they meet federal HCB Settings requirements, or a description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements on an ongoing basis. Assures that the	The State will implement any required changes upon approval of the Statewide Transition Plan and will make conforming changes to its waiver when it submits the next amendment or renewal, no later than March 1, 2019.	Submission of Settings Assessment for Statewide Transition Plan	9/30/16
							Approval of Statewide Transition Plan Settings Assessment	1/1/17
							Waiver amendment	No later than

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Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
facility for individuals with intellectual disabilities; d. A hospital; or e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.					settings transition plan included with amendment will be subject to any provisions or requirements included in the State's approved Statewide Transition Plan.		submission to reflect approved Statewide Transition Plan	10/1/18
For 1915(c) home and community-based waivers, section 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution: a. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, b. Any setting that is located in a building on the grounds of, or immediately adjacent to, a public institution, or c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of	AMA Administrative Code, Chapter 57			X	States no waiver services will be provided to recipients in a hospital or nursing facility, except to assist individuals interested in transitioning from an institution to a community setting. Rule does not address exclusion of other institutional or presumed-institutional setting or process for identification and scrutiny of such settings.	Revise rule to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision: Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u> <u>(a)Services may only be provided in settings that:</u> <u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u> <u>(ii) Are selected by the individual from among setting options;</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>

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Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
individuals not receiving Medicaid HCBS.						<p><u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u> <u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u> <u>(v) Facilitate choice regarding services and who provides them.</u> <u>(b) Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u> <u>(ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
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Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
	Alabama Administrative Code, Chapter 795, Rule No. 795-8-1-.04 Ineligibility; Rule No. 795-8-1-.08 Case Closure			X	Does not address exclusion in selection of service location of institutional or other presumed institutional settings or process for identification and scrutiny of such settings.	Revise rule to explicitly define all excluded settings as defined in Final Settings Rule. To avoid confusion, this will be addressed in the AMA Administrative Code changes for the SAIL waiver. Chapter 795 encompasses additional services provided by the ADRS that do not fall under the SAIL waiver or the requirements of the Final Rule.	NA	NA
	AMA January 2016 Provider Manual, Chapter 107.2.3, Limitations			X	<p>States that Medicaid does not provide waiver services to recipients in a hospital or nursing facility.</p> <p>Does not address exclusion of other institutional or presumed-institutional setting. Does not address process for identifying settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny</p>	Revise Provider Manual to explicitly define all excluded settings as defined in Final Settings Rule. Proposed revision will add the following language: Services may not be provided in: (i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and, (ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving	Draft revisions to Provider Manual Administrative review and approval Publish revised Provider Manual	11/30/16 3/31/17 9/30/17

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Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
						<u>Medicaid-funded HCBS.</u>		
	SAIL Waiver Policy and Procedure Manual			X	SAIL Waiver Policy and Procedure Manual indicates services are not to be provided in an institutional setting, but does not fully address this element as it relates to case management assessment, monitoring and documentation that services may not be provided in other settings that are presumed to be institutional.	<p>Revise SAIL Waiver Policy and Procedure Manual to address this element as it relates to case manager roles to assess and monitor the setting in which services are delivered for compliance with this element and to document the findings. <u>Proposed language includes:</u></p> <p>HCBS Settings Assurances <u>SAIL Waiver services shall be provided according to the Home and Community-Based Services Settings Final Rule (CMS 2249-F/2296-F) as follows:</u> <u>All home and community based setting shall meet the following qualifications:</u> <u>The setting is integrated in and supports full access to the greater community</u></p> <p>Application Narrative <u>An application narrative must be completed and the following addressed: Describe the service setting to determine that participant is not residing in a setting that is presumed to be institutional.</u></p> <p>QA Documentation: Health and Safety</p>	<p>Revise SAIL Waiver Policy and Procedure Manual</p> <p>Provide training to case management staff</p>	<p>10/1/16</p> <p>2/1/17</p>

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Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
						In addition, document that the <u>participant’s home supports his or her ability to access the community and is not presumed to be institutional.</u>		
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Home and Community-Based Services are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: Services may not be provided in: (i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and, (ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>

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STATE OF ALABAMA INDEPENDENT LIVING WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Compliance	Non-Compliance	Silent	Basis	Remediation Required	Milestones	Timeline
						<p><u>the broader community of individuals not receiving Medicaid-funded HCBS.</u></p> <p><u>QA activities include home visits to a random sample of waiver recipients. Proposed language to be added will specify onsite inspection of the home will include an assessment of compliance with HCBS Final Settings Rule regarding settings that tend to isolate or are otherwise institutional in nature, including, when applicable, compliance with any prescribed remediation plan and timelines.</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00		X	Covered services promote integrated settings and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Attachment 2 acknowledges additional work to be accomplished to fully support integrated employment opportunities.	DDD has begun the process of developing a comprehensive MOA/MOU that will include multiple state agencies responsible for providing resources, supports and services to people with disabilities as it relates to work preparation, trial work experiences, obtaining employment, and long term supports. It is through this MOA/MOU that each agency will identify its role and how services will be blended or braided with each other in order to maximize the funding needed to support a person throughout his/her life. The Plan also specifies that DDD will develop a MOU with the Department of Rehabilitation Services. This MOU will actually be department-wide so the Plan will be edited to say DMH rather than DDD. <u>Signatories include, The Commissioners of the Alabama Medicaid Agency, the Department of Rehabilitation Services, State Department of Education, Department of Mental Health Mental Illness/Substance Abuse Division, and the Associate Commissioner of the Department of Mental Health Division of Developmental Disabilities and the DD Council.</u>	Draft MOA/MOU with multiple state agencies	Completed
						Revise MOA/MOU as needed	3/15/16
						MOA/MOU executed	6/30/16
						Draft MOU with Vocational Rehabilitation	Completed
						Internal legal office review of MOU with Vocational Rehabilitation	3/31/16
						MOU with Vocational Rehabilitation executed	6/30/16

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Alabama Administrative Code, Chapter 560-X-52, Rule No. 560-X-52-.01 - Authority and Purpose			X	States purpose of providing HCBS is to provide health, social, and related support needed to ensure optimal functioning of an individual with an intellectual disability within a community setting, but does not address the integration of settings that will support full access of individuals receiving Medicaid HCBS to the greater community.	Revise rule to reflect all requirements as noted above . <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	Draft revisions to rule Publish rule for public comment Publish final rule	11/30/16 3/31/17 9/30/17
	AMA January 2016 Provider Manual, Chapter 107.2.4, Explanation of Covered Services			X	The Provider Manual includes some references that support this requirement of the Rule, the overall purpose of Waiver Services (including the ID Waiver) does indicate they are designed to serve individuals who would otherwise require institutionalization, but the definition of purpose is limited to protecting health, safety and dignity of participants while reducing Medicaid expenditures. It does not address the other components of this requirement, including supporting full access	Revise Chapter 107 to reflect requirement setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of</u>	Draft revisions to Provider Manual Administrative review and approval Publish revised Provider Manual	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
				of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<u>individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>		
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.08 - Community Placement	X		(1) ...The goal of providing services and supports to individuals with intellectual disabilities is to provide inclusive community living options, transition outcomes, and employment for individuals that achieve full integration and inclusion in society in a manner consistent with the strengths, resources, and capabilities for each individual.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.15 3(c) – Case Management Standards	X		The goal of service arrangement is to (i) Assist persons in accessing learning, participation and support opportunities and optimizing independence through support and training in	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
				the use of personal and community resources.			
	Title 38: Public Welfare, Section 38-9C-4 - Rights		X	(3) The right to inclusion in the community. (4) The right to live, work, be educated, and recreate with people who do not have disabilities. (12) The right to reasonable access to and privacy of mail, telephone, communications, and visitors. (18) The right to access general services in their community and local neighborhood.	<u>Amend Title 38 to clarify individuals have the right to access to and privacy of mail, telephone, communications and visitors without restriction. Any modification of these rights must be in accordance with an identified need, approved through due process and documented in the person centered plan.</u>	Draft revisions to rule	<u>1/31/17</u>
						Publish rule for public comment	<u>4/30/17</u>
						Publish final rule	<u>8/31/17</u>
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 - Dignity and Respect	X		(12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences and include supports: (d) To provide transportation and other supports to access community services in a manner similar to others at large.	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					(1314) The organization provides personal assessments that identify preferred work and activities . . .			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.06 - Natural Support Networks	X			(1) The organization has policies and procedures that define natural supports and acknowledge the importance of natural supports in promoting identity, personal security and continuity for people served by the organization. Natural supports include families and friends as well as community resources such as local organizations, clubs, places of worship, schools or other places where new and existing relationships can be built and facilitated outside of the organization. (2) Policies and practices reflect how an organization facilitates continuity in existing relationships and supports building new relationships using community resources. (4) Facilitation of natural supports includes promoting visits to the homes of families	None required	NA	NA

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LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					and friends and visits of families and friends to people’s homes... (10) The organization ...has clearly identified expectations related to visits or other interactions with natural supports based on the desires of the person being supported and provides private space for visits and interaction with natural supports.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.09 - Safe Environments	X			(12) The organization maintains the appearance of the home, inside and out, consistent with that of other homes in the neighborhood.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.11 - Positive Services and Supports	X			(9) At a minimum, the following areas are addressed and documented in the functional assessment: (a) Personal preferences. (e) Vocational needs. (15) Goals promote being present and participating in community life, gaining and maintaining satisfying relationships, expressing preferences and making choices in everyday life, having opportunities to fulfill respected roles and to live with dignity and	None required	NA	NA

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LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					continuing development of personal competencies. (18) At least weekly community integration activities are documented as offered			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.02 - Definitions	X			(7) Supported Employment Services at an Integrated Worksite... includes supporting individuals at a worksite where other workers do not have disabilities... The principles of Supported Employment at an Integrated Worksite are: <i>[not listed here due to the length, but includes the concepts of Employment First, addressing work for all adults of working age, work as a normal expectation of adults in our society, no one being excluded who wants to participate, choices and decisions about work receiving deference].</i>	None required	NA	NA
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X			(4) The right to live, work, be educated, and recreate with people who do not have disabilities.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule	X			(15) Goals promote being present and participating in community life, gaining and	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	No. 580-5-33-.11 - Positive Services and Supports				maintaining satisfying relationships, expressing preferences and making choices in daily life, having opportunities to fulfill respected roles and to live with dignity and continuing development of personal competence.			
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X			(17) The right to make decisions that affect their lives.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04 - Promotion and Protection of Individual Rights	X			(7) The rights assessment... includes, but is not limited to the ability to do the following: (a) Manage money. (f) Access personal possessions.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.12 - Continuity and Personal Security	X			(10) Accounting and fiscal practices do not restrict personal access to funds or monies that belong to people receiving services.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.15 - Case Management Standards	X			(3) The core elements of case management performed by the assigned case manager includes a Needs Assessment including (9) 10 Resource analysis and planning to include: (ii) Maintaining accountability to	None required	NA	NA

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LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
				the individual for his funds, as applicable.			
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X		(10) The right to own and possess real and personal property.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.07 - Client Funds	X		Each entity shall have a written plan/policy regarding the management of client’s personal funds which requires, at a minimum, the following. (1) Clients shall manage their personal fund account unless there is a payee, guardian or similar appointee who manages the account for them. (2) Each entity that manages a client’s funds shall have on record the appropriate written consent to manage that client’s personal funds. (3) Clients/guardians shall be informed of the process whereby the client may access his/her personal funds.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.12 - Continuity and Personal Security	X		(14) Food is nutritious and will be available in quantity and variety to meet individual dietary needs and preferences.	<u>Revise Chapter 580-5-33 to clarify that food will be available at any time without restriction. Any modification of this right must be in accordance with an identified need, approved through due process and documented in the person centered plan.</u>	Draft revisions to rule Publish rule for public comment	<u>1/31/17</u> <u>4/30/17</u>

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LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
							Publish final rule	<u>8/31/17</u>
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification includes probes related to preferred work and activities, practices to help people make choices based on preferences and to assist people to achieve goals, whether activity and work options available are age appropriate and culturally normative and options promote a positive self-image and whether work is compensated at a fair wage.	None required	NA	NA
	Provider Certification and Guidance Manual, Revised June 2014	X			The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It addresses full access of individuals receiving waiver services to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life,	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.			
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement	None required	NA	NA
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Proposed revisions include defining Home and Community-Based services as being provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u> <u>(a)Services may only be provided in settings that:</u> <u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u></p> <p><u>(ii) Are selected by the individual from among setting options;</u></p> <p><u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p><u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p><u>(v) Facilitate choice regarding services and who provides them.</u></p> <p><u>Proposed language to be added to specific QA activities include:</u></p> <p><u>Modification of the objectives to add:</u> <u>To assure participants are receiving services in settings that meet the requirements of the HCBS Final Settings Rule and maximize opportunities for community integration</u></p> <p><u>Modification of the record review and home visit process for a random sample of waiver participants to include:</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>Services are provided in settings that maximize opportunities for community participation and integration to the same degree as individuals not receiving HCBS.</u>		
	Medicaid Waiver Survey for Participants			X	Survey questions do not address/probe compliance with this element	Revise Survey to include questions/probes that address compliance with this element. <u>Probes will be added to address full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Proposed probes to be added:</u> <u>Do you get help to do the things you like to do in the community?</u> <u>If you have a job or want to work, do you get the help you need to make that possible?</u> <u>Do staff who come into your home show respect for your personal belongings?</u>	Draft revisions to Survey OA and Administrative review and approval Implement revised Survey	11/30/16 3/31/17 9/30/17
2. The setting is selected by the individual from among setting options including	AL Home and Community-Based Waiver for Persons			X	Residence selection is discussed only in the context of provider responsibilities. There is no	Amend waiver to revise Residential Habilitation definition <u>to address the additional conditions that must be met</u>	Submit waiver amendment Obtain	12/31/16 3/31/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	with Intellectual Disabilities 0001.R07.00 Appendix C1/C3 Residential Habilitation			discussion of residence selection being based upon the preferences of the individual.	<p><u>in a provider-owned or controlled residential setting: There is a legally enforceable agreement for the unit or dwelling where the individual resides; Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS; that units have entrance doors lockable by the individual.</u></p> <p><u>Proposed Language: Residential Habilitation shall mean a type of residential service selected by the person supported, offering individualized services and supports that enable the person supported to acquire, retain, or improve skills necessary to reside in a community-based setting and which supports each resident's independence and full integration into the community, and ensures each resident's choice and rights. Residential Habilitation services shall be provided in a dwelling which may be rented, leased, or owned by the Residential Habilitation provider, and shall comport fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, and set forth in the person-centered ISP. Participants</u></p>	approval of waiver renewal Implement revised procedures per approved renewal	4/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>receiving residential services are entitled to file an appeal, as needed and are regarded similarly as those without disabilities in respect to signed lease/rental agreements.</u></p> <p><u>Amend waiver to revise Residential Habilitation definition to clarify role of the preferences of the individual In making residence selection.</u></p> <p><u>Freedom of choice also includes the right to select any provider with an active provider agreement with the Department of Mental Health Division of Developmental Disabilities if the provider is available, willing, and able to provide the services needed, and choice of the setting in which services and supports are received which shall be integrated in, and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. The individual has the right to a rental agreement that is fully enforceable.</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33.11 - Positive Services and Supports POM Data Case Management		X	Alabama Administrative Code 580-5-33 is based on the Basic Assurances of the Council on Quality Leadership Personal Outcome Measures and affirms the right of individuals to make decisions that affect their lives. It does not specifically address the element of this requirement.	Revise Alabama Administrative Code Chapter 35 to include language specific to the process for ensuring individuals are aware of all setting options, including non-disability specific settings and an option for a private unit in a residential setting, and that these will be identified and documented in the person centered service plan.	Draft revisions to rule	9/30/16
						Publish rule for public comment	12/31/16
							Publish final rule
	Assessment Tool for Basic Assurance, 2012		X	Tool used for licensing and certification includes probes related to housing preferences, but does not have probes that address the process for ensuring individuals are aware of all setting options, including non-disability specific settings and an	Revise tool to include probes related to this requirement. Proposed probes include: Is the person informed and aware of all setting options including non-disability specific settings and an option for a private room in their home?	Draft revisions to Assessment Tool for Basic Assurances	7/31/16
							Provide training to all involved stakeholders

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					option for a private unit in a residential setting, and that these will be identified and documented in the person centered service plan.	Is this information documented in the person-centered plan?	Implement changes	7/31/17
	Provider Certification and Guidance Manual, Revised June 2014	X			The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It addresses the selection of the setting by the individual from among setting options including non-disability specific settings.	None required	NA	NA
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g. Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large? Can people regularly interact directly with other members of the community who are not paid to do so?	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00 Appendix G-2	X			Appendix G-2 describes the requirements for implementing, monitoring and documenting use of restraints and certain restrictive interventions that are permitted during the course of the delivery of waiver services, including due process protections, staff training requirements, reporting procedures. The DDD Regional Community Services offices review any instances of unauthorized use of restraint or restrictive interventions and follows up on the investigation, adding recommendations when necessary to prevent further occurrence. Additionally, at any time that Regional Office staff are conducting their usual monitoring of providers and they witness or become aware that any restraint has been used without authorization, it is reported and investigated. Finally, certification staff routinely reviews the use of any restrictive procedure during surveys to ensure	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					appropriateness and adequate due process. Seclusion is not permitted; DDD, in its function of certifying providers and in its monitoring of direct service provision and service plan implementation, will detect any unauthorized use of any restrictive interventions.			
	Alabama Administrative Code, Chapter 560-X-52, Rule No. 560-X-52-.12 - Confidentiality	X			Providers shall not use or disclose, except to duly authorized representatives of federal or state agencies, any information concerning an eligible recipient except upon the written consent of the recipient, his/her attorney, or his/her guardian, or upon subpoena from a court of appropriate jurisdiction.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04 - Promotion and Protection of Individual Rights	X			(7) The rights assessment addresses people’s civil and legal rights and personal freedoms. The assessment includes, but is not limited to the ability to do the following <u>which will be documented in the person-centered plan</u> : (ad) Send and receive mail.	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
				(be) Make and receive telephone calls and use other means of communication.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 – Dignity and Respect	X		<p>(3) Policies and procedures address, at a minimum, the following areas:</p> <p>(b) Dignity and Respect.</p> <p>(12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences and include supports:</p> <p>(a) To ensure healthy hygiene and personal cleanliness.</p> <p>(b) To choose clothing that fits appropriately.</p> <p>(12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences and include supports.</p> <p>(13) ... Options for people shall be age and culturally appropriate, normative and promote a positive self-image.</p> <p>(16) The organization maintains a cumulative record of information and documentation of services and supports needed by and provided to people. The organization ensures that all</p>	None required at this time. AMA Administrative Code, Chapter 58, Rule No. 580-5-33-.03 Policies and Procedures does provide some support for the requirement to ensure individuals’ rights of privacy, dignity and respect, and freedom from coercion and restraint, in that, historically, many individuals with intellectual and developmental disabilities did not routinely have access to these basic elements of human dignity. More specifically, CMS had expressed a concern that the requirement for “options for people shall be age and culturally appropriate, normative...” appeared to be prescriptive and not sufficiently supportive of individual freedom of choice. Again, there is historical context of stereotyping and stigmatization of individuals with intellectual and developmental disabilities to the presence of this wording in the State’s standards. ADMH has placed significant emphasis on the elimination of stigma and feels it remains important to be sure	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					information in a person’s record, including financial and health information, is kept confidential, and in accordance with HIPAA regulations and other state and federal laws. Only those directly involved in a person’s care, authorized administrative review or in the monitoring of services have access to records. (17) The organization is responsible for the safekeeping of each person’s records and for securing it against loss, destruction, or use by unauthorized persons. (18) Personal information includes only information needed to provide supports and services to people.	individuals are provided with “options” that enhance their integration and reduce stigmatization. This standard also does not stand alone and should be viewed as only one part of the overall emphasis in dignity, respect and freedom from coercion and restraint that are also represented in the crosswalk. ADMH will work with consumer and stakeholder groups to examine this section of state standards and make any revisions that may be needed.		
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 - Dignity and Respect	X			(1) The organization’s policies and procedures reflect and reinforce the use of courteous practices towards people, the avoidance of labels to describe people based on physical characteristics or disabilities and the practice of addressing people by their preferred names (4) The organization has a mechanism that provides people	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>supported and their legally authorized representatives with information regarding filing complaints and grievances.</p> <p>(6) Grievance procedure information is available in frequently used areas, particularly where people receive services. Such notices include the 800 numbers of the DMH Advocacy Office, federal protection and advocacy system (ADAP) and local Department of Human Resources.</p> <p>(7) The organization provides access to persons and advocates, including a DMH internal advocate and the grievance process without reprisal.</p> <p>(10) The organization provides space for people to speak or interact with others in private and to open and read mail or other materials.</p> <p>(11) The organization affords every person the right to privacy. Staff demonstrates respect for people’s privacy when providing supports for personal hygiene, bathing, or</p>			

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
				<p>dressing as well as when entering personal spaces.</p>			
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X		<p>(5) The right to be presumed competent until a court of competent jurisdiction determines otherwise. (9) The right to confidential handling of personal, financial, and medical records. (11) The right to privacy and dignity. (12) The right to reasonable access to and privacy of mail, telephone, communications, and visitors. (20) The right to be accorded human respect and dignity on an individual basis in a consistently humane fashion.</p>	<p><u>Amend Title 38 to clarify individuals have the right to access to and privacy of mail, telephone, communications and visitors without restriction. Any modification of these rights must be in accordance with an identified need, approved through due process and documented in the person centered plan.</u></p>	<p>Draft revisions to rule</p> <p>Publish rule for public comment</p> <p>Publish final rule</p>	<p><u>1/31/17</u></p> <p><u>4/30/17</u></p> <p><u>8/31/17</u></p>
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-07 - Protection from Abuse, Neglect, Mistreatment and Exploitation	X		<p>(5) There is a complaint process that is understandable and easy to use and people are supported to report allegations of abuse, neglect, mistreatment and exploitation.</p>	<p>None required</p>	<p>NA</p>	<p>NA</p>
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X		<p>(25) The right to be informed specifically of the procedures for initiating a complaint or grievance procedure and the</p>	<p>None required</p>	<p>NA</p>	<p>NA</p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					applicable appeals process, including the means of requesting a hearing or review of the complaint. (26) The right to be informed of the means for accessing advocates, ombudsmen, or rights protection services within the program and, as applicable, the State of Alabama Mental Health System, the Department of Human Resources, the federal advocacy system, and other advocacy services. Such access must be allowed without fear of reprisal.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04 - Promotion And Protection Of Individual Rights	X			(13) Written, informed consent is obtained prior to any intrusive medical or behavioral intervention, and prior to participation in research. Information regarding procedures to be followed, potential discomforts and/or risks, and expected benefits of participation shall be presented in a non-threatening environment, and explained in language that the person can understand. The person is also informed that he/she may	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					withhold or withdraw consent at any time.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04 - Promotion And Protection Of Individual Rights	X			(30) The HRC reviews the frequencies and reasons surrounding the use of restraint for behavioral or medical purposes.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.10 - Staff Resources And Supports	X			(18)(19)(d) Employees who provide direct supports to people receive annual refresher training in management of aggressive behavior.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And Supports Positive Services and Supports	X			(25) Behavior Support Plans are developed based on information gathered through a functional behavioral assessment that is completed by a qualified professional and identifies physical or environmental issues that need to be addressed to reduce, replace or eliminate the behavior. The Behavior Support Plan outlines the specific behavioral supports that may and may not be used.	None required	NA	NA
	Alabama Administrative Code,	X			(26) All direct support staff receive training in behavioral	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And Supports Positive Services and Supports				techniques and plans prior to implementation of support(s) to people.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And Supports Positive Services and Supports	X			(27) Data related to the effectiveness of an individual's Behavior Support Plan is reviewed periodically, but at least quarterly, or more often as required by the individual's needs.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And Supports Positive Services and Supports	X			(29) All behavior support plans are approved by the person's Support Team. Each Behavior Support Plan with Level 2 or 3 procedures is reviewed and/or approved by the Behavior Program Review Committee, the Human Rights Committee and the person or the person's legally authorized representative in accordance with DDD PBS 02 Guidelines for Levels of Intervention. (a) The use of emergency or unplanned behavior interventions that are highly intrusive are in compliance with DDD PBS 02 Level 3 Procedures and are not used more than	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>three (3) times in a six (6) month period without a Support Team meeting to determine needed changes in the person’s behavior support plan.</p> <p>(b) If people require behavioral or medical supports to prevent harm to themselves or others, such supports are provided in accordance with DDD Behavioral Services Procedural Guidelines (DDD-PBS 01 –05).</p> <p>(c) The use of any restraint complies with the provisions of DDD PBS 02 Level 3 Procedures and is applied only by staff with demonstrated competency for the device or procedure used.</p> <p>(d) The organization ensures that people are not subjected to highly intrusive behavior interventions or punishment for the convenience of staff, or in lieu of a Behavior Support Plan.</p> <p>(e) The organization prohibits the use of corporal punishment, seclusion, noxious or aversive stimuli forced exercise, or denial of food or liquids that are part of a person’s nutritionally adequate diet.</p>			

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					(f) Behavior procedures considered the most restrictive comply with the Level 4 Provisions of DDD PBS 02. Requests for the use of Level 4 Procedures are sent to the Director of Psychological and Behavioral Services for the Division of Developmental Disabilities after reviews have been completed by the Behavior Program Review Committee (BPRC), Human Rights Committee (HRC) and the legally authorized representative. The Director of Psychological and Behavioral Services determines the frequency of further review. (g) The only exception to the above approval requirement is Emergency Mechanical Restraint, which has an IPMS documentation requirement and a limit regarding number of times it can be used.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And	X			(31) PRN orders for psychotropic medications are administered in accordance with the Nurse Delegation Program and the Behavioral Services Procedural Guidelines.	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Supports Positive Services and Supports							
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And Supports Positive Services and Supports	X			(32) A person’s Support Team meets to assess and address behavioral and psychiatric needs when PRN medications are used as an Emergency Procedure three (3) times within a six (6) month period.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.11 - Positive Services And Supports	X			(29)(c) The use of any restraint complies with the provisions of DDD PBS 02 Level 3 Procedures and is applied only by staff with demonstrated competency for the device or procedure used. (29f) Behavior procedures considered the most restrictive comply with the Level 4 Provisions of DDD PBS 02. Requests for the use of Level 4 Procedures are sent to the Director of Psychological and Behavioral Services for the Division of Developmental Disabilities after reviews have been completed by the Behavior Program Review Committee (BPRC), Human Rights Committee (HRC) and the legally authorized representative. The Director of Psychological and	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					Behavioral Services determines the frequency of further review. (29g) The only exception to the above approval requirement is Emergency Mechanical Restraint, which has an IPMS documentation requirement and a limit regarding number of times it can be used.			
	Behavioral Services Procedural Guidelines, 2014 Update	X			Guidelines prescribe protections and due process for restrictive interventions at varying levels. Also provides guidelines for Behavior Support Plans.	None required	NA	NA
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification includes probes related individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	None required	NA	NA
	Provider Certification and Guidance Manual, Revised June 2014			X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It comprehensively addresses individual's rights of privacy, dignity and respect, and freedom from coercion.	<u>Revise Manual to address certification processes, factors and indicators specific to this requirement. Indicators will be added under Factors of Protection from Abuse, neglect and Exploitation and Positive Services and Supports, and procedures for information gathering will be expanded to probe for any unauthorized use of restraint.</u>	Draft revisions to Assessment Tool for Basic Assurances Provide training to all involved stakeholders Implement changes	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					Restraint and restrictive interventions are probed only in the context of mental health or behavior supports an individual receives to help achieve goals, but there are no probes regarding unauthorized use.			
	Home And Community Based Settings Check List	X			<p>Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g.</p> <p>Do people have the space and opportunity to speak on the phone, open and read mail, and visit with others, privately?</p> <p>Do people have a place and opportunity to be by themselves during the day?</p> <p>Is informed consent obtained PRIOR TO implementation of intrusive medical or behavioral interventions?</p> <p>For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?</p> <p>For people using psychotropic medications, is the use based on specific psychiatric diagnoses?</p>	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?			
	Medicaid Waiver Survey for Participants			X	Includes questions/probes regarding being treated with dignity and respect, but may need revisions to probe freedom from coercion and restraint.	Consider revisions to probe for freedom from coercion and restraint. <u>Proposed probes added to address freedom from coercion and restraint.</u> <u>Do staff respect your opinion?</u> <u>Are staff careful they never try to make you do things you don't want to do?</u>	Draft proposed revisions to Survey	6/30/16
							OA and Administrative review and approval	8/30/16
							Implement revised Survey	10/1/16
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00	X			Each participant has a person-centered plan based on a history and profile of the individual and family. The planning meeting itself also produces an extensive profile and identifies wants and needs, the resources and supports currently available, and those needed, to meet the wants and needs. These include but are not limited to: Housing, Safety, Supervision, Communication, Mobility, Family and Friends, Recreation and Leisure, Health and Medical Care, Transportation, Education and Training, Employment or	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					Day Activities, Daily Living, Finances and Money Management, and Emotional or Behavioral Needs. Profiles also cover what and who is important to the individual, what are the individual's daily routines and what choices does he or she get to make, what works and doesn't work for the individual, and what does the team need to know and do to support the individual.			
	Alabama Administrative Code, Chapter 560-X-52, Rule No. 560-X-52-.04 - Covered Services	X			Covered services promote client independence, community access and integration and provide opportunity for integrated work.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.11 - Positive Services and Supports	X			(6) Each person and, with the person's permission, his/her family members or significant other, are invited to actively participate in person-centered planning, including discharge and transition planning. Information is presented to the person in language and terms appropriate for the person to understand. (15) Goals promote being present and participating in	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					community life, gaining and maintaining satisfying relationships, expressing preferences and making choices in daily life, having opportunities to fulfill respected roles and to live with dignity and continuing development of personal competence.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04 - Promotion and Protection of Individual Rights	X			(7) The rights assessment addresses people’s civil and legal rights and personal freedoms. The assessment includes, but is not limited to the ability to do the following <u>which will be documented in the person-centered plan</u> : (a) Exercise freedom of movement within physical environments. (16) No person is presumed incompetent or denied the right to manage his/her personal affairs or exercise all other rights guaranteed persons of society solely by reason of his/her having received support services, unless legally determined otherwise.	None required	NA	NA
	Alabama Administrative Code,	X			(2) People are supported to make their own health care	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Chapter 580-5-33, Rule No. 580-5-33-.08 - Best Possible Health				appointments and choices regarding their medical care as needed.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.14 - Personal Care Companion, Respite, Crisis Intervention Services and Supported Employment at an Integrated Work Site	X			(1) ...the organization provides training to staff on the services to be provided and how the person wants to be supported. This training includes: (b) Information about the specific conditions and required supports of the person to be served, including ...his/her support needs and preferences related to that support.	None required	NA	NA
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification includes probes related to individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	None required	NA	NA
	Provider Certification and Guidance Manual, Revised June 2014	X			The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It addresses individual initiative, autonomy, and independence in making life	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					choices, including but not limited to, daily activities, physical environment, and with whom to interact.			
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement.	None required	NA	NA
5. Facilitates individual choice regarding services and supports, and who provides them.	AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00	X			An individual coming into services is provided information about services and supports by the 310/case management entity. Once there is a determination of needs from the person centered planning process, information is provided to the individual and/or family regarding providers in their respective area. Visits are arranged, upon request, to the various service provider's sites to give individuals an opportunity to make an informed decision. The individual and family verify their choice(s) of provider(s) by signing a document that lists choices. Information is again provided with an opportunity to exercise choice at the individual's annual review	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					meeting. A Dissatisfaction of Services form is presented to each waiver participant and his/her family/representative as part of the planning process. If the individual decides that he /she wants to change current services at any other time, a special team meeting is convened to address concerns and ensure information is provided about other available services and supports.			
	Alabama Administrative Code, Chapter 560-X-52, Rule No. 560-X-52-.01 - Authority and Purpose			X	Does not address individual choice regarding services and supports, and who provides them.	Revise rule to integrate requirements regarding individual choice regarding services and supports, and who provides them. Proposed language: <u>Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that facilitates choice regarding services and who provides them.</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
	Alabama Administrative Code, Chapter 580-5-33, Rule	X			(1) People are given the opportunity to choose health care providers.	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	No. 580-5-33-.08 - Best Possible Health							
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.12 - Program Enrollment/Participation in DMH Medicaid Waiver Programs	X			(6) All individuals, along with their family or guardian, served under either of the two Waivers must be given free choice among qualified providers as to who is going to provide each waiver service.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-30, Rule No. 580-5-30-.14 - Free Choice of Providers Within DMH Medicaid Waiver Programs	X			The Division of Developmental Disabilities shall assure that each individual and their family/guardian are given a free choice of individuals or entities from which to receive services. Free choice of provider is an essential right of individuals and their families as required by federal Medicaid regulations and is upheld by the case management agency. (1) The designated case management agency ...shall ensure that individuals and their family are provided with adequate information about all providers of services from which to base their choice(s), and that their choice is unhindered by	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					coercion or manipulation arising from conflict of interest.			
	Assessment Tool for Basic Assurance, 2012			X	Tool used for licensing and certification does not include specific probes related to individual choice regarding services and supports, and who provides them.	Revise tool to include probes specific to this requirement <u>I Make choices regarding services and supports and who provides them</u>	Draft revisions to Assessment Tool for Basic Assurances	7/31/16
							Provide training to all involved stakeholders	3/01/17
							Implement changes	7/31/17
	Provider Certification and Guidance Manual, Revised June 2014	X			The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It addresses the facilitation of individual choice regarding services and supports, and who provides them.	None required	NA	NA
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, <u>e.g.</u> <u>Do people select the services/supports that they receive? (generic community</u>	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
				services e.g., barber, restaurant, etc.) <u>Do people select the provider from among an array of options?</u>			
	Medicaid Waiver Survey for Participants	X		Includes questions/probes regarding choice of providers.	None required	NA	NA
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:	AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00 Appendix C1/C3			X The following components are not addressed in the Residential Habilitation Service definition: There is a legally enforceable agreement for the unit or dwelling where the individual resides; Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS; Does not discuss lockable doors and privacy.	Amend waiver to revise Residential Habilitation definition to address the additional conditions that must be met in a provider-owned or controlled residential setting. <u>Proposed language: Residential Habilitation shall mean a type of residential service selected by the person supported, offering individualized services and supports that enable the person supported to acquire, retain, or improve skills necessary to reside in a community-based setting and which supports each resident's independence and full integration into the community, and ensures each resident's choice and rights. Residential Habilitation services shall be provided in a dwelling which may be rented, leased, or owned by the Residential Habilitation provider, and shall comport fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, and set forth in the</u>	Submit waiver amendment	<u>12/31/16</u>
						Obtain approval of waiver renewal	<u>3/31/17</u>
						Implement revised procedures per approved renewal	<u>4/1/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>person-centered ISP. Participants receiving residential services are entitled to file an appeal, as needed and are regarded similarly as those without disabilities in respect to signed lease/rental agreements.</u></p> <p><u>Amend waiver to revise Residential Habilitation definition to clarify role of the preferences of the individual In making residence selection.</u></p> <p><u>Proposed Language: Freedom of choice also includes the right to select any provider with an active provider agreement with the Department of Mental Health Division of Developmental Disabilities if the provider is available, willing, and able to provide the services needed, and choice of the setting in which services and supports are received which shall be integrated in, and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. The individual has the right to a rental agreement that is fully</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>enforceable.</u>		
	Medicaid Waiver Survey for Participants			X	Does not include probes related to any aspects of this requirement	<u>Revision to add probes related to this requirement. See specific proposed probes for requirements below.</u>	Draft proposed revisions to Survey	<u>11/30/16</u>
							OA and Administrative review and approval	<u>3/31/17</u>
							Implement revised Survey	<u>9/30/17</u>
a. The Unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services... Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS.	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.15 - Case Management Standards			X	(3)(e)(6)(iii)(f) The core elements of case management performed by the assigned case manager include 15. Prior to a person being discharged from a service, a transition plan and/or discharge plan as applicable is completed which includes a summary of services utilized, the reason for the discharge/transition and future supports which will be needed, if any. The case manager attends the transition plan meeting or follow up to see that a transition and/or discharge plan is completed. Does not specifically state dwelling is to be owned, rented, or occupied under a legally	Revise Alabama Administrative Code, Chapter 35 580 to add language regarding requirement for legally enforceable agreements and protections related to eviction and appeals. <u>580-5-33-.04 Promotion and Protection of Individual Rights.</u> <u>(7) The rights assessment addresses people’s civil and legal rights and personal freedoms. The assessment includes, but is not limited to the ability to do the following:</u> <u>Exercise freedom of movement within physical environments, including lockable entrance doors, with people served and only appropriate staff having keys.</u>	Draft revisions to rule	Completed
							Publish rule for public comment	Completed
							Publish final rule	9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					enforceable agreement by the individual receiving services, or that Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS.	<u>Have a lease, residency agreement, or other form of written agreement in place that provides protections, and addresses eviction processes and appeals comparable to those provided under the state’s landlord tenant law.</u>		
	Assessment Tool for Basic Assurance, 2012			X	Tool used for licensing and certification does not include related probes	Revise tool to include probes specific to this requirement. <u>Proposed language: k. Have a lease, residency agreement, or other form of written agreement in place that provides protections, and addresses eviction processes and appeals comparable to those provided under the state’s landlord tenant law</u>	Draft revisions to Assessment Tool for Basic Assurances	<u>7/31/16</u>
							Provide training to all involved stakeholders	<u>3/01/17</u>
							Implement changes	<u>7/31/17</u>
	Provider Certification and Guidance Manual, Revised June 2014			X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It does not address this requirement.	Revise Manual to address certification processes, factors and indicators specific to this requirement <u>Individuals and staff will be interviewed as to whether there is a lease, residency agreement, or other form of written agreement in place that provides protections, and addresses eviction processes and appeals comparable to those provided under the state’s landlord tenant law. Copies of lease agreements will be reviewed.</u>	Draft revisions to Assessment Tool for Basic Assurances	<u>7/31/16</u>
							Provide training to all involved stakeholders	<u>3/01/17</u>
							Implement changes	<u>7/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, <u>e.g.</u> <u>Are people provided the same protections from eviction that other tenants have under landlord/tenant laws?</u> <u>Do people have the same responsibilities that other tenants have under landlord/tenant laws?</u>	None required	NA	NA
b. Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 - Dignity and Respect			X	(11) The organization affords every person the right to privacy. Staff demonstrates respect for people’s privacy when providing supports for personal hygiene, bathing, or dressing as well as when entering personal spaces. (12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences; (c) To decorate personal space based on choice while maintaining an environment that is safe and sanitary. Does not fully address lockable entrance doors or privacy issues	Revise Alabama Administrative Code, Chapter 580-5-33 to ensure individuals have privacy in their sleeping or living unit and that units have entrance doors lockable by the individual. <u>Alabama Administrative Code, Chapter 580, Rule No. 580-5-33-.05 Dignity and Respect</u> <u>(10) The organization provides space for people to speak or interact with others in private and to open and read mail or other materials.</u> <u>(11) The organization affords every person the right to privacy. Staff demonstrates respect for people’s privacy when providing supports for personal hygiene, bathing, or dressing</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>Completed</u> <u>Completed</u> <u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					related to video/electronic device surveillance.	as well as when entering personal spaces. <u>(13) The organization has policies related to privacy that address consent and use of video surveillance equipment and other electronic recording devices such as cell phones, cameras, video recorders, etc. 580-5-33-.04 Promotion and Protection of Individual Rights.</u> <u>(7) The rights assessment addresses people’s civil and legal rights and personal freedoms. The assessment includes, but is not limited to the ability to do the following: Exercise freedom of movement within physical environments, including lockable entrance doors, with people served and only appropriate staff having keys.</u>		
	Assessment Tool for Basic Assurance, 2012			X	Tool used for licensing and certification does not include related probes	Revise tool to include probes specific to this requirement. <u>Proposed probe to be added:</u> <u>j. Exercises freedom of movement within physical environments, including lockable entrance doors, with people served and only appropriate staff having keys.</u>	Draft revisions to Assessment Tool for Basic Assurances Provide training to all involved stakeholders Implement changes	<u>7/31/16</u> <u>3/01/17</u> <u>7/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
	Provider Certification and Guidance Manual, Revised June 2014		X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It does not address this requirement.	<u>Revise Manual to address certification processes, factors and indicators specific to this requirement.</u> <u>Individuals and staff will be interviewed and observations conducted to ensure individuals exercise freedom of movement within physical environments, including lockable entrance doors, with people served and only appropriate staff having keys.</u>	Draft revisions to Assessment Tool for Basic Assurances Provide training to all involved stakeholders Implement changes	<u>7/31/16</u> <u>3/01/17</u> <u>7/31/17</u>
	Home And Community Based Settings Check List	X		Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, <u>e.g.</u> <u>Each person living in the unit has a key or keys for that unit?</u> <u>Is there evidence that efforts are being made to teach use of a key to anyone who does not understand how to do this?</u>	None required	NA	NA
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X		(20) The right to be accorded human respect and dignity on an individual basis in a consistently humane fashion.	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
c. Each individual has privacy in their sleeping or living unit. Is the furniture arranged as individuals prefer and does the arrangement assure privacy and comfort?	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 - Dignity and Respect	X		(11) The organization affords every person the right to privacy. Staff demonstrates respect for people’s privacy when providing supports for personal hygiene, bathing, or dressing as well as when entering personal spaces. (12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences.	None required	NA	NA
	Assessment Tool for Basic Assurance, 2012	X		Tool used for licensing and certification does not include related probes	Revise tool to include probes specific to this requirement. <u>Proposed probe to be added:</u> <u>a. privacy in a person’s bedroom with furnishing selected and arranged by the person?</u>	Draft revisions to Assessment Tool for Basic Assurances	<u>7/31/16</u>
						Provide training to all involved stakeholders	<u>3/01/17</u>
						Implement changes	<u>7/31/17</u>
	Provider Certification and Guidance Manual, Revised June 2014		X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related	Revise Manual to address certification processes, factors and indicators specific to this requirement. <u>Individuals and staff will be interviewed and observations conducted to ensure individuals have privacy in a person’s</u>	Draft revisions to Assessment Tool for Basic Assurances	<u>7/31/16</u>
					Provide training to all	<u>3/01/17</u>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					indicators. It does not address this requirement.	<u>bedroom with furnishing selected and arranged by the person?</u>	involved stakeholders	
							Implement changes	<u>7/31/17</u>
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, <u>e.g.</u>	None required	NA	NA
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X			(20) The right to be accorded human respect and dignity on an individual basis in a consistently humane fashion.	None required	NA	NA
d. Each individual has privacy in their sleeping or living unit: Individuals have the freedom to furnish and decorate their sleeping or living units...	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 - Dignity and Respect	X			(12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences and include supports: (c) To decorate personal space based on choice while maintaining an environment that is safe and sanitary.	None required	NA	NA
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification includes probes related to the freedom to furnish and decorate their sleeping or living units.	None required	NA	NA
	Provider Certification and Guidance			X	The Manual describes the process for certification of	Revise Manual to address certification processes, factors and indicators	Draft revisions to Assessment	7/31/16

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
	Manual, Revised June 2014			Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It does not address this requirement.	specific to this requirement. <u>Individuals and staff will be interviewed and observations conducted to ensure individuals have the freedom to furnish and decorate their sleeping or living units</u>	Tool for Basic Assurances Provide training to all involved stakeholders Implement changes	3/01/17 7/31/17
	Home And Community Based Settings Check List	X		Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g. <u>Does each person pick the decorative items in their own private bedroom?</u> <u>Do people living in the same unit participate in the choices of decorative items in the shared living areas of the unit?</u>	None required	NA	NA
e. The setting is physically accessible...	Life Safety Minimum Standards for Physical Facilities—Alabama Administrative Code, Chapter 580-3-22, Rule No. 580-3-22	X		Facilities must comply with ADA requirements for total access to and inside the facility.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule	X		(11) ...People have therapeutic and adaptive equipment that fits them and is in good repair.	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	No. 580-5-33-.08 - Best Possible Health							
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.15 - Case Management Standards	X			(3)(b)(3)(c)(2) The goal of service arrangement is to: (ii) Assist persons in accessing supports, for example ...coordinating transportation as needed for the persons served.	None required	NA	NA
	Home And Community Based Settings Check List	X			<u>Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g. Have modifications been made to promote maximum access and use of physical environment for the person, if needed and requested?</u>	None required	NA	NA
f. Any modification of the additional conditions, under paragraphs (a)(1)(vi) A-D must be supported by a specific assessed need and justified in the person centered service plan.....	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.11 - Positive Services and Supports	X			(16) If formal individual supports are needed/identified for people to carry out daily routines and obtain other desired outcomes, then each learning opportunity has a strategy for implementation that specifies who is responsible, when, where and how the opportunity is to be carried out, frequency of implementation and methods of	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>data collection to assess achievement.</p> <p>(20) The organization has a system to monitor the implementation of person centered plans which includes direct observation. Reliable evidence or information is recorded and reflects progress towards objectives and achieving desired outcomes.</p> <p>(21) Each learning, participation, or service opportunity is assessed for progress/achievement. The effectiveness of the implementation of each person centered plan is reviewed and that review documented at least every ninety (90) days in accordance with funding source requirements.</p> <p>(22) Revisions/changes in the person-centered plan are made if the person is not benefiting from identified opportunities or as requested by the person.</p> <p>(23) Objectives and strategies are developed to address behaviors that interfere with the achievement of personal goals</p>			

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					or the exercise of individual rights using the least intrusive interventions necessary and the most positively supporting interventions available.			
	Assessment Tool for Basic Assurance, 2012			X	Tool used for licensing and certification does not include related probes	Revise tool to include probes specific to this requirement. <u>Proposed probe: Is an assessment completed indicating the need for the restriction?</u>	Draft revisions to Assessment Tool for Basic Assurances	<u>7/31/16</u>
							Provide training to all involved stakeholders	<u>3/01/17</u>
							Implement changes	<u>7/31/17</u>
	Provider Certification and Guidance Manual, Revised June 2014			X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It does not specifically address this requirement.	Revise Manual to address certification processes, factors and indicators specific to this requirement. <u>Staff will be interviewed and appropriate documentation reviewed to ensure restrictions are supported by a specific assessment and documented in the person-centered plan.</u>	Draft revisions to Assessment Tool for Basic Assurances	<u>7/31/16</u>
							Provide training to all involved stakeholders	<u>3/01/17</u>
							Implement changes	<u>7/31/17</u>
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement. e.g.	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>Identified need by a specific and individualized assessment</p> <p>Positive interventions and supports used prior to the modification</p> <p>Less restrictive methods of meeting the need that have been tried and did not work</p> <p>Clear description of the condition that is directly proportionate to the modification</p> <p>Data to be collected to measure the effectiveness of the modification</p> <p>Established time limits for review for the continued need for the modification</p> <p>Informed consent of the individual or legally authorized representative</p> <p>Assurances that interventions and supports do not cause harm</p>			
g. Individuals are able to have visitors of their choosing at any time.	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04.7(e) - Promotion and Protection of			X	<p>Provides that individuals may visit and be visited by whomever they choose, but does not address right to have such visitors at any time.</p> <p>(6j) The right to social interaction with members of</p>	<p><u>Revise Chapter 580-5-33. Proposed language: Individuals may visit and be visited by whomever they choose at any time without restriction. Any modification of these rights must be in accordance with an identified need, approved through due process and</u></p>	<p>Draft revisions to rule</p> <p>Publish rule for public comment</p> <p>Publish final rule</p>	<p><u>11/30/16</u></p> <p><u>3/31/17</u></p> <p><u>9/30/17</u></p>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Individual Rights				either sex (No time restraints noted)	<u>documented in the person centered plan.</u>		
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification includes probes related to promoting visits of family and friends to individual's home	None required	NA	NA
	Provider Certification and Guidance Manual, Revised June 2014	X			The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It addresses this requirement	None required	NA	NA
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g. <u>Are people supported in having visitors of their own choosing and to visit others frequently?</u> <u>Are people satisfied with the amount of contact they have with their friends?</u>	None required	NA	NA
7. HCBS settings exclude locations that have the qualities of an institutional	AL Home and Community-Based Waiver for Persons			X	Does not fully address this requirement as it relates to settings that have the qualities	Amend Appendix C-5 and other appropriate sections of the waiver after the Statewide Transition Plan has been	Submission of Settings Assessment	3/31/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows: a. A nursing facility; b. An institution for mental diseases; c. An intermediate care facility for individuals with intellectual disabilities; d. A hospital; or e. Any other locations that have qualities of an institutional setting, as determined by the Secretary. For 1915(c) home and community-based waivers, section 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution: a. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, b. Any setting that is located	with Intellectual Disabilities 0001.R07.00			of an institution or are presumed to have qualities of an institution. Does not address process for identifying settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny.	approved to reflect requirements regarding settings that are presumed institutional <u>Proposed language will specifically state that waiver services will not be provided in any excluded setting and that case managers will monitor, on at least a monthly basis, all settings in which waiver services are delivered to ensure they are not institutional and/or isolating in nature. If case managers identify any setting that appears to be institutional and/or isolating in nature, such instances will be reported immediately to ADSS and AMA for an assessment to be completed. If the ADSS and AMA determine the setting is institutional and/or isolating in nature, waiver services cannot be provided in that setting. (Note: this assessment process is currently under development as a part of the final Settings Assessment.) Corrective action may be taken to demonstrate compliance or, if desired, the individual will be assisted through a person-centered planning process to transition to another setting that is compliant with the Final Rule. If the ADSS and AMA determine the setting qualifies for heightened scrutiny, evidence and documentation</u>	for Statewide Transition Plan	
						Approval of Statewide Transition Plan Settings Assessment	6/30/17
						Waiver amendment submission to reflect approved Statewide Transition Plan Make necessary changes to reflect approved Statewide Transition Plan for Waiver for renewal submission	8/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
in a building on the grounds of, or immediately adjacent to, a public institution, or c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.						<u>will be submitted to CMS according to the heightened scrutiny process defined in the approved Statewide Transition Plan Settings Assessment. (Note: this process is currently under development as a part of the final Settings Assessment.)</u>		
	Alabama Administrative Code, Chapter 560-X-52, Rule No. 560-X-52			X	Rule does not address exclusion of institutional or presumed-institutional settings or process for identification and scrutiny of such settings.	Revise rule to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision: Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that:</u> <u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u> <u>(ii) Are selected by the individual from among setting options;</u>	Draft revisions to rule	11/30/16
							Publish rule for public comment	3/31/17
							Publish final rule	9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p>(iii) <u>Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p>(iv) <u>Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p>(v) <u>Facilitate choice regarding services and who provides them.</u></p> <p>(b) <u>Services may not be provided in:</u></p> <p>(i) <u>Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u></p> <p>(ii) <u>Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p>		
	Assessment Tool for Basic Assurance, 2012			X	Tool used for licensing and certification does not include probes related to settings that may be presumed to be institutional.	Revise tool to include probes specific to this requirement. <u>Proposed probe: Does the setting have characteristics of an institution?</u>	Draft revisions to Assessment Tool for Basic Assurances Provide	7/31/16 3/01/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
							training to all involved stakeholders	
							Implement changes	7/31/17
	Provider Certification and Guidance Manual, Revised June 2014			X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators, but does not address the exclusion of institutional or presumed-institutional settings or process for identification and scrutiny of such settings.	Revise Manual to address certification processes, factors and indicators specific to this requirement. The environment will be assessed to ensure it is not institutional in nature. Individuals and staff will be interviewed to ensure individuals are not isolated from the community.	Draft revisions to Assessment Tool for Basic Assurances	7/31/16
							Provide training to all involved stakeholders	3/01/17
							Implement changes	7/31/17
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g.	None required	NA	NA
	AMA January 2016 Provider Manual, Chapter 107.2.3, Limitations			X	States that Medicaid does not provide waiver services to recipients in a hospital or nursing facility. Does not address exclusion of other institutional or presumed-institutional setting. Does not address process for identifying	Revise Provider Manual to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision will add the following language:</u> <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for</u>	Draft revisions to Provider Manual	11/30/16
							Administrative review and approval	3/31/17
							Publish revised	9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny	<u>individuals with intellectual disabilities, and hospitals; and, (ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u>	Provider Manual	
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Home and Community-Based Services are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: Services may not be provided in: (i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and, (ii) Presumed</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
LIVING AT HOME WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p> <p><u>QA activities include home visits to a random sample of waiver recipients. Proposed language to be added will specify onsite inspection of the home will include an assessment of compliance with HCBS Final Settings Rule regarding settings that tend to isolate or are otherwise institutional in nature, including, when applicable, compliance with any prescribed remediation plan and timelines.</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00		X	Covered services promote integrated settings and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Attachment 2 acknowledges additional work to be accomplished to fully support integrated employment opportunities.	DDD has begun the process of developing a comprehensive MOA/MOU that will include multiple state agencies responsible for providing resources, supports and services to people with disabilities as it relates to work preparation, trial work experiences, obtaining employment, and long term supports. It is through this MOA/MOU that each agency will identify its role and how services will be blended or braided with each other in order to maximize the funding needed to support a person throughout his/her life. The Plan also specifies that DDD will develop a MOU with the Department of Rehabilitation Services. This MOU will actually be department-wide so the Plan will be edited to say DMH rather than DDD. <u>Signatories include, The Commissioners of the Alabama Medicaid Agency, the Department of Rehabilitation Services, State Department of Education, Department of Mental Health Mental Illness/Substance Abuse Division, and the Associate Commissioner of the Department of Mental Health Division of Developmental Disabilities and the DD Council.</u>	Draft MOA/MOU with multiple state agencies	Completed
						Revise MOA/MOU as needed	3/15/16
						MOA/MOU executed	6/30/16
						Draft MOU with Vocational Rehabilitation	Completed
						Internal legal office review of MOU with Vocational Rehabilitation	3/31/16
						MOU with Vocational Rehabilitation executed	6/30/16

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Alabama Administrative Code, Chapter 560-X-35, Rule No. 560-X-35-.01 - Authority and Purpose			X	States purpose of providing HCBS is to provide health, social, and related support needed to ensure optimal functioning of an individual with an intellectual disability within a community setting, but does not address the integration of settings that will support full access of individuals receiving Medicaid HCBS to the greater community.	Revise rule to reflect all requirements as noted above . <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>	Draft revisions to rule Publish rule for public comment Publish final rule	11/30/16 3/31/17 9/30/17
	AMA January 2016 Provider Manual, Chapter 107.2.4, Explanation of Covered Services			X	The Provider Manual includes some references that support this requirement of the Rule, the overall purpose of Waiver Services (including the ID Waiver) does indicate they are designed to serve individuals who would otherwise require institutionalization, but the definition of purpose is limited to protecting health, safety and dignity of participants while reducing Medicaid expenditures. It does not address the other components of this requirement, including supporting full access	Revise Chapter 107 to reflect requirement setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. <u>Proposed language is congruent with Final Rule requirements and specifically states waiver services must be provided in settings that are integrated in and support full access of</u>	Draft revisions to Provider Manual Administrative review and approval Publish revised Provider Manual	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.	<u>individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</u>		
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.08 - Community Placement	X			(1) ...The goal of providing services and supports to individuals with intellectual disabilities is to provide inclusive community living options, transition outcomes, and employment for individuals that achieve full integration and inclusion in society in a manner consistent with the strengths, resources, and capabilities for each individual.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.15 3(c) – Case Management Standards	X			The goal of service arrangement is to (i) Assist persons in accessing learning, participation and support opportunities and optimizing independence through support and training in	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
				the use of personal and community resources.			
	Title 38: Public Welfare, Section 38-9C-4 - Rights		X	(3) The right to inclusion in the community. (4) The right to live, work, be educated, and recreate with people who do not have disabilities. (12) The right to reasonable access to and privacy of mail, telephone, communications, and visitors. (18) The right to access general services in their community and local neighborhood.	<u>Amend Title 38 to clarify individuals have the right to access to and privacy of mail, telephone, communications and visitors without restriction. Any modification of these rights must be in accordance with an identified need, approved through due process and documented in the person centered plan.</u>	Draft revisions to rule	<u>1/31/17</u>
						Publish rule for public comment	<u>4/30/17</u>
						Publish final rule	<u>8/31/17</u>
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 - Dignity and Respect	X		(12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences and include supports: (d) To provide transportation and other supports to access community services in a manner similar to others at large.	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					(1314) The organization provides personal assessments that identify preferred work and activities . . .			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.06 - Natural Support Networks	X			(1) The organization has policies and procedures that define natural supports and acknowledge the importance of natural supports in promoting identity, personal security and continuity for people served by the organization. Natural supports include families and friends as well as community resources such as local organizations, clubs, places of worship, schools or other places where new and existing relationships can be built and facilitated outside of the organization. (2) Policies and practices reflect how an organization facilitates continuity in existing relationships and supports building new relationships using community resources. (4) Facilitation of natural supports includes promoting visits to the homes of families	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					and friends and visits of families and friends to people’s homes... (10) The organization ...has clearly identified expectations related to visits or other interactions with natural supports based on the desires of the person being supported and provides private space for visits and interaction with natural supports.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.09 - Safe Environments	X			(12) The organization maintains the appearance of the home, inside and out, consistent with that of other homes in the neighborhood.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.11 - Positive Services and Supports	X			(9) At a minimum, the following areas are addressed and documented in the functional assessment: (a) Personal preferences. (e) Vocational needs. (15) Goals promote being present and participating in community life, gaining and maintaining satisfying relationships, expressing preferences and making choices in everyday life, having opportunities to fulfill respected roles and to live with dignity and	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					continuing development of personal competencies. (18) At least weekly community integration activities are documented as offered			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.02 - Definitions	X			(7) Supported Employment Services at an Integrated Worksite... includes supporting individuals at a worksite where other workers do not have disabilities... The principles of Supported Employment at an Integrated Worksite are: <i>[not listed here due to the length, but includes the concepts of Employment First, addressing work for all adults of working age, work as a normal expectation of adults in our society, no one being excluded who wants to participate, choices and decisions about work receiving deference].</i>	None required	NA	NA
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X			(4) The right to live, work, be educated, and recreate with people who do not have disabilities.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule	X			(15) Goals promote being present and participating in community life, gaining and	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
	No. 580-5-33-.11 - Positive Services and Supports			maintaining satisfying relationships, expressing preferences and making choices in daily life, having opportunities to fulfill respected roles and to live with dignity and continuing development of personal competence.			
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X		(17) The right to make decisions that affect their lives.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04 - Promotion and Protection of Individual Rights	X		(7) The rights assessment... includes, but is not limited to the ability to do the following: (a) Manage money. (f) Access personal possessions.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.12 - Continuity and Personal Security	X		(10) Accounting and fiscal practices do not restrict personal access to funds or monies that belong to people receiving services.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.15 - Case Management Standards	X		(3) The core elements of case management performed by the assigned case manager includes a Needs Assessment including (9) 10 Resource analysis and planning to include: (ii) Maintaining accountability to	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
				the individual for his funds, as applicable.			
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X		(10) The right to own and possess real and personal property.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.07 - Client Funds	X		Each entity shall have a written plan/policy regarding the management of client’s personal funds which requires, at a minimum, the following. (1) Clients shall manage their personal fund account unless there is a payee, guardian or similar appointee who manages the account for them. (2) Each entity that manages a client’s funds shall have on record the appropriate written consent to manage that client’s personal funds. (3) Clients/guardians shall be informed of the process whereby the client may access his/her personal funds.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.12 - Continuity and Personal Security	X		(14) Food is nutritious and will be available in quantity and variety to meet individual dietary needs and preferences.	<u>Revise Chapter 580-5-33 to clarify that food will be available at any time without restriction. Any modification of this right must be in accordance with an identified need, approved through due process and documented in the person centered plan.</u>	Draft revisions to rule Publish rule for public comment	<u>1/31/17</u> <u>4/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
							Publish final rule	<u>8/31/17</u>
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification includes probes related to preferred work and activities, practices to help people make choices based on preferences and to assist people to achieve goals, whether activity and work options available are age appropriate and culturally normative and options promote a positive self-image and whether work is compensated at a fair wage.	None required	NA	NA
	Provider Certification and Guidance Manual, Revised June 2014	X			The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It addresses full access of individuals receiving waiver services to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life,	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.			
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement	None required	NA	NA
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Proposed revisions include defining Home and Community-Based services as being provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following:</u> <u>(a)Services may only be provided in settings that:</u> <u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u></p> <p><u>(ii) Are selected by the individual from among setting options;</u></p> <p><u>(iii) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p><u>(iv) Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p><u>(v) Facilitate choice regarding services and who provides them.</u></p> <p><u>Proposed language to be added to specific QA activities include:</u></p> <p><u>Modification of the objectives to add:</u> <u>To assure participants are receiving services in settings that meet the requirements of the HCBS Final Settings Rule and maximize opportunities for community integration</u></p> <p><u>Modification of the record review and home visit process for a random sample of waiver participants to include:</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>Services are provided in settings that maximize opportunities for community participation and integration to the same degree as individuals not receiving HCBS.</u>		
	Medicaid Waiver Survey for Participants			X	Survey questions do not address/probe compliance with this element	Revise Survey to include questions/probes that address compliance with this element. <u>Probes will be added to address full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. Proposed probes to be added:</u> <u>Do you get help to do the things you like to do in the community?</u> <u>If you have a job or want to work, do you get the help you need to make that possible?</u> <u>Do staff who come into your home show respect for your personal belongings?</u>	Draft revisions to Survey OA and Administrative review and approval Implement revised Survey	11/30/16 3/31/17 9/30/17
2. The setting is selected by the individual from among setting options including	AL Home and Community-Based Waiver for Persons			X	Residence selection is discussed only in the context of provider responsibilities. There is no	Amend waiver to revise Residential Habilitation definition <u>to address the additional conditions that must be met</u>	Submit waiver amendment Obtain	12/31/16 3/31/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.	with Intellectual Disabilities 0001.R07.00 Appendix C1/C3 Residential Habilitation			discussion of residence selection being based upon the preferences of the individual.	<p><u>in a provider-owned or controlled residential setting: There is a legally enforceable agreement for the unit or dwelling where the individual resides; Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS; that units have entrance doors lockable by the individual.</u></p> <p><u>Proposed Language: Residential Habilitation shall mean a type of residential service selected by the person supported, offering individualized services and supports that enable the person supported to acquire, retain, or improve skills necessary to reside in a community-based setting and which supports each resident's independence and full integration into the community, and ensures each resident's choice and rights. Residential Habilitation services shall be provided in a dwelling which may be rented, leased, or owned by the Residential Habilitation provider, and shall comport fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, and set forth in the person-centered ISP. Participants</u></p>	approval of waiver renewal Implement revised procedures per approved renewal	4/1/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>receiving residential services are entitled to file an appeal, as needed and are regarded similarly as those without disabilities in respect to signed lease/rental agreements.</u></p> <p><u>Amend waiver to revise Residential Habilitation definition to clarify role of the preferences of the individual In making residence selection.</u></p> <p><u>Freedom of choice also includes the right to select any provider with an active provider agreement with the Department of Mental Health Division of Developmental Disabilities if the provider is available, willing, and able to provide the services needed, and choice of the setting in which services and supports are received which shall be integrated in, and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. The individual has the right to a rental agreement that is fully enforceable.</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33.11 - Positive Services and Supports POM Data Case Management		X	Alabama Administrative Code 580-5-33 is based on the Basic Assurances of the Council on Quality Leadership Personal Outcome Measures and affirms the right of individuals to make decisions that affect their lives. It does not specifically address the element of this requirement.	Revise Alabama Administrative Code Chapter 35 to include language specific to the process for ensuring individuals are aware of all setting options, including non-disability specific settings and an option for a private unit in a residential setting, and that these will be identified and documented in the person centered service plan.	Draft revisions to rule	9/30/16
						Publish rule for public comment	12/31/16
							Publish final rule
	Assessment Tool for Basic Assurance, 2012		X	Tool used for licensing and certification includes probes related to housing preferences, but does not have probes that address the process for ensuring individuals are aware of all setting options, including non-disability specific settings and an	Revise tool to include probes related to this requirement. Proposed probes include: Is the person informed and aware of all setting options including non-disability specific settings and an option for a private room in their home?	Draft revisions to Assessment Tool for Basic Assurances	7/31/16
							Provide training to all involved stakeholders

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					option for a private unit in a residential setting, and that these will be identified and documented in the person centered service plan.	Is this information documented in the person-centered plan?	Implement changes	7/31/17
	Provider Certification and Guidance Manual, Revised June 2014	X			The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It addresses the selection of the setting by the individual from among setting options including non-disability specific settings.	None required	NA	NA
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g. Are transportation and other supports provided so that people can regularly access services similar to those used by the community at large? Can people regularly interact directly with other members of the community who are not paid to do so?	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
3. Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00 Appendix G-2	X			Appendix G-2 describes the requirements for implementing, monitoring and documenting use of restraints and certain restrictive interventions that are permitted during the course of the delivery of waiver services, including due process protections, staff training requirements, reporting procedures. The DDD Regional Community Services offices review any instances of unauthorized use of restraint or restrictive interventions and follows up on the investigation, adding recommendations when necessary to prevent further occurrence. Additionally, at any time that Regional Office staff are conducting their usual monitoring of providers and they witness or become aware that any restraint has been used without authorization, it is reported and investigated. Finally, certification staff routinely reviews the use of any restrictive procedure during surveys to ensure	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					appropriateness and adequate due process. Seclusion is not permitted; DDD, in its function of certifying providers and in its monitoring of direct service provision and service plan implementation, will detect any unauthorized use of any restrictive interventions.			
	Alabama Administrative Code, Chapter 560-X-35, Rule No. 560-X-35-.12 - Confidentiality	X			Providers shall not use or disclose, except to duly authorized representatives of federal or state agencies, any information concerning an eligible recipient except upon the written consent of the recipient, his/her attorney, or his/her guardian, or upon subpoena from a court of appropriate jurisdiction.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04 - Promotion and Protection of Individual Rights	X			(7) The rights assessment addresses people’s civil and legal rights and personal freedoms. The assessment includes, but is not limited to the ability to do the following <u>which will be documented in the person-centered plan</u> : (a) Send and receive mail.	None required	NA	NA

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					(be) Make and receive telephone calls and use other means of communication.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 – Dignity and Respect	X			<p>(3) Policies and procedures address, at a minimum, the following areas:</p> <p>(b) Dignity and Respect.</p> <p>(12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences and include supports:</p> <p>(a) To ensure healthy hygiene and personal cleanliness.</p> <p>(b) To choose clothing that fits appropriately.</p> <p>(12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences and include supports.</p> <p>(13) ... Options for people shall be age and culturally appropriate, normative and promote a positive self-image.</p> <p>(16) The organization maintains a cumulative record of information and documentation of services and supports needed by and provided to people. The organization ensures that all</p>	<p>None required at this time. <u>AMA Administrative Code, Chapter 58, Rule No. 580-5-33-.03 Policies and Procedures does provide some support for the requirement to ensure individuals’ rights of privacy, dignity and respect, and freedom from coercion and restraint, in that, historically, many individuals with intellectual and developmental disabilities did not routinely have access to these basic elements of human dignity. More specifically, CMS had expressed a concern that the requirement for “options for people shall be age and culturally appropriate, normative...” appeared to be prescriptive and not sufficiently supportive of individual freedom of choice. Again, there is historical context of stereotyping and stigmatization of individuals with intellectual and developmental disabilities to the presence of this wording in the State’s standards. ADMH has placed significant emphasis on the elimination of stigma and feels it remains important to be sure</u></p>	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					information in a person’s record, including financial and health information, is kept confidential, and in accordance with HIPAA regulations and other state and federal laws. Only those directly involved in a person’s care, authorized administrative review or in the monitoring of services have access to records. (17) The organization is responsible for the safekeeping of each person’s records and for securing it against loss, destruction, or use by unauthorized persons. (18) Personal information includes only information needed to provide supports and services to people.	<u>individuals are provided with “options” that enhance their integration and reduce stigmatization. This standard also does not stand alone and should be viewed as only one part of the overall emphasis in dignity, respect and freedom from coercion and restraint that are also represented in the crosswalk. ADMH will work with consumer and stakeholder groups to examine this section of state standards and make any revisions that may be needed.</u>		
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 - Dignity and Respect	X			(1) The organization’s policies and procedures reflect and reinforce the use of courteous practices towards people, the avoidance of labels to describe people based on physical characteristics or disabilities and the practice of addressing people by their preferred names (4) The organization has a mechanism that provides people	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>supported and their legally authorized representatives with information regarding filing complaints and grievances.</p> <p>(6) Grievance procedure information is available in frequently used areas, particularly where people receive services. Such notices include the 800 numbers of the DMH Advocacy Office, federal protection and advocacy system (ADAP) and local Department of Human Resources.</p> <p>(7) The organization provides access to persons and advocates, including a DMH internal advocate and the grievance process without reprisal.</p> <p>(10) The organization provides space for people to speak or interact with others in private and to open and read mail or other materials.</p> <p>(11) The organization affords every person the right to privacy. Staff demonstrates respect for people’s privacy when providing supports for personal hygiene, bathing, or</p>			

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Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
				<p>dressing as well as when entering personal spaces.</p>			
	Title 38: Public Welfare – Section 38-9C-4 - Rights		X	<p>(5) The right to be presumed competent until a court of competent jurisdiction determines otherwise. (9) The right to confidential handling of personal, financial, and medical records. (11) The right to privacy and dignity. (12) The right to reasonable access to and privacy of mail, telephone, communications, and visitors. (20) The right to be accorded human respect and dignity on an individual basis in a consistently humane fashion.</p>	<p><u>Amend Title 38 to clarify individuals have the right to access to and privacy of mail, telephone, communications and visitors without restriction. Any modification of these rights must be in accordance with an identified need, approved through due process and documented in the person centered plan.</u></p>	<p>Draft revisions to rule</p> <p>Publish rule for public comment</p> <p>Publish final rule</p>	<p><u>1/31/17</u></p> <p><u>4/30/17</u></p> <p><u>8/31/17</u></p>
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-07 - Protection from Abuse, Neglect, Mistreatment and Exploitation	X		<p>(5) There is a complaint process that is understandable and easy to use and people are supported to report allegations of abuse, neglect, mistreatment and exploitation.</p>	None required	NA	NA
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X		<p>(25) The right to be informed specifically of the procedures for initiating a complaint or grievance procedure and the</p>	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					applicable appeals process, including the means of requesting a hearing or review of the complaint. (26) The right to be informed of the means for accessing advocates, ombudsmen, or rights protection services within the program and, as applicable, the State of Alabama Mental Health System, the Department of Human Resources, the federal advocacy system, and other advocacy services. Such access must be allowed without fear of reprisal.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04 - Promotion And Protection Of Individual Rights	X			(13) Written, informed consent is obtained prior to any intrusive medical or behavioral intervention, and prior to participation in research. Information regarding procedures to be followed, potential discomforts and/or risks, and expected benefits of participation shall be presented in a non-threatening environment, and explained in language that the person can understand. The person is also informed that he/she may	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					withhold or withdraw consent at any time.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04 - Promotion And Protection Of Individual Rights	X			(30) The HRC reviews the frequencies and reasons surrounding the use of restraint for behavioral or medical purposes.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.10 - Staff Resources And Supports	X			(18)(19)(d) Employees who provide direct supports to people receive annual refresher training in management of aggressive behavior.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And Supports Positive Services and Supports	X			(25) Behavior Support Plans are developed based on information gathered through a functional behavioral assessment that is completed by a qualified professional and identifies physical or environmental issues that need to be addressed to reduce, replace or eliminate the behavior. The Behavior Support Plan outlines the specific behavioral supports that may and may not be used.	None required	NA	NA
	Alabama Administrative Code,	X			(26) All direct support staff receive training in behavioral	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And Supports Positive Services and Supports				techniques and plans prior to implementation of support(s) to people.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And Supports Positive Services and Supports	X			(27) Data related to the effectiveness of an individual's Behavior Support Plan is reviewed periodically, but at least quarterly, or more often as required by the individual's needs.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And Supports Positive Services and Supports	X			(29) All behavior support plans are approved by the person's Support Team. Each Behavior Support Plan with Level 2 or 3 procedures is reviewed and/or approved by the Behavior Program Review Committee, the Human Rights Committee and the person or the person's legally authorized representative in accordance with DDD PBS 02 Guidelines for Levels of Intervention. (a) The use of emergency or unplanned behavior interventions that are highly intrusive are in compliance with DDD PBS 02 Level 3 Procedures and are not used more than	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>three (3) times in a six (6) month period without a Support Team meeting to determine needed changes in the person’s behavior support plan.</p> <p>(b) If people require behavioral or medical supports to prevent harm to themselves or others, such supports are provided in accordance with DDD Behavioral Services Procedural Guidelines (DDD-PBS 01 –05).</p> <p>(c) The use of any restraint complies with the provisions of DDD PBS 02 Level 3 Procedures and is applied only by staff with demonstrated competency for the device or procedure used.</p> <p>(d) The organization ensures that people are not subjected to highly intrusive behavior interventions or punishment for the convenience of staff, or in lieu of a Behavior Support Plan.</p> <p>(e) The organization prohibits the use of corporal punishment, seclusion, noxious or aversive stimuli forced exercise, or denial of food or liquids that are part of a person’s nutritionally adequate diet.</p>			

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					(f) Behavior procedures considered the most restrictive comply with the Level 4 Provisions of DDD PBS 02. Requests for the use of Level 4 Procedures are sent to the Director of Psychological and Behavioral Services for the Division of Developmental Disabilities after reviews have been completed by the Behavior Program Review Committee (BPRC), Human Rights Committee (HRC) and the legally authorized representative. The Director of Psychological and Behavioral Services determines the frequency of further review. (g) The only exception to the above approval requirement is Emergency Mechanical Restraint, which has an IPMS documentation requirement and a limit regarding number of times it can be used.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And	X			(31) PRN orders for psychotropic medications are administered in accordance with the Nurse Delegation Program and the Behavioral Services Procedural Guidelines.	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Supports Positive Services and Supports							
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.1011 - Staff Resources And Supports Positive Services and Supports	X			(32) A person’s Support Team meets to assess and address behavioral and psychiatric needs when PRN medications are used as an Emergency Procedure three (3) times within a six (6) month period.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.11 - Positive Services And Supports	X			(29)(c) The use of any restraint complies with the provisions of DDD PBS 02 Level 3 Procedures and is applied only by staff with demonstrated competency for the device or procedure used. (29f) Behavior procedures considered the most restrictive comply with the Level 4 Provisions of DDD PBS 02. Requests for the use of Level 4 Procedures are sent to the Director of Psychological and Behavioral Services for the Division of Developmental Disabilities after reviews have been completed by the Behavior Program Review Committee (BPRC), Human Rights Committee (HRC) and the legally authorized representative. The Director of Psychological and	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					Behavioral Services determines the frequency of further review. (29g) The only exception to the above approval requirement is Emergency Mechanical Restraint, which has an IPMS documentation requirement and a limit regarding number of times it can be used.			
	Behavioral Services Procedural Guidelines, 2014 Update	X			Guidelines prescribe protections and due process for restrictive interventions at varying levels. Also provides guidelines for Behavior Support Plans.	None required	NA	NA
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification includes probes related individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.	None required	NA	NA
	Provider Certification and Guidance Manual, Revised June 2014			X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It comprehensively addresses individual's rights of privacy, dignity and respect, and freedom from coercion.	<u>Revise Manual to address certification processes, factors and indicators specific to this requirement. Indicators will be added under Factors of Protection from Abuse, neglect and Exploitation and Positive Services and Supports, and procedures for information gathering will be expanded to probe for any unauthorized use of restraint.</u>	Draft revisions to Assessment Tool for Basic Assurances Provide training to all involved stakeholders Implement changes	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					Restraint and restrictive interventions are probed only in the context of mental health or behavior supports an individual receives to help achieve goals, but there are no probes regarding unauthorized use.			
	Home And Community Based Settings Check List	X			<p>Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g.</p> <p>Do people have the space and opportunity to speak on the phone, open and read mail, and visit with others, privately?</p> <p>Do people have a place and opportunity to be by themselves during the day?</p> <p>Is informed consent obtained PRIOR TO implementation of intrusive medical or behavioral interventions?</p> <p>For any restrictions imposed on the person, is there a plan for restoring the right/fading the restriction?</p> <p>For people using psychotropic medications, is the use based on specific psychiatric diagnoses?</p>	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					Do people receive the fewest psychotropic meds possible, at the lowest dosage possible?			
	Medicaid Waiver Survey for Participants			X	Includes questions/probes regarding being treated with dignity and respect, but may need revisions to probe freedom from coercion and restraint.	Consider revisions to probe for freedom from coercion and restraint. <u>Proposed probes added to address freedom from coercion and restraint.</u> <u>Do staff respect your opinion?</u> <u>Are staff careful they never try to make you do things you don't want to do?</u>	Draft proposed revisions to Survey	6/30/16
							OA and Administrative review and approval	8/30/16
							Implement revised Survey	10/1/16
4. Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00	X			Each participant has a person-centered plan based on a history and profile of the individual and family. The planning meeting itself also produces an extensive profile and identifies wants and needs, the resources and supports currently available, and those needed, to meet the wants and needs. These include but are not limited to: Housing, Safety, Supervision, Communication, Mobility, Family and Friends, Recreation and Leisure, Health and Medical Care, Transportation, Education and Training, Employment or	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					Day Activities, Daily Living, Finances and Money Management, and Emotional or Behavioral Needs. Profiles also cover what and who is important to the individual, what are the individual's daily routines and what choices does he or she get to make, what works and doesn't work for the individual, and what does the team need to know and do to support the individual.			
	Alabama Administrative Code, Chapter 560-X-35, Rule No. 560-X-35-.04 - Covered Services	X			Covered services promote client independence, community access and integration and provide opportunity for integrated work.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.11 - Positive Services and Supports	X			(6) Each person and, with the person's permission, his/her family members or significant other, are invited to actively participate in person-centered planning, including discharge and transition planning. Information is presented to the person in language and terms appropriate for the person to understand. (15) Goals promote being present and participating in	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					community life, gaining and maintaining satisfying relationships, expressing preferences and making choices in daily life, having opportunities to fulfill respected roles and to live with dignity and continuing development of personal competence.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04 - Promotion and Protection of Individual Rights	X			(7) The rights assessment addresses people’s civil and legal rights and personal freedoms. The assessment includes, but is not limited to the ability to do the following <u>which will be documented in the person-centered plan</u> : (a) Exercise freedom of movement within physical environments. (16) No person is presumed incompetent or denied the right to manage his/her personal affairs or exercise all other rights guaranteed persons of society solely by reason of his/her having received support services, unless legally determined otherwise.	None required	NA	NA
	Alabama Administrative Code,	X			(2) People are supported to make their own health care	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Chapter 580-5-33, Rule No. 580-5-33-.08 - Best Possible Health				appointments and choices regarding their medical care as needed.			
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.14 - Personal Care Companion, Respite, Crisis Intervention Services and Supported Employment at an Integrated Work Site	X			(1) ...the organization provides training to staff on the services to be provided and how the person wants to be supported. This training includes: (b) Information about the specific conditions and required supports of the person to be served, including ...his/her support needs and preferences related to that support.	None required	NA	NA
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification includes probes related to individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.	None required	NA	NA
	Provider Certification and Guidance Manual, Revised June 2014	X			The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It addresses individual initiative, autonomy, and independence in making life	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					choices, including but not limited to, daily activities, physical environment, and with whom to interact.			
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement.	None required	NA	NA
5. Facilitates individual choice regarding services and supports, and who provides them.	AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00	X			An individual coming into services is provided information about services and supports by the 310/case management entity. Once there is a determination of needs from the person centered planning process, information is provided to the individual and/or family regarding providers in their respective area. Visits are arranged, upon request, to the various service provider's sites to give individuals an opportunity to make an informed decision. The individual and family verify their choice(s) of provider(s) by signing a document that lists choices. Information is again provided with an opportunity to exercise choice at the individual's annual review	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					meeting. A Dissatisfaction of Services form is presented to each waiver participant and his/her family/representative as part of the planning process. If the individual decides that he /she wants to change current services at any other time, a special team meeting is convened to address concerns and ensure information is provided about other available services and supports.			
	Alabama Administrative Code, Chapter 560-X-35, Rule No. 560-X-35-.01 - Authority and Purpose			X	Does not address individual choice regarding services and supports, and who provides them.	Revise rule to integrate requirements regarding individual choice regarding services and supports, and who provides them. Proposed language: <u>Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that facilitates choice regarding services and who provides them.</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>11/30/16</u> <u>3/31/17</u> <u>9/30/17</u>
	Alabama Administrative Code, Chapter 580-5-33, Rule	X			(1) People are given the opportunity to choose health care providers.	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	No. 580-5-33-.08 - Best Possible Health							
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.12 - Program Enrollment/Participation in DMH Medicaid Waiver Programs	X			(6) All individuals, along with their family or guardian, served under either of the two Waivers must be given free choice among qualified providers as to who is going to provide each waiver service.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-30, Rule No. 580-5-30-.14 - Free Choice of Providers Within DMH Medicaid Waiver Programs	X			The Division of Developmental Disabilities shall assure that each individual and their family/guardian are given a free choice of individuals or entities from which to receive services. Free choice of provider is an essential right of individuals and their families as required by federal Medicaid regulations and is upheld by the case management agency. (1) The designated case management agency ...shall ensure that individuals and their family are provided with adequate information about all providers of services from which to base their choice(s), and that their choice is unhindered by	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					coercion or manipulation arising from conflict of interest.			
	Assessment Tool for Basic Assurance, 2012			X	Tool used for licensing and certification does not include specific probes related to individual choice regarding services and supports, and who provides them.	Revise tool to include probes specific to this requirement <u>I Make choices regarding services and supports and who provides them</u>	Draft revisions to Assessment Tool for Basic Assurances	7/31/16
							Provide training to all involved stakeholders	3/01/17
							Implement changes	7/31/17
	Provider Certification and Guidance Manual, Revised June 2014	X			The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It addresses the facilitation of individual choice regarding services and supports, and who provides them.	None required	NA	NA
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, <u>e.g.</u> <u>Do people select the services/supports that they receive? (generic community</u>	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					services e.g., barber, restaurant, etc.) <u>Do people select the provider from among an array of options?</u>			
	Medicaid Waiver Survey for Participants	X			Includes questions/probes regarding choice of providers.	None required	NA	NA
6. In a provider-owned or controlled residential setting, in addition to the qualities specified above, the following additional conditions must be met:	AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00 Appendix C1/C3			X	The following components are not addressed in the Residential Habilitation Service definition: There is a legally enforceable agreement for the unit or dwelling where the individual resides; Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS; Does not discuss lockable doors and privacy.	Amend waiver to revise Residential Habilitation definition to address the additional conditions that must be met in a provider-owned or controlled residential setting. <u>Proposed language: Residential Habilitation shall mean a type of residential service selected by the person supported, offering individualized services and supports that enable the person supported to acquire, retain, or improve skills necessary to reside in a community-based setting and which supports each resident's independence and full integration into the community, and ensures each resident's choice and rights. Residential Habilitation services shall be provided in a dwelling which may be rented, leased, or owned by the Residential Habilitation provider, and shall comport fully with standards applicable to HCBS settings delivered under Section 1915(c) of the Social Security Act, and set forth in the</u>	Submit waiver amendment	<u>12/31/16</u>
						Obtain approval of waiver renewal	<u>3/31/17</u>	
						Implement revised procedures per approved renewal	<u>4/1/17</u>	

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>person-centered ISP. Participants receiving residential services are entitled to file an appeal, as needed and are regarded similarly as those without disabilities in respect to signed lease/rental agreements.</u></p> <p><u>Amend waiver to revise Residential Habilitation definition to clarify role of the preferences of the individual In making residence selection.</u></p> <p><u>Proposed Language: Freedom of choice also includes the right to select any provider with an active provider agreement with the Department of Mental Health Division of Developmental Disabilities if the provider is available, willing, and able to provide the services needed, and choice of the setting in which services and supports are received which shall be integrated in, and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. The individual has the right to a rental agreement that is fully</u></p>		

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<u>enforceable.</u>		
	Medicaid Waiver Survey for Participants			X	Does not include probes related to any aspects of this requirement	<u>Revision to add probes related to this requirement. See specific proposed probes for requirements below.</u>	Draft proposed revisions to Survey	<u>11/30/16</u>
							OA and Administrative review and approval	<u>3/31/17</u>
							Implement revised Survey	<u>9/30/17</u>
a. The Unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services... Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS.	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.15 - Case Management Standards			X	(3)(e)(6)(iii)(f) The core elements of case management performed by the assigned case manager include 15. Prior to a person being discharged from a service, a transition plan and/or discharge plan as applicable is completed which includes a summary of services utilized, the reason for the discharge/transition and future supports which will be needed, if any. The case manager attends the transition plan meeting or follow up to see that a transition and/or discharge plan is completed. Does not specifically state dwelling is to be owned, rented, or occupied under a legally	Revise Alabama Administrative Code, Chapter 35 580 to add language regarding requirement for legally enforceable agreements and protections related to eviction and appeals. <u>580-5-33-.04 Promotion and Protection of Individual Rights.</u> <u>(7) The rights assessment addresses people’s civil and legal rights and personal freedoms. The assessment includes, but is not limited to the ability to do the following:</u> <u>Exercise freedom of movement within physical environments, including lockable entrance doors, with people served and only appropriate staff having keys.</u>	Draft revisions to rule Publish rule for public comment Publish final rule	Completed Completed 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
				enforceable agreement by the individual receiving services, or that Individuals are protected from eviction and afforded appeal rights in the same manner as all persons in the State who are not receiving Medicaid HCBS.	<u>Have a lease, residency agreement, or other form of written agreement in place that provides protections, and addresses eviction processes and appeals comparable to those provided under the state’s landlord tenant law.</u>		
	Assessment Tool for Basic Assurance, 2012		X	Tool used for licensing and certification does not include related probes	Revise tool to include probes specific to this requirement. <u>Proposed language: k. Have a lease, residency agreement, or other form of written agreement in place that provides protections, and addresses eviction processes and appeals comparable to those provided under the state’s landlord tenant law</u>	Draft revisions to Assessment Tool for Basic Assurances Provide training to all involved stakeholders Implement changes	<u>7/31/16</u> <u>3/01/17</u> <u>7/31/17</u>
	Provider Certification and Guidance Manual, Revised June 2014		X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It does not address this requirement.	Revise Manual to address certification processes, factors and indicators specific to this requirement <u>Individuals and staff will be interviewed as to whether there is a lease, residency agreement, or other form of written agreement in place that provides protections, and addresses eviction processes and appeals comparable to those provided under the state’s landlord tenant law. Copies of lease agreements will be reviewed.</u>	Draft revisions to Assessment Tool for Basic Assurances Provide training to all involved stakeholders Implement changes	<u>7/31/16</u> <u>3/01/17</u> <u>7/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, <u>e.g.</u> <u>Are people provided the same protections from eviction that other tenants have under landlord/tenant laws?</u> <u>Do people have the same responsibilities that other tenants have under landlord/tenant laws?</u>	None required	NA	NA
b. Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 - Dignity and Respect			X	(11) The organization affords every person the right to privacy. Staff demonstrates respect for people’s privacy when providing supports for personal hygiene, bathing, or dressing as well as when entering personal spaces. (12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences; (c) To decorate personal space based on choice while maintaining an environment that is safe and sanitary. Does not fully address lockable entrance doors or privacy issues	Revise Alabama Administrative Code, Chapter 580-5-33 to ensure individuals have privacy in their sleeping or living unit and that units have entrance doors lockable by the individual. <u>Alabama Administrative Code, Chapter 580, Rule No. 580-5-33-.05 Dignity and Respect</u> <u>(10) The organization provides space for people to speak or interact with others in private and to open and read mail or other materials.</u> <u>(11) The organization affords every person the right to privacy. Staff demonstrates respect for people’s privacy when providing supports for personal hygiene, bathing, or dressing</u>	Draft revisions to rule Publish rule for public comment Publish final rule	<u>Completed</u> <u>Completed</u> <u>9/30/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					related to video/electronic device surveillance.	as well as when entering personal spaces. <u>(13) The organization has policies related to privacy that address consent and use of video surveillance equipment and other electronic recording devices such as cell phones, cameras, video recorders, etc. 580-5-33-.04 Promotion and Protection of Individual Rights.</u> <u>(7) The rights assessment addresses people’s civil and legal rights and personal freedoms. The assessment includes, but is not limited to the ability to do the following: Exercise freedom of movement within physical environments, including lockable entrance doors, with people served and only appropriate staff having keys.</u>		
	Assessment Tool for Basic Assurance, 2012			X	Tool used for licensing and certification does not include related probes	Revise tool to include probes specific to this requirement. <u>Proposed probe to be added:</u> <u>j. Exercises freedom of movement within physical environments, including lockable entrance doors, with people served and only appropriate staff having keys.</u>	Draft revisions to Assessment Tool for Basic Assurances Provide training to all involved stakeholders Implement changes	<u>7/31/16</u> <u>3/01/17</u> <u>7/31/17</u>

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Provider Certification and Guidance Manual, Revised June 2014			X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It does not address this requirement.	<u>Revise Manual to address certification processes, factors and indicators specific to this requirement.</u> <u>Individuals and staff will be interviewed and observations conducted to ensure individuals exercise freedom of movement within physical environments, including lockable entrance doors, with people served and only appropriate staff having keys.</u>	Draft revisions to Assessment Tool for Basic Assurances Provide training to all involved stakeholders Implement changes	<u>7/31/16</u> <u>3/01/17</u> <u>7/31/17</u>
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, <u>e.g.</u> <u>Each person living in the unit has a key or keys for that unit?</u> <u>Is there evidence that efforts are being made to teach use of a key to anyone who does not understand how to do this?</u>	None required	NA	NA
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X			(20) The right to be accorded human respect and dignity on an individual basis in a consistently humane fashion.	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
c. Each individual has privacy in their sleeping or living unit. Is the furniture arranged as individuals prefer and does the arrangement assure privacy and comfort?	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 - Dignity and Respect	X			(11) The organization affords every person the right to privacy. Staff demonstrates respect for people’s privacy when providing supports for personal hygiene, bathing, or dressing as well as when entering personal spaces. (12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences.	None required	NA	NA
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification does not include related probes	Revise tool to include probes specific to this requirement. <u>Proposed probe to be added:</u> <u>a. privacy in a person’s bedroom with furnishing selected and arranged by the person?</u>	Draft revisions to Assessment Tool for Basic Assurances	<u>7/31/16</u>
							Provide training to all involved stakeholders	<u>3/01/17</u>
							Implement changes	<u>7/31/17</u>
	Provider Certification and Guidance Manual, Revised June 2014			X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related	Revise Manual to address certification processes, factors and indicators specific to this requirement. <u>Individuals and staff will be interviewed and observations conducted to ensure individuals have privacy in a person’s</u>	Draft revisions to Assessment Tool for Basic Assurances	<u>7/31/16</u>
						Provide training to all	<u>3/01/17</u>	

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					indicators. It does not address this requirement.	<u>bedroom with furnishing selected and arranged by the person?</u>	involved stakeholders	
							Implement changes	<u>7/31/17</u>
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, <u>e.g.</u>	None required	NA	NA
	Title 38: Public Welfare – Section 38-9C-4 - Rights	X			(20) The right to be accorded human respect and dignity on an individual basis in a consistently humane fashion.	None required	NA	NA
d. Each individual has privacy in their sleeping or living unit: Individuals have the freedom to furnish and decorate their sleeping or living units...	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.05 - Dignity and Respect	X			(12) Organizational practices enhance dignity and respect while recognizing individual choices and preferences and include supports: (c) To decorate personal space based on choice while maintaining an environment that is safe and sanitary.	None required	NA	NA
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification includes probes related to the freedom to furnish and decorate their sleeping or living units.	None required	NA	NA
	Provider Certification and Guidance			X	The Manual describes the process for certification of	Revise Manual to address certification processes, factors and indicators	Draft revisions to Assessment	7/31/16

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Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance Silent				
	Manual, Revised June 2014			Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It does not address this requirement.	specific to this requirement. <u>Individuals and staff will be interviewed and observations conducted to ensure individuals have the freedom to furnish and decorate their sleeping or living units</u>	Tool for Basic Assurances Provide training to all involved stakeholders Implement changes	3/01/17 7/31/17
	Home And Community Based Settings Check List	X		Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g. <u>Does each person pick the decorative items in their own private bedroom?</u> <u>Do people living in the same unit participate in the choices of decorative items in the shared living areas of the unit?</u>	None required	NA	NA
e. The setting is physically accessible...	Life Safety Minimum Standards for Physical Facilities—Alabama Administrative Code, Chapter 580-3-22, Rule No. 580-3-22	X		Facilities must comply with ADA requirements for total access to and inside the facility.	None required	NA	NA
	Alabama Administrative Code, Chapter 580-5-33, Rule	X		(11) ...People have therapeutic and adaptive equipment that fits them and is in good repair.	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	No. 580-5-33-.08 - Best Possible Health							
	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.15 - Case Management Standards	X			(3)(b)(3)(c)(2) The goal of service arrangement is to: (ii) Assist persons in accessing supports, for example ...coordinating transportation as needed for the persons served.	None required	NA	NA
	Home And Community Based Settings Check List	X			<u>Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g. Have modifications been made to promote maximum access and use of physical environment for the person, if needed and requested?</u>	None required	NA	NA
f. Any modification of the additional conditions, under paragraphs (a)(1)(vi) A-D must be supported by a specific assessed need and justified in the person centered service plan.....	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.11 - Positive Services and Supports	X			(16) If formal individual supports are needed/identified for people to carry out daily routines and obtain other desired outcomes, then each learning opportunity has a strategy for implementation that specifies who is responsible, when, where and how the opportunity is to be carried out, frequency of implementation and methods of	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>data collection to assess achievement.</p> <p>(20) The organization has a system to monitor the implementation of person centered plans which includes direct observation. Reliable evidence or information is recorded and reflects progress towards objectives and achieving desired outcomes.</p> <p>(21) Each learning, participation, or service opportunity is assessed for progress/achievement. The effectiveness of the implementation of each person centered plan is reviewed and that review documented at least every ninety (90) days in accordance with funding source requirements.</p> <p>(22) Revisions/changes in the person-centered plan are made if the person is not benefiting from identified opportunities or as requested by the person.</p> <p>(23) Objectives and strategies are developed to address behaviors that interfere with the achievement of personal goals</p>			

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					or the exercise of individual rights using the least intrusive interventions necessary and the most positively supporting interventions available.			
	Assessment Tool for Basic Assurance, 2012			X	Tool used for licensing and certification does not include related probes	Revise tool to include probes specific to this requirement. <u>Proposed probe: Is an assessment completed indicating the need for the restriction?</u>	Draft revisions to Assessment Tool for Basic Assurances	<u>7/31/16</u>
							Provide training to all involved stakeholders	<u>3/01/17</u>
							Implement changes	<u>7/31/17</u>
	Provider Certification and Guidance Manual, Revised June 2014			X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It does not specifically address this requirement.	Revise Manual to address certification processes, factors and indicators specific to this requirement. <u>Staff will be interviewed and appropriate documentation reviewed to ensure restrictions are supported by a specific assessment and documented in the person-centered plan.</u>	Draft revisions to Assessment Tool for Basic Assurances	<u>7/31/16</u>
							Provide training to all involved stakeholders	<u>3/01/17</u>
							Implement changes	<u>7/31/17</u>
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement. e.g.	None required	NA	NA

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					<p>Identified need by a specific and individualized assessment</p> <p>Positive interventions and supports used prior to the modification</p> <p>Less restrictive methods of meeting the need that have been tried and did not work</p> <p>Clear description of the condition that is directly proportionate to the modification</p> <p>Data to be collected to measure the effectiveness of the modification</p> <p>Established time limits for review for the continued need for the modification</p> <p>Informed consent of the individual or legally authorized representative</p> <p>Assurances that interventions and supports do not cause harm</p>			
g. Individuals are able to have visitors of their choosing at any time.	Alabama Administrative Code, Chapter 580-5-33, Rule No. 580-5-33-.04.7(e) - Promotion and Protection of			X	<p>Provides that individuals may visit and be visited by whomever they choose, but does not address right to have such visitors at any time.</p> <p>(6j) The right to social interaction with members of</p>	<p><u>Revise Chapter 580-5-33. Proposed language: Individuals may visit and be visited by whomever they choose at any time without restriction. Any modification of these rights must be in accordance with an identified need, approved through due process and</u></p>	<p>Draft revisions to rule</p> <p>Publish rule for public comment</p> <p>Publish final rule</p>	<p><u>11/30/16</u></p> <p><u>3/31/17</u></p> <p><u>9/30/17</u></p>

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
	Individual Rights				either sex (No time restraints noted)	<u>documented in the person centered plan.</u>		
	Assessment Tool for Basic Assurance, 2012	X			Tool used for licensing and certification includes probes related to promoting visits of family and friends to individual's home	None required	NA	NA
	Provider Certification and Guidance Manual, Revised June 2014	X			The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators. It addresses this requirement	None required	NA	NA
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g. <u>Are people supported in having visitors of their own choosing and to visit others frequently?</u> <u>Are people satisfied with the amount of contact they have with their friends?</u>	None required	NA	NA
7. HCBS settings exclude locations that have the qualities of an institutional	AL Home and Community-Based Waiver for Persons			X	Does not fully address this requirement as it relates to settings that have the qualities	Amend Appendix C-5 and other appropriate sections of the waiver after the Statewide Transition Plan has been	Submission of Settings Assessment	3/31/17

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INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status		Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance				
<p>setting. For 1915(c) home and community-based waivers, settings that are not home and community-based are defined at §441.301(c)(5) as follows:</p> <p>a. A nursing facility;</p> <p>b. An institution for mental diseases;</p> <p>c. An intermediate care facility for individuals with intellectual disabilities;</p> <p>d. A hospital; or</p> <p>e. Any other locations that have qualities of an institutional setting, as determined by the Secretary.</p> <p>For 1915(c) home and community-based waivers, section 441.301(c)(5)(v) specifies that the following settings are presumed to have the qualities of an institution:</p> <p>a. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,</p> <p>b. Any setting that is located</p>	<p>with Intellectual Disabilities 0001.R07.00</p>			<p>of an institution or are presumed to have qualities of an institution. Does not address process for identifying settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny.</p>	<p>approved to reflect requirements regarding settings that are presumed institutional</p> <p><u>Proposed language will specifically state that waiver services will not be provided in any excluded setting and that case managers will monitor, on at least a monthly basis, all settings in which waiver services are delivered to ensure they are not institutional and/or isolating in nature. If case managers identify any setting that appears to be institutional and/or isolating in nature, such instances will be reported immediately to ADSS and AMA for an assessment to be completed. If the ADSS and AMA determine the setting is institutional and/or isolating in nature, waiver services cannot be provided in that setting. (Note: this assessment process is currently under development as a part of the final Settings Assessment.) Corrective action may be taken to demonstrate compliance or, if desired, the individual will be assisted through a person-centered planning process to transition to another setting that is compliant with the Final Rule. If the ADSS and AMA determine the setting qualifies for heightened scrutiny, evidence and documentation</u></p>	<p>for Statewide Transition Plan</p> <p>Approval of Statewide Transition Plan Settings Assessment</p> <p>Waiver amendment submission to reflect approved Statewide Transition Plan Make necessary changes to reflect approved Statewide Transition Plan for Waiver for renewal submission</p>	<p>6/30/17</p> <p>8/1/17</p>

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
in a building on the grounds of, or immediately adjacent to, a public institution, or c. Any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.						<u>will be submitted to CMS according to the heightened scrutiny process defined in the approved Statewide Transition Plan Settings Assessment. (Note: this process is currently under development as a part of the final Settings Assessment.)</u>		
	Alabama Administrative Code, Chapter 560-X-35, Rule No. 560-X-35			X	Rule does not address exclusion of institutional or presumed-institutional settings or process for identification and scrutiny of such settings.	Revise rule to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision: Home and Community-Based Services for the Elderly and Disabled Waiver are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: (a) Services may only be provided in settings that:</u> <u>(i) Are integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS;</u> <u>(ii) Are selected by the individual from among setting options;</u>	Draft revisions to rule	11/30/16
							<u>Publish rule for public comment</u>	3/31/17
						<u>Publish final rule</u>	9/30/17	

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Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p>(iii) <u>Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint;</u></p> <p>(iv) <u>Optimize autonomy and independence in making life choices including but not limited to, daily activities, physical environment, and with whom to interact.; and</u></p> <p>(v) <u>Facilitate choice regarding services and who provides them.</u></p> <p>(b) <u>Services may not be provided in:</u></p> <p>(i) <u>Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and,</u></p> <p>(ii) <u>Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p>		
	Assessment Tool for Basic Assurance, 2012			X	Tool used for licensing and certification does not include probes related to settings that may be presumed to be institutional.	Revise tool to include probes specific to this requirement. <u>Proposed probe: Does the setting have characteristics of an institution?</u>	Draft revisions to Assessment Tool for Basic Assurances Provide	7/31/16 3/01/17

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INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
							training to all involved stakeholders	
							Implement changes	7/31/17
	Provider Certification and Guidance Manual, Revised June 2014			X	The Manual describes the process for certification of Community Providers and contains guidance in interpreting and gathering information for thirteen factors and related indicators, but does not address the exclusion of institutional or presumed-institutional settings or process for identification and scrutiny of such settings.	Revise Manual to address certification processes, factors and indicators specific to this requirement. The environment will be assessed to ensure it is not institutional in nature. Individuals and staff will be interviewed to ensure individuals are not isolated from the community.	Draft revisions to Assessment Tool for Basic Assurances	7/31/16
							Provide training to all involved stakeholders	3/01/17
							Implement changes	7/31/17
	Home And Community Based Settings Check List	X			Tool used for provider self-assessment includes probes based on CMS exploratory questions for this requirement, e.g.	None required	NA	NA
	AMA January 2016 Provider Manual, Chapter 107.2.3, Limitations			X	States that Medicaid does not provide waiver services to recipients in a hospital or nursing facility. Does not address exclusion of other institutional or presumed-institutional setting. Does not address process for identifying	Revise Provider Manual to explicitly define all excluded settings as defined in Final Settings Rule. <u>Proposed revision will add the following language:</u> <u>Services may not be provided in:</u> <u>(i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for</u>	Draft revisions to Provider Manual	11/30/16
							Administrative review and approval	3/31/17
							Publish revised	9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
					settings that may be subject to heightened scrutiny or process for implementing heightened scrutiny	<u>individuals with intellectual disabilities, and hospitals; and, (ii) Presumed institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u>	Provider Manual	
	Long Term Care Waiver Quality Assurance Manual			X	The mission statement of the Long Term Care Waiver Quality Assurance Manual is to assure participants receive quality care in the home and community setting, but does not fully define “home and community-based setting” in keeping with this requirement of Final Rule or include specific quality assurance activities to assure compliance.	Amend the Long Term Care Waiver Quality Assurance Manual to fully define “home and community-based setting” and include quality assurance strategies, including but not limited to revision of Medicaid Waiver Survey for participants, to ensure compliance with this requirement. <u>Home and Community-Based Services are provided in compliance with the provisions of the HCBS Settings Final Rule (CMS 2249-F/2296-F). These provisions require the following: Services may not be provided in: (i) Excluded settings that include nursing facilities, institutions for mental disease, intermediate care facilities for individuals with intellectual disabilities, and hospitals; and, (ii) Presumed</u>	Draft revisions to Waiver Quality Assurance Manual Administrative review and approval Publish and implement revised Waiver Quality Assurance Manual	11/30/16 3/31/17 9/30/17

**HCBS FINAL SETTINGS RULE WAIVER CROSSWALK
INTELLECTUAL DISABILITIES WAIVER**

Requirement	Applicable Regulations, Standards or Statutes	Status			Basis	Remediation Required	Milestones	Timeline
		Compliance	Noncompliance	Silent				
						<p><u>institutional settings that include those in a publicly or privately-owned facility that provides inpatient treatment; on the grounds of, or immediately adjacent to, a public institution; or that have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS.</u></p> <p><u>QA activities include home visits to a random sample of waiver recipients. Proposed language to be added will specify onsite inspection of the home will include an assessment of compliance with HCBS Final Settings Rule regarding settings that tend to isolate or are otherwise institutional in nature, including, when applicable, compliance with any prescribed remediation plan and timelines.</u></p>		

APPENDIX B

Alabama Medicaid Agency's Statewide Transition Plan Systemic Assessment Public Comment Summary and Response: March 2016 Updated October 2016

Public Comment Update October 2016

CMS identified several issues related to the public comment process in the State. These are addressed below:

Consider incorporating the following recommendations outlined in the March 30, 2016 letter of the Alabama Disabilities Advocacy Program (ADAP) submitted to the state during the last public comment period on the STP:

COMMENT: Form a home and community-based services (HCBS) compliance workgroup tasked with ensuring compliance to the Final Rule. The members of the workgroup should include waiver recipients, caregivers of waiver recipients, Agency staff, appropriate personnel from other state agencies and advocates.

RESPONSE: The State is leveraging existing stakeholder workgroups to provide information and obtain feedback about the STP for compliance with the Final Rule.

- For the NF LOC waivers, the primary vehicle going forward will be the LTC Workgroup at AMA. This workgroup membership is comprised of Agency staff, providers and advocates and is open to public participation. The workgroup is charged with coordinating stakeholder input for the State's move toward MTLSS, which will encompass all five of the NF LOC waivers (ACT, E&D, SAIL, TA and HIV.) Attendance at workgroup meetings typically includes a wide array of long term care and HCBS stakeholders. Consumer meetings, targeting recipients and caregivers, and provider meetings are also being held across the state to inform and provide input.
- For the ICF LOC waivers (ID and LAH), the Coordinating Subcommittee for the Division of Developmental Disabilities (DD Subcommittee) will serve as the compliance workgroup. Alabama law (580-1-1-.19) requires that ADMH have a Management Steering Committee (MSC) that has designated (outlined in the) members appointed by the ADMH Commissioner. In accordance, each division has its own sub-committee that mirrors the MSC to provide input to that particular division. The DD Subcommittee serves Division of Developmental Disabilities (DDD) and is comprised of providers, advocacy groups, and the Central Office staff. There are nine voting members, but are open to visitors. The committee meets monthly to discuss DD services and have input and influence into policies. Meeting minutes are available on the ADMH website at <http://www.mh.alabama.gov/ID/CoordinatingSubcommitteeMeetingSummaries.aspx>.

DDD also holds quarterly meetings with Individual and Family Advisory Work Group, a representative group comprised of members from the legislatively established statewide Individual and Family Support Councils. This group will serve as the primary vehicle for individual and family/caregiver input.

COMMENT: Develop and distribute information to every waiver recipient and caregiver that describes the HCBS regulations, Alabama's plans to comply with these regulations and any possible changes to current waiver services.

RESPONSE: The State will employ several strategies to address this need. As noted earlier in this STP, in response to the last round of public comments in March 2016, the State is creating a webpage on the Medicaid Agency's website dedicated to STP activities. Through the webpage, Alabama Medicaid will develop and distribute information to every waiver participant and caregiver that describes the HCBS regulations, person centered planning principles, and provide information regarding the progress of the Agency's transition plan and HCBS compliance efforts on an ongoing, regular basis. Waiver participants and caregivers will also be provided with information on how to ask questions and receive information regarding changes to current waiver services. The webpage is anticipated to be live in November 2016 and the link will be widely disseminated.

In addition, case managers are required to conduct a face-to-face visit with waiver recipients monthly. The State will utilize these case managers to provide every waiver recipient and caregiver with printed updates and materials that describe the HCBS regulations, Alabama's plans to comply with these regulations and any possible changes to current waiver services. Waiver recipients will also be provided with instructions on how to request additional information and/or provide feedback.

The State will also utilize direct mailings for routine general information regarding HCBS. Correspondence will include instructions on how to request additional information and/or provide feedback.

COMMENT: Develop information for waiver recipients and their caregivers on Person-Centered Planning principles and available waiver services that is easy to read and easily accessible.

RESPONSE: State Operating Agencies are required to provide formal training to all case management staff regarding Person-Centered Planning (PCP) Principles to ensure appropriate and effective delivery of services based on the preferences of the recipient. Through its No Wrong Door implementation grant, the State is in the process of developing a comprehensive PCP training, working with Elsevier DirectCourse and Support Development Associates, to be made available to all waiver case managers. The State will utilize these trained case managers to reach every waiver recipient and caregivers to distribute information on PCP principles and available waiver services that is easy to read and easily accessible to view at their leisure. Once developed,

this information will also be located on the Agency's website for access by the public and stakeholders.

COMMENT: Provide information regarding the progress of the Agency's transition plan and HCBS compliance efforts on an ongoing, regular basis. This information should be readily available to and easily accessible by the public, especially waiver recipients and/or their caregivers.

RESPONSE: *The State is creating a webpage on the Medicaid Agency's website dedicated to STP activities. The webpage will provide information regarding the progress of the Agency's transition plan and HCBS compliance efforts on an ongoing, regular basis for the public, waiver recipients and their caregivers. Major milestones and updates will be distributed by case managers to waiver recipients and their caregivers. It is anticipated the webpage will become active in November 2016.*

COMMENT: Provide CMS with the location of electronic copies of each referenced document, such as texts of the various state waiver manuals.

RESPONSE: *Links are available to all referenced documents in each crosswalk and the Remediation Summary.*

CMS also requested the State address specific concerns of import that agency identified in public comments received as a result of the statewide transition planning process. CMS further requested the state to confirm it had addressed each of these, either through written response or by incorporating a strategy for remediation. The following is a summary of the identified issues and the State's response. Note that many of these comments were primarily and specifically related to the ICF LOC waivers and are therefore addressed from that perspective:

COMMENT: Clarification of any existing service definitions that may require modifications in order to allow providers to offer these services in a manner that comports fully with the federal HCBS requirements.

RESPONSE: *As part of the remediation process for DDD, service definitions have been revised or detailed draft language has been proposed to allow providers the ability to offer these services in a manner that comports fully with the federal HCBS requirements. In particular, as part of ADMH/DDD's involvement in the ODEP Employment First project, the division is currently working to restructure waiver rates for services. In preparation for that, the workgroup consisting of ADMH/DDD staff and providers reviewed the scope of services in March, 2016. Changes noted were discussed by telephone in late March. A drafted version of the service revisions is currently underway and will be distributed to the workgroup for comment once completed, The revisions take into consideration the comments from providers) Service definitions were updated and new services were added to the Definitions section to the administrative code to be consistent with those in the waiver. These regulations will become effective July 1, 2017*

COMMENT: Assurance that certification is performed consistently across all agencies, and that certification requirements do not pose unintentional barriers preventing settings from fully complying with the federal HCBS rule.

RESPONSE: *For the NF LOC waivers, the only setting that is certified is Adult Day Health. This is completed on an annual basis for all programs by consistent AMA staff, thereby eliminating potential reviewer variations. There are no known certification requirements that would pose any unintentional barriers. Proposed changes in this STP are anticipated to actually strengthen certification requirements. AMA will be providing training and technical assistance to all ADH providers to assist them in addressing any barriers to achieving compliance with the Final Rule requirements.*

For the ICF LOC waivers, Alabama's certification regulations were developed in conjunction with The Council on Quality and Leadership's (CQL) Basic Assurances and Personal Outcome Measures and do not pose any unintentional barriers and certification staff utilize a guidance manual and basic assurance assessment tool developed in conjunction with CQL. In order to assure that certification is performed consistently across all agencies, ADMH/DDD certification staff receive annual Inter-rater Reliability and re-certification through CQL. Certification staff frequently assist each other across regions as pairs for surveying larger agencies. There are six certification staff who rotate as pairs working together. The Director of Certification goes on at least one site visit annually with each certification staff. She also frequently accompanies certification staff on for-cause reviews that may lead to a recommendation to the ADMH Commissioner of decertification. The Director of Certification reviews and edits all site visit reports to ensure accuracy and consistency with interpretation and application of all standards. Per Policy Number 200-5 of the Department of Mental Health Certification of Community Programs, there are also several different levels of review of certification process for each provider for the purpose of assuring consistency in the process.

These tools are available on DDD website and all providers have received training in order to ensure they are aware of requirements and able to identify any barriers they may encounter. Providers are encouraged to complete a self-assessment at least 3 months prior to their scheduled certification site visit. As with the NF waivers, certification requirements will be strengthened with the implementation of the Final Rule requirements. Since the development of the initial ID waiver Transition Plan, ADMH/DDD has been offering training and technical assistance to providers to assist them to address any barriers to achieving compliance and will continue to do so through the transition period and beyond. In addition to all of the training on the Settings Rule that has been completed to date, additional training is being scheduled. Regional meetings are held quarterly in each of the 5 DD Regions. Quarterly meetings scheduled in November will focus mainly on the Settings Rule. Also, a two-day Personal Outcomes Measures training for Executive Directors of provider organizations is currently being taught and should be completed by the end of October for a potential of 60 Executive Directors total to attend. The wrap of session focuses on use of the POM data to direct organization systems

change and the link between POM data and compliance with the settings rule as it relates to waiver service delivery being maximized in integrated environments in the community.

COMMENT: Description of how the state is capturing data on agencies who perform poorly in the areas of safety, rights and health/wellness through the certification process.

RESPONSE: For the NF LOC waivers, there is a relatively small number (15) of ADH agencies and data for these is managed by the Program Integrity Division Provider Review Unit at AMA. This scope allows for AMA certification staff to easily gather data and monitor issues of safety, rights and health/wellness.

For the ICF LOC waivers, all certification results are entered into a database in the ADIDIS system for reporting purposes. Certification also keeps a list of all providers reviewed as well as the results of certification reviews. The final scores for all provider certification visits are placed on ADMH website for public viewing. All scores are entered into a data base for trending purposes. Trainings are developed for providers based on problematic trends. Factors 4-Protection from Abuse, Neglect, Mistreatment and Exploitation, 5-Best Possible Health, and 6 Safe Environments require a 100% score, meaning that an agency that scores less than 100% gets an automatic provisional certification, must submit an acceptable plan of corrections, and are re-surveyed within 60 days. Two provisional certifications in one year results in a recommendation to the ADMH Commissioner to decertify the provider.

COMMENT: Explanation of how the state included and is working with other state departments whose state standards may be implicated as part of the state's compliance with the federal HCBS rule: Administrative code 580-5-33-.04 (16) states that "No person is presumed incompetent or denied the right to manage his/her financial or personal affairs... solely by reason of his/her having received services, unless legally determined otherwise." Some requirements of Administrative code 580-5-33-.08, by virtue of compliance with the Nurse Delegation Program (NDP) presume that people who receive services are not competent and places a burden of demonstrating competence on the individual. An example of this can be seen in Section 33. In addition to the apparent philosophical inconsistency with the standards for community programs, many of the constraints imposed by the NDP have the effect of hindering transition to community-based services for many individuals:

- There are NDP requirements that present possible barriers to meeting HCBS requirements for facilities. For example:
- The provision of medications or assistance with tube feedings requires a nurse or other medical personnel to administer such medical needs and no longer allows appropriately trained support staff to do so, which could limit the ability of the individual to engage in activities in the broader community to the degree the individual desires.
- Individuals living together may not share over the counter medications. This costs the individuals money, wastes medication and is not typical in a community setting. Each over the counter drug must be given its own label by nursing staff and be administered as indicated on that label or as approved by the nurse.

- A nurse's authorization is required to put on lip balm or to apply Neosporin.

RESPONSE: Within the Nurse Delegation Program (NDP) operated by the Alabama Department of Mental Health (ADMH), there is no restriction in any policy, procedure or service definition that prohibits a RN from accompanying the participant into the community as needed. There are no restrictions to working with the participant and RN to rearrange feedings or medication administration around a planned outing if medically appropriate and agreed upon by all parties, thus alleviating the need for RN. Overall, the Department of Mental Health including the DD Division has a history of working with the Alabama Board of Nursing (ABON) in the delivery of skilled nursing services and the delegation of those services. The Department of Mental Health and DD Division will continue to work with ABON to address any barrier that may not fully comport with the HCBS Settings Rule.

COMMENT: There are several state environmental, aesthetic and life & safety requirements typically included in institutional-like settings that may not necessarily transfer well to a home and community based residential setting, and may present barriers to a person leasing their own home or apartment. CMS encourages the state to review its existing licensing requirements to assure that any of these policies that may prevent a person from leasing their own home or apartment due to the restrictive nature of requirements for residential settings required by the state (and not necessarily HCBS or Medicaid regulations) be assessed and addressed in the systemic assessment. Examples may include: requirements on porches and landing guardrails; painting, carpeting, and landscape requirements; required monthly emergency drills; window dressings; water temperature; etc.

RESPONSE: The State has reviewed Chapter 580-3-22 which prescribes the Life Safety Minimum Standards for Physical Facilities. Chapter 580-3-22-.13 Apartment and Individual Dwelling Units states the following: (1) The ADMH is continually working to de-stigmatize the public perception of those with disabilities. It is the mission of the ADMH to assist persons with mental illnesses, intellectual disabilities or substance use disorders to live in their communities without restrictions; therefore, the Office of Life Safety and Technical Services will not conduct life safety reviews in apartments or dwelling units leased or sub-leased by individuals for use as their homes.

Waiver participants renting or living independently would therefore be exempt from Life Safety reviews, as this assessment does not include private homes. For providers of residential habilitation services, Life Safety assessments ensure that waiver participants receive services in a fully safe environment. The DD Division is aware of and continues to address the concerns expressed by some providers regarding Life Safety assessments. The Life Safety section of ADMH is located within the Administrative Division and is responsible for periodic, physical plant reviews of individual providers for the Mental Illness/Substance Abuse and DD Divisions. The DD Division continues to work with them all involved parties to identify any barrier to implementation of the HCBS Settings rule and to advocate for changes that may negatively impact that implementation.

COMMENT: State standards may also require continual application of restrictive supports regardless of a decline in incidents or needs, but rather based on a historical event. For example, requiring people to continue to have toileting schedules when there is no evidence or incidents to suggest such a practice be maintained, or requiring people to wear gate (sic) belts when there have been no incidents relating to falls over a long period of time.

RESPONSE: The State has identified no state standards that require continual application of restrictive supports regardless of a decline in incidents or needs, but rather based on a historical event. ADMH maintains that each participant's person centered plan and ICAP Score should dictate the level and intensity of the services needed. Professionals who work with the waiver participant and know the individual's need are a required attendee at the PCP meeting and contribute valuable information to determine the level of service required to maintain health and safety. The use of the Health Risk Screening Tool has been piloted in some locations in the state and due to the favorable results is being implemented statewide as the instrument to ascertain the health needs of individuals. Full implementation is expected by the end of 2018. A participant's behavior could warrant a reassessment to determine a higher or lower level of supports are needed. A team meeting can be requested anytime circumstances or level of support needs change. However, regardless of level of individual service needs, services have been designed to support a participant in the community at the level required. Also, any incident requires the provider to log the incident into an electronic reporting system (Therap) and is tracked to resolution as required by departmental and federal policies.)

Public Comment March 2016

The Alabama Medicaid Agency requested public comment through its website, e-mail notification to stakeholders and advocacy groups in order to reach recipients, their families and policy makers. Public notice for comments was requested through a non-electronic method by providing a paper copy of the STP systemic assessment in all of the Medicaid district offices reaching all areas of the State. An e-mail and physical address was also provided to receive comments. The following is a summary of the comments received with State responses. The complete text of all comments received through March 2016 may be reviewed by following these links:

[Statewide Transition Plan Public Comments 2015](#)

[Statewide Transition Plan Public Comments 2016](#)

Autism Waiver- Commenters expressed their desire for a HCBS waiver that specifically addresses the unique needs of individuals with Autism. Currently waiver options are limited and waiting lists are too extensive. Comments included:

“Every individual with autism deserves access to the HCBS that will benefit them and will meet their particular needs. Many individuals with autism who receive HCBS have difficulty finding providers that can address their complex and challenging needs. True integration is only possible if the state reimburses for HCBS based off rate structures and billing guidelines that are tied to the individual's need and not based off the place they live or receive services. This is especially true of individuals who are severely disabled by autism. The state needs to show how reimbursements will be tied to individual need and not the provider.”

RESPONSE: *The Statewide Transition Plan is specific to the analysis and recommendations regarding the settings for home and community based services. This state wide transition plan systemic assessment is designed to evaluate the extent to which the state's current HCBS regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance, and to develop a work plan to address those that are not. Currently, Alabama Medicaid Agency does not offer a HCBS waiver specifically for residents with Autism.*

Day Habilitation- Commenters expressed the importance of Day Habilitation in regards to community integration and improved quality of life. Often day programs are the only means for families to remain self-sufficient. Comments included:

“My husband and I are both employed full time, but without Medicaid covering the expense of day-hab for our son, I would have to quit work and stay home with my son. He is 37 years old and is non-verbal. Though he does a bit of sign language and can write, his comprehension is poor, so he still has a hard time communicating. I strongly encourage Alabama Medicaid to continue to fund home and community based programs based on the needs of individuals and to use reimbursement rates that are based on the needs of the individual, not the place they live.”

“Several HCBS services are provided in segregated, provider controlled settings, including, but not limited to, adult day health and day habilitation services. Adult day health is a service offered under the E&D waiver and provides social and health care in a community facility approved to provide such care. §560-X-36-.04(4)(a). While the Plan does discuss revisions to various Agency and provider policies, the Plan fails to describe how this service will be fully integrated to meet the intent of the Final Rule.”

RESPONSE: *The Statewide Transition Plan is specific to the analysis and recommendations regarding the settings for home and community based services. For Non Residential Day Service settings CMS has clarified in this final rule that requirements for HCB settings apply to all settings where individuals receive HCBS including employment and training settings. During the assessment process it is not the intention to limit choices of waiver recipients regarding non-residential settings but more importantly to ensure they are integrated into the community. This state wide transition plan systemic assessment is designed to evaluate the extent to which the state’s current HCBS regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance, and to develop a work plan to address those that are not.*

Assisted Living- Commenters expressed the need to have assisted living as a residential option for Waiver recipients. Commenters provided examples of benefits such as cost savings for the State and improved access to the community at the same level as a member of that community that does not receive HCBS. Comments included:

“In addition, representatives from the Alabama Medicaid Agency and the DD Division of the Department of Mental Health have taken the position that the state either can’t afford and/or Medicaid won’t allow assisted living facilities populated with only waiver clients. This position was taken by the DDD in the most recent Individual and Family quarterly meeting I attended in Montgomery, Al on March 23rd. This is contrary to HCBS regulations concerning legality of assisted living. And, as far as not being able to afford to switch to assisted living, this is incomprehensible. Switching to an option that cost half as much to deliver can’t possibly cost more money.”

“Aside from the enormous cost savings, the assisted living setting offers a huge advantage over other residential options by providing a much greater opportunity for interacting with the greater community than offered by group homes or living at home residential options.”

RESPONSE: *The Statewide Transition Plan is specific to the analysis and recommendations regarding the settings for home and community based services. This state wide transition plan systemic assessment is designed to evaluate the extent to which the state’s current HCBS regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance, and to develop a work plan to address those that are not. Currently, Alabama Medicaid Agency does not offer waiver services to Medicaid recipients that reside in*

assisted living residences, for this reason the assisted living setting type was not assessed in the systemic assessment.

Support for Aging Recipients- Commenters expressed concern that the transition plan has omitted the needs of the increasingly aging population that is served through HCBS waivers. Commenters suggest that the transition process focuses too heavily on integrating recipients into work settings which are not appropriate for those in retirement years or individuals with severe disabilities that prevent employment. Comments included:

“We agree that maximizing opportunities to seek employment and work in competitive integrated settings is critical for many individuals with disabilities. But this focus totally ignores the fact that over 50% of the population in the waiver are individuals who are age 55 and over. The focus of the Transition Plan should be on assisting the individual to address needs and support related to aging.”

RESPONSE: *The Statewide Transition Plan is specific to the analysis and recommendations regarding the settings for home and community based services. For Non Residential Day Service settings, CMS has clarified in the final rule that requirements for HCB settings apply to all settings where individuals receive HCBS including employment and training settings. The inclusion of these settings is not an automatic exclusion of recipient appropriate integrated settings. During the assessment process it is not the intention to limit choices of waiver recipients regarding non-residential settings but more importantly to ensure they are integrated into the community.*

Transportation-Commenters expressed the need for improved access to transportation for waiver recipients. Transportation needed to engage in community integrated activities are either not available or severely limited especially for those that need disability specific accommodations and waiver recipients in rural areas. Transportation access should be made available beyond to and from doctor’s appointments and day programs. Comments included:

“One of the greatest barriers in implementing community based services is the lack of public transportation and/or the lack of adequate reimbursement from the Department of Mental Health for the true cost of transportation, especially those individuals that utilize a wheelchair and require a lift equipped bus.”

RESPONSE: *This state wide transition plan systemic assessment is designed to evaluate the extent to which the state’s current HCBS regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance, and to develop a work plan to address those that are not. During the assessment process transportation service was identified as being required in upper and lower level policies. The State will evaluate the need for transportation policy to be more specific in regards to specialty equipment in their requirements. The state wide transition plan nor the systemic assessment will address reimbursement activities.*

Systemic Assessment Process-Commenters expressed concerns that the Statewide Transition Plan systemic assessment lacked critical information regarding the availability, quality, and level

of integration of services received by waiver recipients. Areas of concern included the person centered planning process, lack of consumer input in the transition planning process and lack of responsibility for operating agencies to ensure recipients secure a service provider. Comments included:

“The Plan is void of any information regarding how a waiver recipient will receive waiver services in the event a willing provider is not found. To be clear, the Agency and its operating agencies maintain full responsibility for ensuring compliance with federal laws and regulations, including, but not limited to, the Final Rule. Any revisions to come into compliance with the Final Rule must include a mandate that all waiver recipients actually receive all needed services whether said services are provided by a private provider or the operating agencies themselves.”

“While the Plan often refers to person-centered planning, the Plan lacks how to implement the true concept of person-centered planning. With respect to the TA waiver, the Plan states “TA Waiver Coordinator and ADSS Targeted Case Managers ensure waiver participants are actively involved in decision-making related to the provision of waiver services.” In practice, waiver recipients are often told what services they will receive and the amount of those services, as opposed being asked what services are needed. As the Agency works to come into compliance with the Final Rule, the Agency must engage waiver recipients and their caregivers to ensure waiver recipients are able to express their need for services through a legitimate person-centered planning process. Services should be built around that person-centered plan as opposed to being offered on a “take it or leave it” basis.”

RESPONSE: *Key Provisions of the Home and Community-Based Services (HCBS) Settings Final Rule (CMS 2248-F/2296F) establish that all home and community based settings meet certain qualifications. CMS asks that statewide transition plans specifically address only the setting requirements of the final rule for home and community based services (The Rule). Therefore, this Statewide Transition Plan is specific to the analysis and recommendations regarding the settings for home and community based services. CMS requires states to employ two types of assessment processes to evaluate whether their standards and settings are in compliance with the federal home and community-based setting regulations. These include both a systemic assessment and a site specific assessment. For both the systemic and site-specific assessments, states are required to identify all types of home and community-based program settings in their state where HCBS are provided and where beneficiaries reside. The information in this submission is limited to the requirements of the Systemic Assessment. This state wide transition plan systemic assessment is designed to evaluate the extent to which the state’s current HCBS regulations, standards, policies, licensing requirements, and other provider requirements ensure settings are in compliance, and to develop a work plan to address those that are not. Furthermore, the State is in the process of developing Person Centered Planning Training curriculum for waiver case management staff, to include coordinators. This training will provide concepts to provide true person centered planning. Information on Person Centered planning will be provided to waiver participants and their caregivers on an ongoing continuous basis.*

From: Robinson, LaQuita
Sent: Tuesday, March 1, 2016 12:32 PM
To: Patterson, Ozenia
Subject: Draft email to send to C. Dobyne and A. Smith
Attachments: Public Comment Announcement2 29 16.pdf; Alabama Statewide Transition Plan Systemic Assessment.pdf

Will you send this to Cynthia and Annie.

Good Afternoon.

LTC is requesting that the press release and pdf document of the proposed Statewide Transition Plan Systemic Assessment be made available for Public Comment. We would like to make the document available for review upon request by any member of the Public at the DOs reception area. If you would, please send to all of your DOs to be printed and posted at the reception or public bulletin area. If there is a request for a personal copy, the requestor will need to contact La'Quita Robinson 334 353 5153.

CMS Home and Community-Based Services (HCBS) Final Regulation's Setting Requirements

September 5, 2014

When is Public Input Required? Prior to filing with CMS, a state must seek input from the public on the state's proposed Statewide Transition Plan, providing no less than a 30-day period for that input. CMS encourages states to seek input from a wide range of stakeholders representing consumers, providers, advocates, families, and other related stakeholders. The process for individuals to submit public comment should be convenient and accessible for all stakeholders, particularly individuals receiving services. CMS requires states to post the Statewide Transition Plans on their website in an easily accessible manner and include a website address for comments. At least one additional option for public input is required.

Thank you for your assistance. If you have any questions please contact me.

La'Quita Robinson
LTC Hospice Program Manager
Alabama Medicaid Agency
501 Dexter Ave
Montgomery, AL 36103
(334) 353-5153

From: Robinson, LaQuita
Sent: Monday, February 29, 2016 4:47 PM
To: 'webwork'
Subject: Public Comment Notice
Attachments: Public Comment Announcement2.29.16.docx; Alabama Statewide Transition Plan Systemic Assessment.pdf

Hello,

LTC needs this to go out tomorrow 3.1.2016, under the Home community Based Service Waiver section. Is there a way to make the AMA website address within the Word Document direct to the PDF also?

La'Quita Robinson
LTC Hospice Program Manager
Alabama Medicaid Agency
501 Dexter Ave
Montgomery, AL 36103
(334) 353-5153

APPENDIX C

Alabama Medicaid Agency's Statewide Transition Plan Systemic Assessment List of Documents Reviewed

Nursing Facility Level of Care Documents Reviewed

- [AMA January 2016 Provider Manual, Chapter 107, Waiver Services](#)
- [AMA Long Term Care Quality Assurance Manual](#)
- [TA Waiver Renewal Application, February 2016](#)
- [E&D Waiver AL.0068.R06.00](#)
- [HIV Waiver Application, 2011](#)
- [ACT Waiver Application, March 2011](#)
- [SAIL Waiver Application, April 2015](#)
- [AMA Administrative Code Chapter 36](#)
- [AMA Administrative Code, Chapter 44](#)
- [AMA Administrative Code, Chapter 54](#)
- [AMA Administrative Code, Chapter 58](#)
- [AMA Administrative Code, Chapter 57](#)
- [Alabama Administrative Code, Chapter 795](#)
- [AMA TA Policy Manual, Revised October 2015](#)
- [AMA Long Term Care Waivers Quality Assurance Manual](#)
- [Medicaid Waiver Survey for TA participants](#)
- [Medicaid Waiver Survey for E&D participants](#)
- [Medicaid Waiver Survey for TA participants](#)
- [Medicaid Waiver Survey for HIV participants](#)
- [Medicaid Waiver Survey for ACT participants](#)
- [Medicaid Waiver Survey for SAIL participants](#)
- [ADSS Case Management Guide, August 2014](#)
- [ADSS Home Visit Tool](#)
- [ADSS Rights and Responsibilities Form](#)
- [AMA HIV Policy Manual, March 2011](#)
- [AMA E&D Policy Manual, August 2014](#)
- [AMA ACT Scopes of Covered Services, September 1, 2015](#)
- [Alabama Medicaid Adult Day Health Standards](#)
- [Adult Day Health Scope of Service for HCBS Waivers](#)
- [Alabama Medicaid Adult Day Health Review Tool](#)
- [SAIL Policy and Procedure Manual](#)

ICF Level of Care Documents Reviewed

- [AMA January 2016 Provider Manual, Chapter 107, Waiver Services](#)
- [AMA Long Term Care Quality Assurance Manual](#)
- [AL Home and Community-Based Waiver for Persons with Intellectual Disabilities 0001.R07.00](#)

- [AL HCBS Living at Home Waiver for Persons with ID 0391.R02.00](#)
- [Alabama Administrative Code, Chapter 52](#)
- [AMA Administrative Code, Chapter 35](#)
- [Alabama Administrative Code, Chapter 58-5-33](#)
- [Life Safety Minimum Standards for Physical Facilities](#)
- [Alabama Title 38](#)
- [Behavioral Services Procedural Guidelines, 2014 Update](#)
- [DD Assessment Tool for Basic Assurance, 2012](#)
- [Provider Certification and Guidance Manual, Revised June 2014](#)
- [Home And Community Based Settings Check List](#)
- [Medicaid Waiver Survey for LAH participants](#)
- [Medicaid Waiver Survey for ID participants](#)