SARPC

Area Agency on Aging

DIRECT SERVICE PROVIDER

INFORMATION AND CONTRACTING PACKET

SARPC, Area Agency on Aging
110 Beauregard Street, Suite 207
P.O. Box 1665, Mobile, AL 36633
251-433-6541 FAX 251-706-0896

CHECKLIST

Return the following to SARPC

(Please retain copies of all documents for your files)

_____Prospective Contractor Information Sheet

_____Proof of current General and Professional Liability Insurance

_____Copy of Business License

_____Organizational Chart detailing all positions in your organizations

_____Lines of Authority- List names and Responsibilities

_____Provide a job description for each position in your organization

_____List Names and License Numbers for all RN's and LPN's Employed; Licenses must be current/active/good standing

_____Initial Orientation and Training Manuals

_____Completed MW-25 (provided in packet) Orientation & Annual Training Form for each Waiver you intend to contract for

_____Complaint and Grievance Policy (How you manage complaints/grievances)

_____Complaint/Grievance Log w/ ability to describe the nature of the complaints and follow-up actions taken

_____History of your Agency (ex. Initial date of operations, history of locations, and ownership leading up to this date)

_____Map and written directions to your office location(s).

_____Operating Budget (Predicted Annual Budget)

_____Functioning Computer, Printer, and Internet Access (to be evaluated during office space review)

_____Policy concerning Client/Patient confidentiality (HIPAA) and Employee Confidentiality Agreement

_____A written Policy and Procedures Manual which includes hiring practices

_____Agency's Emergency Plan regarding service delivery

sarpc

BRITTINEY EVANS
Medicaid Waiver Coordinator
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SOUTH ALABAMA
REGIONAL PLANNING COMMISSION
110 Beauregard Street, Suite 207 • P.O. Box 1665 • Mobile, Al 36633

PROSPECTIVE CONTRACTOR INFORMATION SHEET

Agency Name: _____

Administrator: _____ Name of Owner: _____

Contact Person: _____ Phone Number: _____

Agency Phone Number: _____ FAX Number: _____

FEIN Number: _____ NPI Number: _____

Street Address: _____ Mailing Address: _____

_____ _____

E-mail Address: _____

Type of Agency: _____

Indicate (✔) all that apply:

- ☐ Sole Proprietorship
- ☐ Unincorporated
- ☐ Private Nonprofit
- ☐ Incorporated
- ☐ Faith Affiliated
- ☐ Governmental
- ☐ Private / Profit Making
- ☐ Public
- ☐ Other: _____

Indicate (✔) Funding Sources that apply:

- ☐ Medicare
- ☐ Medicaid
- ☐ Private Insurance
- ☐ Grants
- ☐ Private Pay
- ☐ Faith Funded
- ☐ Donations
- ☐ Dept. of Human Resources
- ☐ Dept. of Public Health
- ☐ Dept. of Mental Health
- ☐ Dept. of Rehabilitation
- ☐ Other: _____

Has there been a change in ownership or control within the last year? ☐ YES ☐ NO

If YES, Explain: _____

_____

_____

Do you anticipate filing bankruptcy within the year? ☐ YES ☐ NO

Do you anticipate expansion of the business within the year? ☐ YES ☐ NO

Is your agency operated by a management company, or leased in whole or part by another organization? ☐ YES ☐ NO If YES, Explain: _____

_____

Is your agency chain affiliated? ☐ YES NO If YES, list name and address: _____

☐

_____

Are you the sole owner of your business or do you have a partner or financial backer?

☐ Yes ☐ No If yes, please list their name and contact information to include their phone number and email address: _____

_____

Do you have current liability insurance? ☐ YES ☐ NO

Do you have current worker compensation? ☐ YES ☐ NO

Do you have access to a computer? ☐ YES ☐ NO If YES, what programs do you have

_____

What are your hours of operation? _____

I understand that supervision MUST be available during the hours of services being provided. ☐ YES ☐ NO

List regularly scheduled holidays: _____

_____

How do you manage phone calls after business hours? _____

_____

Do you provide services on: Weekends? ☐ YES ☐ NO, Holidays? ☐ YES ☐ NO, Nights? ☐ YES ☐ NO

How are patient complaints managed in your agency? (Please enclose your Complaints and Grievance Policy)

I propose (✔) to contract for the following service categories under the E&D Or ACT Waiver programs*:

- ☐ Homemaker Services
- ☐ Personal Care
- ☐ Unskilled Respite Care
- ☐ Skilled Respite Care
- ☐ Companion Services
- ☐ Adult Day Health Care

I propose (✔) to provide services in the following counties of the state of Alabama:

- ☐ Mobile
- ☐ Baldwin
- ☐ Escambia
- ☐

- ☐
- ☐
- ☐

List agencies with which you currently have certification, include dates of certification: _____

_____

List agencies with which you currently have accreditation, include dates of accreditation: _____

_____

Certification

I certify that all the statements made herein are true, accurate and correct. I understand that it is the contractor's responsibility to keep SARPC informed of any changes in the above information or with the operation of the agency. I understand that falsification or information presented to SARPC shall be grounds for immediate contract termination.

_____

Signature of Contractor Date

_____

Print name

_____

Title

South Alabama Regional
Planning Commission

FISCAL YEAR 2026
PROPOSAL INFORMATION
FOR THE PROVISION OF MEDICAID WAIVER
(ELDERLY & DISABLED)
HOME AND COMMUNITY BASED SERVICES

Proposals to provide Elderly & Disabled Medicaid Waiver Services are being accepted by the South Alabama Regional Planning Commission (SARPC) from qualified direct service providers. The attached proposal format may be used or the prospective direct service provider may submit his/her own proposal information detailing all the information requested herein.

GENERAL INFORMATION

A. **PURPOSE**: This Proposal information provides information necessary to prepare and submit proposals for consideration by SARPC for a direct service provider to provide Elderly & Disabled Medicaid Waiver Services in accordance with provision of Title XIX of the Social Security Act.

B. **PROPOSAL PREPARATION**: Complete the Proposal Cover Page, Proposal Narrative, and the Cost Analysis and submit to the South Alabama Regional Planning Commission at P. O. Box 1665, Mobile, AL 36633. Please be sure to sign the proposal and fill in all applicable blanks.

Proposals must be submitted for all of the areas of Baldwin, Escambia and Mobile Counties. Exceptions to this policy will be considered only for those direct service providers operating in hard-to-serve, rural counties. Listed below are service categories to be provided to elderly and/or disabled residents in the above counties. The direct service provider must propose to provide all of the services listed below, with the exception of Adult Day Health Care.

1. Homemaker services as described in the attached Scope of Services.

2. Personal Care services as described in the attached Scope of Services.

3. Respite Care (Skilled and Unskilled Levels) as described in the attached Scope of Services.

4. Companion services as described in the attached Scope of Services.

5. Adult Day Health Care as described in the attached Scope of Services.

C. **UNITS OF SERVICES NEEDED**: (1 unit = one quarter of one hour, i.e. 15 minutes of service. Except Adult Day Health Care which is counted as 1 unit = 1 day). Travel time to and from clients' homes is NOT considered reimbursable time. The actual number of units/services to be provided will be based on client needs and the availability of funds as determined by the Executive Director of SARPC, the Alabama Department of Senior Services and the Alabama Medicaid Agency. Services must be available five days a week for Adult Day Health Care, and on a seven-day per week basis for all other services listed in Paragraph B 1-4. Night availability is needed for Respite Care Services. SARPC makes no guarantee regarding the exact number of units of service to be used annually

D. **RATE OF REIMBURSEMENT**: The rate of reimbursement shall be inclusive of all operational costs for the provision of the Medicaid Waiver Service categories herein listed including, but not limited to, direct costs, administrative or indirect costs, transportation costs, (i.e. worker mileage costs) and any necessary and appropriate insurance costs.

Include a cost analysis which estimates the minimum total dollar cost per unit of services for those certain services as discussed in the Scope of Services. This estimate must include the maximum number of units of services that you anticipate your personnel can deliver efficiently and which counties you propose to serve.

E. **REQUIREMENTS FOR THE MEDICAID WAIVER DIRECT SERVICE PROVIDER**: The Medicaid Waiver direct service provider will provide to clients the services identified by the Medicaid Waiver Case Managers of SARPC. The Case Managers will provide the contracting agency with service authorization and assessment forms for each client to be served.

Individuals served are designated by SARPC and are frail, elderly and/or disabled and require home and community-based services in order to prevent nursing home placement. Requirements of the agency are as follows: (See also, Scope of Services for additional requirements)

1. The DSP contracting for Personal Care, Homemaker, Companion and Respite Services must be a qualified Home Health Agency holding a Certificate of Need (CON) from the State of Alabama. If there are not sufficient qualified Home Health Agencies available and willing to contract to provide services, the direct service provider must receive a waiver from the Alabama Medicaid Agency for this regulation. Personal Care and Skilled Respite Care direct service providers must hold current licenses, registration or certification for required staff and in accordance with applicable laws and regulations;

2. Provision of services will be documented by each worker providing services;

3. The governing body of the direct service provider shall have ultimate responsibility and legal authority for the direct service provider. A written description of the administrative structure of the direct service provider shall be provided along with any relevant charter, by-laws or certificate of need;

4. There shall be a designated executive officer that has training and experience appropriate to the fulfillment of his/her responsibilities. The executive officer shall take reasonable steps to assure that the direct service provider complies with applicable law and regulation and that action is taken on recommendations and reports by authorized planning, regulatory and inspection agencies;

5. The direct service provider shall designate an individual to perform the duties of the executive officer when he/she is absent from the organization;

6. There shall be a director or coordinator of client services. The director of client services shall be a qualified professional and will meet with DSP workers and SARPC Case Managers at the request of SARPC and at no expense to SARPC;

7. The direct service provider shall provide written policy and procedures for maintenance of client case records. Reasonable security measures shall be provided to safeguard both the client record and its contents, against loss, tampering and unauthorized disclosure or use. Records shall be routinely reviewed by qualified individuals to assure that documentation is entered in a timely manner.

F. **NON-DELIVERY OF SERVICES**: Assigned services not delivered to clients, for any reason, will not be reimbursed.

G. **FISCAL RECORD KEEPING BY THE AGENCY**: Contracting agencies shall keep full and accurate records of all services provided and billed to SARPC. All records shall be kept on file for five years after the end of the Federal Fiscal Year in which they pertain. The agency shall agree that officials authorized by SARPC shall have convenient access to all such records for audit and review at a reasonable time and place and that authorized personnel shall have the right to conduct on-site record reviews.

H. **REPORTS TO BE SUPPLIED BY THE AGENCY**: The direct service providers shall in timely manner complete reports required by SARPC, the Alabama Department of Senior Services, and the Alabama Medicaid Agency.

I. **INVOICE/BILLING: Invoices** shall be submitted to myADSS on a biweekly basis in a format to be provided by Alabama Department of Senior Services. Each invoice will reflect at a minimum, the following:

1. The total number of units of services provided during the billing period.

2. Properly signed verification of receipt of service from each client or his/her representative.

3. The signature of agency personnel authorized to sign on behalf of the direct service provider and who has an official signature on file at Alabama Department of Senior Services.

J. **INSURANCE**: Direct service providers shall maintain appropriate insurance coverage in amounts consistent with the types of service being rendered. Liability insurance must be maintained for any vehicles to be used in the rendering of services. The direct service provider shall provide to SARPC a Certificate of Insurance reflecting maintenance of no less than $300,000 of Liability Insurance for Adult Day Health Care Services. For all other categories, which include personal care, homemaker, companion, and respite services, the direct service provider shall maintain no less than $1,000,000 of Professional Liability Insurance.

K. **DIRECT SERVICE PROVIDERS** accept responsibility for and agree to comply with all applicable provisions of the Federal Office of Management and Budget Regulations Attachment O, Circular No. A-102 and amendments thereof (Uniform Administrative Requirements for grants-in-aid to State and Local Governments), and/or laws and regulations relating to non-discrimination in employment, wage scales and out of state direct service providers.

L. **THE PROSPECTIVE DIRECT SERVICE PROVIDER** accepts all provisions listed herein as part of any resulting contract.

M. **RIGHTS RESERVED BY SARPC**: SARPC reserves the right to:

1. Judge the qualifications of all potential direct service providers submitting proposals for services and deny contracts to agencies that appear unqualified as providers, taking into consideration the qualifications presented to SARPC, information known by SARPC and the agency's history of service provision and business management.

2. Contract for all service categories or single service categories to multiple providers.

3. Provide all or part of services from SARPC directly.

4. Negotiate and/or maintain a contract (s), separate and apart from this proposal process, with any government agency/organization for the provision of any portion or all of the service categories herein listed.

5. Require the agency/organization to supply any additional information not requested herein to substantiate its capability for contract performance and compliance with Federal and State Rules and Regulations.

6. Waive any informality or irregularity.

7. SARPC expressly reserves the right to reject any or all proposals and contracts as the best interest of SARPC appears.

PROPOSAL COVER PAGE

To Provide Elderly and Disabled Medicaid Waiver Services

to the clients of the

South Alabama Regional Planning Commission (SARPC)

Proposal Submitted By:

Official Name of Agency/Signature

Telephone Number

Address

City, State and Zip Code

PROPOSAL NARRATIVE

Please use the previous pages for a narrative statement (or attach separately) explaining what qualifies you or your agency/organization to provide the services listed herein.

Please include the following in the narrative:

- The licenses and/or certifications held by the agency/organization
- The ability of the agency to provide each of the services
- The qualifications of staff and supervisor(s)
- The location of the agency
- The agency's current insurance coverage or the ability to obtain required levels
- Attach additional pages as needed. Each page should also indicate the name of the agency.

SCOPE OF SERVICES

HOMEMAKER

PERSONAL CARE

SKILLED AND UNSKILLED RESPITE

COMPANION

SCOPE OF SERVICES

ADULT DAY HEALTH SERVICES

FY 2026 REIMBURSABLE COST PER UNIT OF SERVICE FOR **ELDERLY AND DISABLED** WAIVER SERVICES.

The agency shall be reimbursed on a per unit of service based on the below schedule:

Service	
Homemaker	$ 4.34/unit
Personal Care	$ 4.42/unit
Unskilled Respite	$ 4.42/unit
Skilled Respite (LPN)	$ 8.21/unit
Skilled Respite (RN)	$ 8.21/unit
Companion	$ 3.94 /unit
Adult Day Health (ADH)	$25.43/day

Please Note!

It should be pointed out that if SARPC (a governmental agency) cannot document actual expenses for the amounts of reimbursement received that they may be subject to repayment of the amounts over their actual expenditures. The Office of Management and Budget Circular No. A-87, January 1981 (46 F, R 9548) (Formerly FMC 74-4) Cost Principles for State and Local Government states, “No provision for profit or other increment above cost is intended.”

Alabama Department of Senior Services Medicaid Waiver Programs

DSP Quality Performance Assessment

(Administrative Review)

Name of Direct Service Provider Agency	Name and Agency of Reviewer		Audit Date

The DSP has designated an individual to serve as the agency administrator?	☐ Yes ☐ No ☐ N/A	Comments	Name:
The DSP agency has key staff, to include the agency administrator or DSP supervisor, present during this compliance audit?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP supervisor is immediately assessable by phone?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has an organizational chart showing chain of command and it is accessible to the staff?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has a written policy on infection control procedures, and an ongoing infection control program in place?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has a written policy concerning client/patient confidentiality (HIPAA) and all files are locked up?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has a written client/patient complaint and grievance policy and procedure?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has some type of complaint log and a means of monitoring/conducting complaints received including follow up?	☐ Yes ☐ No ☐ N/A	Comments	
Is the DSP in-service training pre-approved by the Operating Agency?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP had a change in agency administrator, address or phone number?	☐ Yes ☐ No ☐ N/A	Comments	
If there was a change in administrator, address or phone number, was the Operating Agency notified?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has an office open during normal business hours?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has a list of regular scheduled holidays (office can not be closed for more than four (4) consecutive days at a time and then only if a holiday falls in conjunction with a weekend)?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has current liability insurance?	☐ Yes ☐ No ☐ N/A	Comments	Expiration date:
The DSP has a written Policy and Procedures Manual which includes hiring practices?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP's Policy and Procedures Manual includes the agency's Emergency Plan regarding service delivery?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has an operating annual budget?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has an appropriate place of business/office?	☐ Yes ☐ No ☐ N/A	Comments	
The DSP has a current business license in the State of Alabama?	☐ Yes ☐ No ☐ N/A	Comments	

Additional Comments

Alabama Department of Senior Services Medicaid Waiver Programs

DSP Quality Performance Assessment

(Personnel File Review)

Name of Staff Member	Job Title of Staff Member	Hire Date of Staff Member	Audit Date

Name of Direct Service Provider	Name and Agency of Reviewer

(The below section applies to ALL in-home workers. Also complete the section that pertains to the type of service provided by the worker.)

Staff member's first access to waiver client information or client contact?			DATE:
A copy of the staff member's job description is present in the employee's file (should identify responsibilities, education, and experience)?	☐ Yes ☐ No ☐ N/A	Comments	
Staff member's personnel file contains documentation that references were verified **for those hired prior to 10/01/07)**	☐ Yes ☐ No ☐ N/A Date conducted:	Comments	
Staff members and all personnel with access to client information have proof that **nationwide criminal background checks** are documented in the employee's personnel file and are prior to hire? (This pertains to employees hired as of 10/01/22.)	☐ Yes ☐ No ☐ N/A Date conducted:	Comments	
Staff members and all personnel with access to client information have proof that **sex offender checks** are documented in the employee's personnel file and are prior to hire? (This pertains to employees hired as of 10/1/16.)	☐ Yes ☐ No ☐ N/A Date conducted:	Comments	
Staff members and all personnel with access to client information have proof that **nurse aide registry checks** are documented in the employee's personnel file and are prior to hire? (This pertains to employees hired as of 10/01/16.)	☐ Yes ☐ No ☐ N/A Date conducted:	Comments	
Staff members and all personnel with access to client information have proof that **previous employers and references are verified** and documented in the employee's personnel file and are prior to hire? (This pertains to employees hired as of 10/01/16.) (Excludes owner)	☐ Yes ☐ No ☐ N/A Date conducted:	Comments	
Initial- Staff member's file contains documentation that he/she submits to a program for the testing, prevention, and control of tuberculosis. Effective for employees hired as of 12/1/2019, did the employee receive a TB test and screening prior to client contact?	☐ Yes ☐ No ☐ N/A	Comments	TB Skin Test Date: TB Screening Date:
Annual- Has the employee received annual training/education? For employees hired prior to 12/1/2019 was their TB training/education given by the annual due date of their last TB test? Dates of last 2 trainings/education.	☐ Yes ☐ No ☐ N/A		Education Date: Education Date:
Staff member's personnel file contains an application for employment. (excludes owner)	☐ Yes ☐ No ☐ N/A	Comments	
Staff member's personnel file contains a record of pre-employment?	☐ Yes ☐ No ☐ N/A	Comments	
Staff member's personnel file contains evaluations per each agency policy?	☐ Yes ☐ No ☐ N/A	Comments	
Staff member's personnel file contains a copy of a valid, government issued, picture identification?	☐ Yes ☐ No ☐ N/A	Comments	
Staff member meets orientation training requirements prior to service delivery.	☐ Yes ☐ No ☐ N/A	Comments	
Staff member meets annual in-service training requirements. (These must include the HCBS Settings Rule, infection control updates as well as abuse, neglect, and exploitation. A four (4) hour annual limit for self-study i.e. videos/online is in effect.)	☐ Yes ☐ No ☐ N/A	Comments	Previous year's hours: Current year's hours:
Staff member's file contains other forms as required by state and federal law including agreements regarding confidentiality?	☐ Yes ☐ No ☐ N/A	Comments	
Staff member's file contains an every six (6) month direct supervisory visit?	☐ Yes ☐ No ☐ N/A	Comments	
Staff member's file contains records of all complaints/incidents lodged by the client/family and action taken?	☐ Yes ☐ No ☐ N/A	Comments	
Staff member's file contains documentation of education (high school diploma or equivalent) (supervisor only)? (HM & CO)	☐ Yes ☐ No ☐ N/A	Comments	
RN/LPN has a current Alabama State Board of Nursing license? (PC & SR) (SN/RN or LPN)	☐ Yes ☐ No ☐ N/A	Comments	Expiration date:
LPN is practicing under the supervision of an RN? (SR and SN)	☐ Yes ☐ No ☐ N/A	Comments	

Alabama Department of Senior Services Medicaid Waiver Programs

DSP Quality Performance Assessment

(In-Home Worker Training Requirements)

Name of Staff Member

ADDITIONAL HOMEMAKER & UNSKILLED RESPITE (HM) REQUIREMENTS

Minimum training requirements for Homemaker prior to service delivery include all of below items. The annual in-service training is in addition to the training required prior to the provision of service. ALL Homemakers must have at least six (6) hours, in-service training annually from the following areas below and include topic, name and title of trainer, objective of training, date of training, outline of content, length of training, list of trainees and location. (O) = Orientation Training Requirements (A) = Annual Training Requirements

(O)	(A)	
☐	☐	Physical, emotional and developmental needs of population served including the need for respect of the client, his/her privacy, and his/her property.
☐	☐	Maintaining a safe and clean environment;
☐	☐	Providing care including individual safety, laundry, serve and prepare meals, and household management;
☐	☐	First aid in emergency situations;
☐	☐	Fire and safety measures;
☐	☐	Client rights;
☐	☐	Record keeping such as a signed service log of services delivered and a written summary to supervisor of any problems with services;
☐	☐	Communication skills;
☐	☐	Basic infection control/Universal Standards;
☐	☐	Abuse, neglect, mistreatment, and exploitation.
☐	☐	Identify and address any health concerns, including a change in status that could jeopardize client's safety in the community.
☐	☐	HCBS Settings Rule.

ADDITIONAL PERSONAL CARE & UNSKILLED RESPITE (PC) REQUIREMENTS

Unskilled Respite Workers must meet the same orientation and in-service training requirements as a HM and PCW dependent upon the level of care. Minimum training requirements for Personal Care prior to service delivery include all of the below items. The annual in-service training is in addition to the training required prior to the provision of service. ALL PC and UR Workers must have at least twelve (12) hours, in-service training annually from the following areas below and include topic, name and title of trainer, objective of training, date of training, outline of content, length of training, list of trainees and location (For PC Workers hired during the calendar year, this in-service requirement may be prorated based on date of employment as a PC Worker.)

(O)	(A)	
☐	☐	Physical, emotional and developmental needs of population served including the need for respect of the client, his/her privacy, and his/her property.

Activities of daily living, such as,

☐	☐	Bathing (sponge, tub)
☐	☐	Personal grooming
☐	☐	Personal hygiene
☐	☐	Meal preparation
☐	☐	Proper transfer technique (assisting clients in and out of bed)
☐	☐	Assistance with ambulation
☐	☐	Toileting
☐	☐	Feeding the client

Home support, such as,

☐	☐	Cleaning
☐	☐	Laundry
☐	☐	Home safety

Recognizing and reporting observations of the client, such as,

☐	☐	Physical condition
☐	☐	Mental condition
☐	☐	Emotional condition
☐	☐	Prompting the client of medication regimen
☐	☐	Identify and address any health concerns, including a change in status that could jeopardize client's safety in the community.

Plus,

☐	☐	Record keeping such as a signed service log of services delivered and a written summary to supervisor of any problems with services
☐	☐	Communication skills
☐	☐	Basic infection control/Universal Standards
☐	☐	First aid in emergency situations
☐	☐	Fire and safety measures
☐	☐	Client rights and responsibilities
☐	☐	Abuse, neglect, mistreatment, and exploitation.
☐	☐	HCBS Settings Rule.

Alabama Department of Senior Services Medicaid Waiver Programs

DSP Quality Performance Assessment

(In-Home Worker Training Requirements)

Name of Staff Member

ADDITIONAL COMPANION REQUIREMENTS

Minimum training requirements for Companion prior to service delivery include all of the items below. The annual in-service training is in addition to the training required prior to the provision of service. ALL Companion Workers must have at least six (6) hours, in-service training annually from the following areas below and include topic, name and title of trainer, objective of training, date of training, outline of content, length of training, list of trainees and location.

(O) (A)

- ☐ ☐ **Physical, emotional and developmental needs of population served including the need for respect of the client, his/her privacy, and his/her property.**
- ☐ ☐ **Meal planning and preparation;**
- ☐ ☐ **Laundry/shopping;**
- ☐ ☐ **Provision of care and supervision including individual safety;**
- ☐ ☐ **First aid in emergency situations;**
- ☐ ☐ **Documentation of services provided per written instructions;**
- ☐ ☐ **Basic infection control/Universal Standards (required annually);**
- ☐ ☐ **Fire and safety measures;**
- ☐ ☐ **Assist clients with medications;**
- ☐ ☐ **Communication skills;**
- ☐ ☐ **Client rights;**
- ☐ ☐ **Abuse, neglect, mistreatment, and exploitation.**
- ☐ ☐ **Identify and address any health concerns, including a change in status that could jeopardize the client's safety in the community.**
- ☐ ☐ **HCBS Settings Rule.**

ADDITIONAL SKILLED RESPITE CARE REQUIREMENTS

SKILLED RESPITE WORKER - AND SKILLED NURSING WORKER (E&D & ACT) A Licensed Practical Nurse (LPN) or Registered Nurse (RN) who meets the following additional requirements:

(O) (A)

- ☐ ☐ **Be currently licensed by the State of Alabama Board of Nursing to practice nursing.**
- ☐ ☐ **The personnel file contains documents that the nurse submits to the program for testing, prevention, and control of tuberculosis annually.**
- ☐ ☐ **Be able to follow the Plan of Care with minimal supervision unless there is a change in the client's condition.**
- ☐ ☐ **The personnel file contains a copy of a valid, picture identification.**
- ☐ ☐ **The personnel file contains validation of CEUs for licensure.**
- ☐ ☐ **The DSP must assure Medicaid and the Operating Agency (OA) that the nurse has adequate experience and expertise to perform the skilled services and the care required.**
- ☐ ☐ **HCBS Settings Rule.**
- ☐ ☐ **Abuse, neglect, mistreatment, and exploitation.**
- ☐ ☐ **Identify and address any health concerns, including a change in status that could jeopardize the client's safety in the community.**

Additional Comments

Alabama Department of Senior Services Medicaid Waiver Programs

DSP Quality Performance Assessment

(Client File Review)

Name of Client	Medicaid Number	Name of Case Manager	Audit Date

Name of Direct Service Provider Agency	Frequency/Service(s) Authorized

Name and Agency of Reviewer	Period of Review

Both current and historical "Service Provider Authorization" form(s) is/are present in the client file?	☐ Yes ☐ No ☐ N/A	Comments	
The Service Provider Authorization Form contains the number of units, frequency, begin date, and activities to be performed?	☐ Yes ☐ No ☐ N/A	Comments	
Services were initiated within three (3) working days of the designated "START DATE" on the Service Authorization Form? (Per 10/01/07 waiver renewal). Prior to 10/01/07 within three (3) days of "receipt" of the service authorization.	☐ Yes ☐ No ☐ N/A	Comments	
Were services started prior to the start date on the Service Authorization Form?	☐ Yes ☐ No ☐ N/A	Comments	
Were services billed prior to the start date on the Service Authorization Form?	☐ Yes ☐ No ☐ N/A	Comments	
The file contains a "new" Service Authorization Form for any change in number of hours, frequency, or type of service?	☐ Yes ☐ No ☐ N/A	Comments	
The file contains a Service Authorization Form to terminate services? (If applicable).	☐ Yes ☐ No ☐ N/A	Comments	
During the initial assessment, is there evidence that the provider reviewed the Care Plan, reviewed and provided written information regarding rights and responsibilities, discussed how to register complaints, discussed the provisions and supervision of the service(s) and left appropriate phone numbers with the client and/or caregiver? (As of 05/01/2008).	☐ Yes ☐ No ☐ N/A	Comments	
The file contains all 60 day supervisory reports and they are within the required time frame?	☐ Yes ☐ No ☐ N/A	Comments	List 3 Dates:
The supervisory visit report includes assurances that the services are being delivered consistent with the Plan of Care and the Service Authorization Form in an appropriate manner?	☐ Yes ☐ No ☐ N/A	Comments	
The supervisory visit report includes assurances that the client's needs are being met, and includes a brief statement regarding the client's condition?	☐ Yes ☐ No ☐ N/A	Comments	
The summary is submitted to the case manager within ten (10) calendar days of submission of the supervisory report?	☐ Yes ☐ No ☐ N/A	Comments	
The file contains documentation of an initial visit for in-home services prior to service implementation?	☐ Yes ☐ No ☐ N/A	Comments	
The initial visit included the case manager, worker, worker supervisor, and the client/caregiver?	☐ Yes ☐ No ☐ N/A	Comments	
A complete/current copy of the HCBS application (to include the Plan of Care) is present in the client/patient file?	☐ Yes ☐ No ☐ N/A	Comments	
Does the file indicate that the client had a change in condition or the Plan of Care no longer meets the client's needs?	☐ Yes ☐ No ☐ N/A	Comments	
Did the DSP notify the case manager within one (1) working day of any change in the client's condition?	☐ Yes ☐ No ☐ N/A	Comments	
Did the case manager respond back to the DSP within one (1) working day of the DSP's notification?	☐ Yes ☐ No ☐ N/A	Comments	
A record of all complaints lodged by the client, family member or responsible party, and any action taken, is in the client/patient file, and followed up on per AMA requirements?	☐ Yes ☐ No ☐ N/A	Comments	

Name of Client	Medicaid Number

The case manager was notified by telephone immediately, if services could not be provided to an “at risk” client?	☐ Yes ☐ No ☐ N/A	Comments	
The file contains all service logs (signed by the client, family member/responsible party and the worker) if manual claims used?	☐ Yes ☐ No ☐ N/A	Comments	
If the service logs are not signed, did the worker document why they were not signed?	☐ Yes ☐ No ☐ N/A	Comments	
The service logs are reviewed and signed by the supervisor every two (2) weeks? (PC, HM, CO)	☐ Yes ☐ No ☐ N/A	Comments	
All missed/attempted visits are documented and sent to the case manager weekly (Monday) as required?	☐ Yes ☐ No ☐ N/A	Comments	
The case manager was notified within one (1) working day after the second attempted visit whenever two (2) attempted visits occur within the SAME week?	☐ Yes ☐ No ☐ N/A	Comments	
If Skilled Respite service is provided, did the worker fully document that the services were authorized by the client’s physician and performed for the client during “each” visit?	☐ Yes ☐ No ☐ N/A	Comments	
If respite, Skilled or Unskilled is provided, were the service logs and documentation forms signed by the respective supervisor at least once every two (2) weeks? For 530 Waiver also SN/RN or LPN?	☐ Yes ☐ No ☐ N/A	Comments	
If Personal Assistance (Support) Services are provided, did the worker fully document that the services were authorized by the client’s physician and performed for the client for at least 40 hours per month?	☐ Yes ☐ No ☐ N/A	Comments	
If Assistive Technology is used is there documentation to support medical necessity?	☐ Yes ☐ No ☐ N/A	Comments	
The billing corresponds with EVV information?	☐ Yes ☐ No ☐ N/A	Comments	
The billing corresponds with the missed visit reports?	☐ Yes ☐ No ☐ N/A	Comments	
The services billed match the services authorized?	☐ Yes ☐ No ☐ N/A	Comments	

Additional Comments

KAY IVEY
GOVERNOR

STATE OF ALABAMA
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December 19, 2022

LTC Notice 22-04

TO: Area Agencies on Aging Directors

FROM: Jean Stone, Assistant Commissioner
Medicaid Waiver Programs

SUBJECT: **Background Check Policy for the Waiver Programs**

EFFECTIVE: October 1, 2022

The language below will be added to the ADSS Long Term Care Policy and Procedure Manual as a revised section for Part 8, Section 8.5 regarding Background Checks, and the new requirement for a nationwide check. **Providers and AAAs will have until January 31, 2023, to complete National Checks on staff hired since October 1,2022.** All new staff moving forward should have the National Check prior to hire. Please provide a copy of this to your Direct Service Providers and your Case Managers.

Section 8.5: Background Checks
Effective October 1,2022, background checks must be conducted on a nationwide basis. The National background check shall consist of the following personal identifiers: name, social security number, date of birth, driver's license number and/or applicable state identification card (i.e. nondriver's identification). Additionally, the authorized background check agency shall notify the potential employer if the background check reveals that an applicant is listed in the national sex offender public registry. Any services performed by a person in violation of the background checks are to be considered an overpayment and are recoupable.

The following criminal activities that will permanently disqualify a potential applicant from employment:
Applicants must not have convictions or pending charges for:

- Any crime of violence
- Any felony convictions as well as any pending felony arrests

The following are criminal convictions that would prevent an individual from being employed for the time period as specified below:

- Reckless endangerment in the past 5 years
- Stalking in the second degree in the past 5 years

- Criminal trespass in the first degree in the past 5 years
- Violating a protective order in the past 3 years
- Unlawful contact in the first degree in the past 3 years
- Criminal mischief in the first degree in the past 7 years
- Unlawful contact in the second degree in the past year

The following are the specifics related to the background checks:

- Statewide background checks are required for employees hired on or after October 1, 2007, and Nationwide background checks for those hired on or after October 1,2022.
- All background checks must be performed **prior** to the date of hire.
- Employees are not allowed to provide services until after the results of the background check have been received.
- Statewide background checks are not required for employees hired prior to October 1, 2007. Nationwide background checks are not required for those hired before October 1,2022.
- Nationwide background checks are required for all DSPs and for any employee who operates within the state of Alabama and has access to client records.
- Out-of-state corporate office employees are not required to have a background check completed.
- Case Managers, Adult Day Health, and Home Delivered Meals providers are also required to undergo a background check.
- DSPs are responsible for conducting monthly checks of employees against the Medicaid Exclusion List.
- If an employee is terminated/leaves employment of the DSP and then is re-hired, a new background check must be obtained.
- Verification of the performance of background checks will be conducted during audit reviews.
- Failure to perform all components of the background check will result in recoupment of funds paid for services provided by the employee.

In addition to the background check, employers must also check the State of Alabama Nurse Aide Registry and previous employer references. DSPs are also required to check the OIG/Medicaid Exclusion List initially and on a monthly basis.

Section 8.6: TB Skin Tests

Rev. 12/2019

All personnel who have contact with waiver clients must have a baseline Tuberculosis (TB) screening for Latent TB Infection (LTBI) and TB disease. All new employees must have the testing and screening assessment performed prior to providing services for waiver clients. In addition, annual TB education is required and must be documented in the employee's personnel file.

The TB Screening Assessment (WAV-37, Attachment A) must be completed as part of the baseline screening. The assessment may be completed by a clinician employed by the DSP.

In order to remain in compliance with TB screening requirements once a baseline test/screening is done, the employee must be provided TB education materials on an annual basis. The education must include information about TB exposure risks. The TB education materials must be approved by ADSS. The TB education must be completed prior to the date of the last TB test/education date. The employee must sign and date a statement indicating education was provided on that date.

Persons without TB disease or Latent TB must be tested with an interferon-gamma release assay (IGRA) or a tuberculin skin test (TST). The TB test must be administered, read, and documented by healthcare professionals who are not employees of the Direct Service Provider. The TB skin test report must be on office/clinic letterhead and indicate the date administered, the date read and the results. The report must include the name and title of the person reading the test.

Persons with Latent TB must have a TB Screening Assessment (WAV-37, Attachment B) performed. This assessment may be completed by a clinician employed by the DSP. Documentation of Latent TB (statement from physician and screening assessment) must be included in the personnel file.

Post exposure screening and testing must be performed for anyone who has been exposed to TB. A test (IGRA or TST) must be performed for those employees with a baseline negative TB test and no prior TB disease or LTBI. If that test is negative, another test should be performed 8-10 weeks after the last exposure.

Note: Treatment is encouraged for all employees with untreated LTBI, unless medically contraindicated.

Failure to comply with TB Screening Requirements will result in an audit finding and all services provided during the time of non-compliance will be considered an overpayment which is recoupable.

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December 19, 2019

LTC NOTICE 19-03

TO: Executive Directors and Area Agencies on Aging

FROM: Jean Stone, Division Chief
Long Term Care Programs

SUBJECT: Revised TB Skin Test Policy and Audit Tool

Effective December 1, 2019, all Area Agencies on Aging (AAAs) and Direct Service Providers (DSPs) must follow the attached revised guidelines regarding TB skin tests. Changes to the policy include the following:

1. Annual screening/ testing/chest x-ray will no longer be a requirement.
2. New hires as of 12/1/2019 will require an initial TB test and screening (see attached revised ADSS policy and Medicaid policy requirements).
3. Annual TB education will be required and must be documented. Information must include information about TB exposure risks.
4. Samples of information are attached that is available from the CDC website: https://www.cdc.gov/tb/publications/factsheets/general/ltbiandactivetb.htm
5. DSPs may choose to utilize the available information sheets from the CDC. Education materials must be submitted for review and approval by ADSS.
6. Employees who have Latent TB must have a statement of such from their physician and complete the screening assessment B. The documentation must be maintained in the personnel file. The new policy recommends that the employee have treatment unless medically contraindicated.
7. Employees who are exposed to TB must follow the new policy guidelines for testing.

In order to be in compliance for those employees hired this month, the DSP should complete the screening assessments in addition to the TB test already performed and place in the worker's file. For those workers whose annual date falls in the month of December, ADSS will accept either a TB test or the education documentation. Please notify your DSPs of the changes as soon as possible.

Alabama Medicaid Agency

Policy Title: Home and Community Based Service (HCBS) Waiver Tuberculosis (TB) Screening Requirements	**Policy Number:WAV-37**
Number of Pages-2 **Attachments- A and B**	**Date Created:** February 4, 2011 **Date Revised:** December 1, 2019

POLICY:

Alabama HCBS waivers require all new employees of Direct Service Providers (DSP) to have a baseline Tuberculosis (TB) screening for Latent TB Infection (LTBI) and TB disease.

Annual screening and testing of employees will no longer be a requirement. Annual TB education is required and must be documented. TB education materials must be approved by the Operating Agency.

Baseline Screening and Testing

Persons without TB disease or Latent TB- TB testing with an interferon-gamma release assay (IGRA) or a tuberculin skin test (TST) is required. The TB test must be administered, read and documented by healthcare professionals who are not employees of the Direct Service Provider.

AND

Complete the TB Screening Assessment (Attachment A). This assessment can be completed by a clinician employed by the DSP.

Persons with Latent TB- Complete the TB Screening Assessment for individuals with Latent TB (Attachment B). This assessment can be completed by a clinician employed by the DSP. Documentation of Latent TB must be included in the personnel file.

Post exposure screening and testing

For employees with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8-10 weeks after the last exposure.

Evaluation and treatment of positive test results

Treatment is encouraged for all employees with untreated LTBI, unless medically contraindicated.

REFERENCE:
This policy was created based upon the US Department of Health and Human Services/Centers for Disease Control and Prevention 2019 Recommendations.

Category	2019 Recommendations
Baseline screening and testing	TB screening for all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI (unchanged); individual TB risk assessment (new).
Post exposure screening and testing	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8-10 weeks after the last exposure (unchanged)...
Serial screening and testing for employees	Not routinely recommended (new); can consider for selected HCP groups (unchanged); recommend annual TB education for all HCP (unchanged), including information about TB exposure risks for all HCP (new emphasis).
Evaluation and treatment of positive test results	Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated (new).

Melinda A. Rowe, MD
Dr. Melinda Rowe
Assistant Medical Director

Ginger Wettingfeld
Ginger Wettingfeld, Director
LTC Healthcare Reform Division

Ozenia Patterson
Ozenia Patterson, Director
LTC Division

Alabama Medicaid Agency

TB Baseline Screening Assessment

Attachment A to WAV-37

Symptoms	Yes	No	Comments
History of positive TB Skin Test			
Have you ever had TB disease?			
Coughed up blood			
Unplanned weight loss			
Night Sweats			
Shortness of breath			
Fatigue			
Loss of appetite			
Chest pain			
Hoarseness			
Close contact with someone who has had infectious TB disease since the last TB test.			
Temporary or permanent residence of one month or less in a country with a high TB rate. (Any country other than the U.S., Canada, Australia, New Zealand, and those in Northern Europe or Western Europe.			
Current or planned immunosuppression. Including HIV, organ transplant, treatment with a TNF-alpha antagonist, chronic steroids (equivalent of prednisone less than 15mg/day for 1 month or less) or other immunosuppressive medication			
Fever > 2 weeks duration			
Productive cough			**If yes,** **Color**_____ **Consistency**_____ **Blood in sputum?** **Yes** ☐ **No** ☐

_____ _____

Date Clinician Signature & Title

_____ _____

Date Signature of Applicant

Alabama Medicaid Agency

TB Baseline Screening Assessment for Individuals with Latent TB

Attachment B to WAV-37

Symptoms	Yes	No	Comments
Coughed up blood			
Unplanned weight loss			
Night Sweats			
Shortness of breath			
Fatigue			
Loss of appetite			
Chest pain			
Hoarseness			
Close contact with someone who has had infectious TB disease since the last TB test.			
Temporary or permanent residence of one month or less in a country with a high TB rate. (Any country other than the U.S., Canada, Australia, New Zealand, and those in Northern Europe or Western Europe.			
Current or planned immunosuppression. Including HIV, organ transplant, treatment with a TNF-alpha antagonist, chronic steroids (equivalent of prednisone less than 15mg/day for 1 month or less) or other immunosuppressive medication			
Fever > 2 weeks duration			
Productive cough			**If yes,** **Color**_____ **Consistency**_____ **Blood in sputum?** **Yes No** ☐ ☐

_____ _____

Date Clinician Signature & Title

_____ _____

Date Signature of Applicant

KAY IVEY
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July 18, 2022

MEMORANDUM

TO: AAA DIRECTORS

FROM: Jean Stone, Assistant Commissioner
Medicaid Waiver Programs

SUBJECT: Medicaid Program Integrity (Medicaid Fraud, Waste, and Abuse)

EFFECTIVE: July 18, 2022

The language below will be added to the ADSS Long Term Care Policy and Procedure Manual as a new section for Part 3, Section 3.11 regarding Medicaid Fraud, Waste, and Abuse.

Section 3.11 Medicaid Program Integrity (Medicaid Fraud, Waste, and Abuse)

The Alabama Medicaid Agency's Program Integrity Division is responsible for identifying, preventing, and prosecuting fraud, waste, and/or abuse in the Medicaid Program. The division conducts reviews to verify that medical services are appropriate and rendered as billed, that services are provided by qualified providers to eligible recipients and that payments are made correctly. The division may review paid claims history, provider, and recipient enrollment applications as well as conduct field reviews and investigations as necessary to determine if fraud, waste, and/or abuse has occurred.

Please refer to Chapter 4 of the Alabama Medicaid Agency's Administrative Code for complete information regarding the division's responsibilities and process of investigation. The Administrative Code Rule below is specific to fraud, waste, and abuse by providers and applies to anyone providing services, including case management, for Medicaid Waiver clients.

Rule No. 560-X-4-.04. Fraud, Waste, and/or Abuse by Providers.

(1) Fraud is defined as an intentional deception or intentional misrepresentation made by a person with the knowledge that the deception could result in some unauthorized personal benefit or unauthorized benefit to some other person. Fraud is dependent upon

evidence that must substantiate misrepresentation with intent to illegally obtain services, payment, or other gains.

(2) Code of Alabama (1975) Section 22-1-11 makes it a felony offense to falsify a claim or application for payment of Medicaid benefits or offer, pay, solicit or receive kickbacks, bribes, or rebates for services. Convictions for any of these felonious actions could result in a fine of $l0,000 or imprisonment for one to five years for each violation.

(3) Providers participating in the Alabama Medicaid Program shall make available, free of charge, the necessary records and information to Medicaid investigators, members of the Attorney General's staff, or other designated Medicaid representatives who, in the course of conducting reviews or investigations, have need of such documentation to determine fraud, abuse and/or other deliberate misuse of the Medicaid program.

(4) The Medicaid Fraud Control Unit of the Attorney General's Office may refer providers to Medicaid for administrative sanctions because:
   (a) The dollar amount of the fraud involved does not warrant the expense of prosecution; or
   (b) Evidence of willful intent to defraud is lacking, although evidence of abuse is present.

(5) Program abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program, or in reimbursement for services which are not medically necessary or that fail to meet professionally recognized standards for health care; provided however, that any finding by the state survey agency of non-compliance by a nursing facility with conditions of participation shall not be considered program abuse under this definition or the examples below. Remedies for such non-compliance are governed by Rule 560-X-l0-.27 of this Code. Nothing in this definition is intended to imply that disputes arising from routine provider reviews or audits necessarily constitute program abuse. Following are some examples of program abuse as defined by the Alabama Medicaid Agency:
   (a) Over-utilizing the Medicaid program by furnishing, prescribing, or otherwise causing a recipient to inappropriately receive service(s) or merchandise which is not medically necessary or not otherwise required or requested by the recipient, or not generally provided private pay patients;
   (b) Receiving disciplinary action by any state licensing authority which restricts or modifies a provider's license;
   (c) Rebating or accepting a fee or portion of a fee or charge for a Medicaid patient referral;
   (d) Submitting a false application for provider status;
   (e) Charging recipients for services over and above that paid for by Alabama Medicaid Agency;
   (f) Failing to correct deficiencies in provider operations after receiving written notice of these deficiencies from Medicaid;
   (g) Failing to repay or make arrangement for the repayment of identified overpayments or otherwise erroneous payments received from the Medicaid fiscal agent; or

(h) Being in a status of less than good standing with a professional licensing, peer review, or similar organization governing the provider's practice.

(6) The following types of administrative sanctions may be imposed as a result of program abuses or fraud by providers:
   (a) Provider warning letters for those instances of abuse that can be satisfactorily settled by an informal correspondence process;
   (b) Suspension of payments to a provider in accordance with 42 C.F.R. 455.23 upon a determination by the Medicaid Agency of a credible allegation of fraud;
   (c) Suspension of payments when a provider does not voluntarily repay improper payments; or for large repayments which have been scheduled for installments, or withholding payments of pending claims, as well as future claims, for application to overpayments owed;
   (d) Review of provider's claims prior to payment;
   (e) Restriction of provider's Medicaid participation to a specified setting or specified conditions;
   (f) Exclusion of provider's Medicaid participation for a specified time period; and/or
   (g) Termination of provider's Medicaid participation.

(7) Restitution of improper payments made to the provider by the Medicaid program may be pursued in addition to any administrative sanctions imposed.

(8) The decision as to the sanction to be imposed shall be at the discretion of the Deputy Commissioner(s) of Medicaid based on the recommendation(s) of the Utilization Review Committee and/or the written policy of the Program Integrity Division.

(9) The following factors shall be considered in determining the sanction(s) to be imposed:
   (a) Seriousness of the offense(s);
   (b) Extent of violations and history of prior violations;
   (c) Prior imposition of sanctions;
   (d) Provider willingness to obey program rules;
   (e) Actions taken or recommended by peer review groups or licensing boards; and
   (f) Effect on health care delivery in the area.

(10) Medicaid shall initiate proceedings to exclude or terminate any provider that has been:
   (a) Convicted of defrauding the Medicaid program or convicted of a crime related to delivery of medical care or services;
   (b) Excluded or terminated from the Medicare program for fraud/abuse; or
   (c) Suspended or terminated from practice by his professional licensing authority.

(11) An administrative sanction may be applied to all known affiliates of a provider, provided that each decision to include an affiliate is made on a case by case basis after giving due regard to all relevant facts and circumstances.

(12) Exclusion or termination from participation of any provider shall preclude Medicaid from making payment for any item or service furnished by or at the medical direction or on the prescription of such provider on or after the effective date of the exclusion when a person furnishing the service knew, or had reason to know, of the exclusion.

(13) No clinic, group, corporation, or other association, which is a provider of services, shall submit claims for payment to the fiscal agent for any services or supplies provided by a person within such organization who has been excluded or terminated from participation in the Medicaid program, except for those services or supplies provided prior to the exclusion or termination.

(14) When a provider has been sanctioned, Medicaid shall notify, as appropriate, the applicable professional society, licensing authority, the Attorney General's Medicaid Fraud Control Unit, federal agencies, appropriate county departments of social services, and the general public of the sanctions imposed.

(15) A notice setting forth the violations and the provider's rights to an administrative hearing shall be sent to the provider at least ten days prior to the effective date of such sanction except for sanctions as listed in (6)(a) and (b).

JS/mr

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November 7, 2025

LTC NOTICE 25-04

TO: Elderly and Disabled (E&D) and Alabama Community Transition (ACT) Waiver Direct Service Providers (DSPs)

FROM: Jean Stone, Assistant Commissioner
Medicaid Waiver Programs

SUBJECT: Revised Waiver Billing Process

Effective January 1, 2026: The Alabama Department of Senior Services (ADSS) is implementing changes to the billing and payment process for Direct Service Providers (DSPs). DSPs will receive payment for waiver service claims directly from the State Comptroller's Office. ADSS will continue to submit the claims to Gainwell for processing that are received from the visit data submitted in myADSS. However, the payment for these claims will no longer be paid to DSPs from the Area Agencies on Aging (AAAs).

Purpose: ADSS is implementing these changes to better align its payment operations with those of the Alabama Medicaid Agency (AMA) and other state operating agencies, and to improve the timeliness of payment to the DSPs.

Changes impacting AAAs:

- AAAs will no longer be processing payments to DSPs for paid claims for the E&D and ACT Waiver Programs. Payments will be routed directly to DSPs through ADSS and the State Comptroller's Office. Note: Unless notified otherwise, all other terms of the agreement with the AAAs will remain the same.
- AAAs will move away from the current pre-payment claims invoice review process to a post-payment review.

Changes impacting DSPs:

- **New Requirement**: All DSPs **must** be registered with the State Comptroller's Office via Alabama Buys. DSPs not registered will need to register as soon as possible, but no later than December 15, 2025, to ensure no delays in payment for the January 2026 check write.
- DSPs can visit: https://procurement.staars.alabama.gov/PRDVSS1X1/AltSelfService
- If a DSP is already registered with STAARS or Alabama Buys, ADSS recommends that you login to ensure all information is up to date, including your address and electronic funds transfer (EFT) account (if applicable). The address in STAARS must match the information that was sent to ADSS/AMA/Gainwell when the DSP was setup to provide services. This address will be used on the invoices for payment.
- All payments are subject to post-payment review, which may result in recoupment of ineligible payments.

ADSS will provide training for DSPs on the revised billing process on December 3, 2025, at 1:30pm CT, via a Microsoft TEAMS conference call. Registration will be handled through the TEAMS invitation.

All questions regarding the revised flow of billing process should be sent to: "Waiver DSP" waiver.dsp@adss.alabama.gov.

Please communicate these changes with your staff and plan to have all necessary staff participate in the training.