

# Alabama Health and Welfare Site Review Summary Report

1/10/25

## I. Executive Summary

The Centers for Medicare & Medicaid Services (CMS) Division of Home and Community-Based Services Operations and Oversight (DHCBSO) conducted the Alabama Health and Welfare Site Review (H&W SR) in coordination with the Administration for Community Living (ACL). The H&W SR team conducted the review with a focus on the Alabama Home and Community-Based Waiver for Persons with Intellectual Disabilities (ID Waiver), Alabama Home and Community Based Waiver for the Elderly and Disabled (E&D), and Alabama HCBS Living at Home Waiver for Persons with Intellectual Disabilities (LAH Waiver) programs from September 23-27, 2024.

The site review included multiple meetings with state directors and staff responsible for administration and operation of Alabama's seven 1915(c) waivers, including staff from the Alabama Medicaid Agency (AMA), the Alabama Department of Mental Health (ADMH), and the Alabama Department of Senior Services (ADSS). The H&W SR team also held meetings with representatives from Alabama's provider certification entities (Area Agencies on Aging (AAA) for the Elderly and Disabled waiver and ADMH-Division for Developmental Disabilities (ADMH-DD) for the ID and LAH waivers), the protective services entity (Alabama Department of Human Resources (DHR), case managers/support coordinators, providers, participants, and other stakeholders. In addition, the H&W SR team held two separate pre-visit virtual meetings; one with the state's Long-Term Care and Legal Regulatory Ombudsmen and the other with stakeholders.

The focus of these meetings was to understand how the process for reporting, investigating, and resolving critical incidents operates in practice and how health and welfare is assured for HCBS participants in Alabama through the lens of these stakeholders. The review was conducted as part of a national initiative to provide individualized technical assistance to states maximizing the health and welfare of Medicaid beneficiaries and to identify both promising practices and challenges that remain.

The AMA, as the State Medicaid Agency (SMA), retains administrative authority and oversight for Alabama's ID, LAH, and the E&D 1915(c) waiver programs. The Alabama Department of Mental Health (ADMH) is the operating agency for the ID and LAH waiver programs, and the Alabama Department of Senior Services (ADSS) is the operating agency for the Elderly and Disabled waiver.

During the site review, the H&W SR team identified strengths and promising practices, along with challenges, which are listed here and summarized more fully later in the report.

## **Strengths and Promising Practices for Ensuring Health and Welfare**

- **Electronic Incident Reporting Systems-** ADMH-DD employs an electronic incident reporting system for reporting, collecting data, and analyzing trends and an advocacy hotline for participants and families to report incidents. ADSS utilizes the FamCare System to monitor incidents and ensure closure.
- **Regional and Statewide Incident Review Committees/Mortality Review-** ADMH-DD has established local and a statewide Incident Review Committees that meet on a regular basis to review investigations and make recommendations.
- **Participant-Centered Service Plan Process and Monitoring-**The ADMH-DD requires the Participant-Centered Service Plan (PCSP) Process to include a safety assessment. ADSS requires case managers to inquire about critical incident occurrences during the monthly participant check in visits.
- **Specialized I/DD System for Critical Incident Response-** There is a specialized I/DD system for critical incidents. This system includes a Bureau of Special Investigation and Comprehensive Support Team to enhance oversight of health and welfare.
- **Provider Structure-** The state has established several provider requirements to safeguard participants, including requiring a Human Right Committee and nurse in each provider agency, monthly emergency drills for residential and day habilitation providers, and requiring audits of the support coordination entities twice a year.
- **AAA Practices to support Case Managers-** The AAA's have established regularly scheduled case conferences and monthly meetings to support the case managers to protect participant health & welfare.
- **Training-** ADMH-DD provides a state-sponsored training system for the Incident Management System and a required standardized state-sponsored "Boots" training for all new Incident Investigators.
- **Oversight of Providers-** ADMH has several processes to ensure certified providers are in compliance with waiver requirements. ADSS also has processes in place to ensure that Direct Service Providers are in compliance with the waiver requirements.
- **Rights Protection and Advocacy Office-** within ADMH, provides advocacy services such as information and referral, rights complaint investigations and resolutions, and rights education programs.
- **Prevention-** DHR offers prevention services such as pest control that can be accessed to prevent incidents.

## **Challenges**

- **Administrative Authority by the AMA-** AMA's responsibility and oversight for the critical incident system(s) was not evident.

- **Incident Management Policies and Procedures** documented in the approved waiver applications were not aligned with the state practices. The state did not demonstrate its ability to collect aggregated information about remediation for substantiated cases of abuse, neglect, and exploitation for E&D waiver.
- **Limitations of the Critical Incident Systems-** The system limits access for reporting to case managers and support coordinators which may delay critical incident response rates. The state has noted this is due to technological limitations and remedies are under review.
- **Cross Agency Coordination-** The state law limits DHR from sharing the outcome of its investigations, leading to challenges for the state to coordinate a comprehensive critical incident management system.

## II. Background

Before the site review, the H&W SR team reviewed waiver program documents and other materials from the public domain related to the health and welfare assurance of individuals receiving HCBS in Alabama.

Table 1 includes information about the waiver programs that were reviewed prior to the visit in addition to the waiver’s expiration date, operating agency, and target population.

**Table 1. Waiver Review by the H&W SR team**

<b>Waiver Name and Number</b>	<b>Expiration Date</b>	<b>Operating Agency</b>	<b>Target Population</b>
AL HCBS Waiver for Persons with Intellectual Disabilities (ID Waiver) AL 0001.R09.06	09/30/2025	The Alabama Department of Mental Health, Division of Developmental Disabilities	Persons with Intellectual Disability Ages 3 and older
Alabama HCBS Living at Home Waiver for Persons with Intellectual Disabilities (LAH Waiver) AL 0391.R04.06	09/30/2025	The Alabama Department of Mental Health, Division of Developmental Disabilities	Persons with Intellectual Disability Ages 3 and older
Alabama Home and Community-Based Waiver for the	09/30/2027	Alabama Department of Senior Services (ADSS)	Persons ages 0-64 who have physical or other disabilities

Elderly and Disabled AL 0068.R08.00		The waiver operates concurrently with a 1915(b) Primary Care Case Management waiver, called the Integrated Care Network (ICN).	and older adults aged 65 and over
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The H&W SR Team focused on Alabama’s ID, LAH, and Elderly & Disabled waivers. This approach ensured that key operating agencies and the SMA were involved in the site review.

The DD, within the ADMH, under an agreement with the AMA, is the Operating Agency for both the ID Waiver and the LAH waiver. The ID and LAH waivers were selected for this review because both waivers did not fully demonstrate compliance with Health and Welfare waiver assurances in the 2020 and 2024 waiver Quality Reports and because both waivers expire on September 30, 2025.

The ID Waiver provides an array of long-term services and supports, including residential habilitation, employment support, day habilitation, for persons with intellectual disabilities ages three and older with significant needs. Eligibility for the ID waiver is not subject to an individual cost limit. In the most recent 372 Report, ending September 30, 2022, the state reported serving 4,576 people with an average annual per-person cost of \$96,110.

The LAH Waiver provides long-term services and support to persons living in private or family homes. The waiver provides in-home support services, employment support, and day rehabilitation to support persons in remaining in their private homes, and eligibility for the waiver is subject to a cost limit. In the most recent 372 Report, ending September 30, 2022, the state reported serving 468 people with an average annual per-person cost of \$23,117.

The waivers are operationalized using five ADMH-DD regional Community Service Offices, 17 private or non-state regional Support Coordination agencies, certified provider agencies, and self-directed service providers. The traditional agency-based services, providers are certified by ADMH-DD. When participants choose self-direction, the participant (or the participant's representative) acts as the common-law employer, by hiring, firing, training and supervising workers providing self-directed waiver services. The ID and LAH waivers share the incident management system called Incident Prevention and Management System (IPMS). ADMH-DD defines a critical incident as *any unplanned occurrence that has the potential to affect the health, safety, and welfare of a waiver participant and is reportable to ADMH*. The Provider Operational Guideline Manual and the Critical Incident Crosswalk with Therap® Data Entry Guidance contain a defined list of incidents and specify the policies and procedures for the roles and responsibilities of those involved in the incident. All certified community providers, support coordinators, and their staff/volunteers are mandatory reporters of all critical incidents involving a waiver participant. When incidents involve suspected abuse, neglect, or exploitation, the incident must be reported to both the county DHR, using the Report of an Adult Suspected to Be Abused, Neglected, or Exploited form, and to ADMH-DD using the General Event Report

(GER) in the Therap® system. Incidents not related to abuse, neglect, and exploitation, such as hospitalizations and deaths, are required to solely be reported to ADMH-DD.

All incidents are required to be examined by investigators who have gone through “Boots” training. Boots training is standardized state approved training available to waiver staff through the Relias Academy website. Investigators are assigned to the incident by ADMH-DD. Investigations include a review of the incident to determine if 1) the incident relates to a trend or a pattern involving the same participant(s) or staff, 2) staff followed relevant policies and procedures, and 3) staff involved in the incident received appropriate training. Individual remediation for incidents includes determining whether any additional follow-up actions need to be taken, if changes in policies, procedures, or protocols are warranted, and determining if a corrective action plan is required. Information about the incident review, resolution, and remediation must be documented by the provider or ADMH-DD using the GER Resolutions process to close the incident in Therap®.

Incidents are triaged using a state- based Level of Harm classification system. Incidents categorized as Level 1 and 2 are those that do not result in severe injury or harm to waiver participants, such as verbal abuse, neglect, and exploitation. Level 1 and 2 incidents are typically assigned to be investigated by an investigator employed by the provider responsible for the setting in which the alleged incident occurred. Incidents categorized as Levels 3 and 4, and those that involve a participant using self-directed services and needing a formal investigation, are assigned to and investigated by ADMH-DD investigative staff. Levels 3 and 4 are incidents that may involve serious injury or harm to a waiver participant, such as suspected physical abuse/sexual abuse/significant injury, missing person, serious natural disaster, serious fire, or severe medication error. When an unexpected or unnatural death occurs, providers are required to report the death to the support coordinator within one hour using the Comprehensive Mortality Report Form. The form collects information regarding the circumstances surrounding the death; this information is then reviewed by the Incident Review Committee using the mortality review process.

The E&D Waiver is operated by the ADSS, under an agreement with the AMA. This waiver provides an array of services to persons ages zero to 64 who have physical or other disabilities and older adults aged 65 and over. In the most recent 372 Report, ending September 30, 2021, the state reported serving 10,657 people with an average annual per-person cost of \$19,584. The waiver operates concurrently with a 1915(b) Primary Care Case Management waiver, called the Integrated Care Network (ICN).

The E&D waiver has 16 incident types that are required to be reported. Some incidents, such as physical, verbal, and sexual abuse and death, are required to be reported as soon as the incident has been alleged. Other incidents, such as injuries, fires, and/or falls, must be reported within 24 hours of the incident being alleged.

Case managers and providers are contractually required to report incidents. Since ICN is responsible for the statewide provision of case management, ICN provides training to AAA case managers regarding incident reporting. Incidents that include allegations of abuse, neglect, or exploitation are required to be reported to both the DHR and ADSS. To report an incident to

ADSS, the provider must contact the AAA case manager and provide the necessary information needed to be entered into the FamCare system. Case managers are responsible for following up on the incident but do not receive formal training on investigating incidents. ADSS staff track incidents using an incident Dashboard. The state has no process to substantiate incidents. However, ADSS does provide guidance to the case managers on a case-by-case basis regarding additional actions needed in order to investigate and closeout the incident. Providers must screen direct care staff against the AL Nurse Aide Registry, the national Medicaid Exclusion List and conduct criminal background screens. The DHR has established processes in place for investigations for both children and adults, however state laws prohibit it from sharing the outcome of investigations beyond whether the case is open or closed.

The E&D waiver operates concurrently with a 1915(b) Primary Care Case Management waiver, called the Integrated Care Network (ICN). ICN is the single statewide network for case management for the Elderly and Disabled waiver. ICN contracts with 13 regional AAAs to provide case management services for this waiver.

### **Alabama On-Site Review**

The H&W SR team conducted the on-site visit over a four-day period. The team met with various state staff, stakeholders, ombuds, providers, participants, and staff responsible for investigating critical incidents. The following topics were covered in addition to reviewing a sample of critical incident reports:

- AMA's oversight of the waiver programs and the critical incident management systems and processes
- System integration and data information sharing
- Program and cross-agency collaboration
- Alabama's ID and LAH waivers' mortality review process
- Critical incident reporting process (from provider, case manager, participant, and stakeholder perspectives)
- Input from case managers, direct service providers, program participants, and state and provider critical incident staff

### **III. State Strengths and Promising Practices for Ensuring Health and Welfare**

The following is an overview of the strengths and promising practices the H&W SR team identified regarding the design or practice of ensuring the health and welfare of HCBS participants in Alabama.

**Electronic Incident Reporting Systems-** ADMH uses an Electronic Incident Reporting System, Therap®, to collect and report incidents, notify ADMH-DD staff at regional and state offices of incident occurrences, and document required follow-up and resolution for incidents. Using Therap®, the state can collect and aggregate data regarding incidents for use in their Quality

Assurance Activities. As requested, the state provided CMS with information regarding four critical incidents involving participants on the ID and LAH waivers. This information included the GER Reports and the GER Resolutions pertaining to these incidents. Also, using data from Therap® the state provided CMS with a spreadsheet containing 574 critical incidents and remediation activities for FY 2020-2021. This information provided further indication the state has implemented and is using the electronic system to collect and monitor critical incidents according to state policies.

ADSS requires waiver providers to report 16 incident types to the AAA case manager. The case manager then enters the report into FamCare. ADSS uses incident information from FamCare to monitor incidents and ensure closure. AAA case managers are responsible for following up on the incident. The Elderly and Disabled waiver uses the local AAA to verify provider qualifications and assist in certifying providers. ADSS reviews the information received from the AAA and approves or disapproves a provider for enrollment in the waiver program. AAA case managers also work with AAA quality staff to ensure incidents are followed up on. ADSS monitors this process by conducting a sample of annual home visits, including inquiries about incident occurrences.

**Regional and Statewide Incident Review Committees/Mortality Review-** The incident monitoring process includes Incident Review Committees within each Regional Community Office as well the Statewide Incident Review Committee. Regional Committees meet weekly to review incidents that occur locally. Regional Committees review incidents to ensure staff follow applicable protocols, follow-up occurs as necessary, and to identify local trends and patterns. The Statewide Incident Review Committee meets quarterly to review investigations and make recommendations, as needed. The Statewide Committee pays close attention to incidents in which the provider has conducted the investigation. Additionally, when the death of a waiver participant occurs, the Statewide Committee completes a mortality review of the death.

The Statewide Committee has access to information from all the Regional Committees and oversees the work performed at the regional level. It also identifies statewide systemic trends or patterns and develops and implements systemic remediation, as necessary. The information collected and analyzed at the state level is used for Quality Assurance activities such as data reporting used to demonstrate compliance with the Health and Welfare assurance for the waivers.

**Person-Centered Service Plan Process and Monitoring-** ADMH-DD has a robust person-centered planning process that includes waiver participants, families, and guardians receiving information regarding incident reporting at the initial and annual participant service plan meetings. Additionally, all waiver participants must complete a safety assessment led by the service provider, or the case manager for participants enrolled in self-direction. Information from the safety assessment is woven into the service plan. When CMS met with waiver participants and providers, they expressed knowledge regarding what types of incidents are reportable and to whom to contact to report an incident.

ADSS noted they require AAA Case managers to complete a monitoring tool at their monthly waiver participant visits. One section of the tool prompts case managers to inquire about incidents that occurred since the last visit. ADSS uses an assessment tool along with the person centered care plan process to assist in the identification of potential health and welfare concerns.

**Specialized I/DD System for Critical Incident Response-** Waiver staff and participants have access to specialized staff within the Bureau of Special Investigations for criminal investigations and Comprehensive Support Teams for interventions to prevent behavioral crises involving persons with I/DD.

The Bureau of Special Investigation unit includes licensed law enforcement to investigate allegations that could rise to criminal acts. This entity can coordinate with local law enforcement to investigate potential crimes against persons with developmental disabilities. The state also offers a resource to respond to emergencies threatening waiver participants' ability to remain in the community.

The state has four Comprehensive Support Teams located throughout the state that can be consulted when persons on the waiver are experiencing challenges, crises, or emergencies that may lead to psychiatric hospital admission, incarceration, or challenges to maintaining community living. These interdisciplinary teams consist of specialists, including a medical director, psychiatrist, dentist, and doctor, who can be consulted to address various behavioral, psychiatric, and medical conditions that may require consultation with multiple specialties to ameliorate.

**Provider Structure-** The state has established several provider requirements to safeguard participants, including requiring a Human Right Committee and nurses in each provider agency, monthly emergency drills for residential and day habilitation providers and requiring audits of the support coordination entities.

The state requires certified providers to have a Human Rights Committee (HRC). HRCs are comprised of waiver participants, family members and other community volunteers. The HRCs provide recommendations to certified agencies on issues related to client rights. This includes reviewing formal and informal restrictions, the use of psychotropic medications, behavior-modifying medications, and restraints.

The waivers ensure health care standards are met by requiring certified provider agencies and ADMH-DD Regional Community Offices to employ nurses who are consulted regarding individual waiver participant medical concerns. Additionally, ADMH-DD partners with these nurses to support waiver participants to receive recommended annual health screenings and preventative care. This partnership supports experienced nurses to educate primary physicians and other specialists regarding some of the unique needs of persons with developmental disabilities to ensure persons with developmental disabilities have access to comprehensive health care.

ADMH-DD requires residential and day habilitation providers to conduct monthly drills to prepare for emergencies, such as fires and tornados. During a discussion with the review team,

two waiver participants shared how they would evacuate their home in the event of a fire. During another discussion with a day habilitation provider, the agency director shared a recent experience when a tornado hit the agency while participants were on-site. The director credited the monthly drills for being able to move everyone to safety, calmly and effectively.

**AAA Practices to support Case Managers-** AAA case managers noted participating in monthly AAA staff meetings to discuss cases/incidents needing further intervention. These meetings allow less experienced case managers to obtain support and mentoring from more experienced case managers regarding additional resources available to provide support and other actions needed to address challenging incidents appropriately. Additionally, some case managers in less populated areas of the state reported having solid relationships with their DHR colleagues, these relationships allow AAAs to have “case conferences” between the DHR and case managers to address health and welfare concerns for waiver participants.

**Training-** The state provided CMS with several documents regarding training requirements. This information included state regulations, policies, procedures, the state operations manual, critical incident crosswalk, power points used at various state trainings and a link to the ADMH-DD training website. The site provides extensive training materials for state staff, support coordinators, and qualified providers and is open to the public. When CMS met with state staff, providers, support coordinators, and participants, all expressed knowledge regarding the incident management system. These discussions provided significant evidence to demonstrate a formal state-sponsored training system regarding incident reporting for direct service providers, participants/authorized representatives self-directing services, and support coordinators is in place. Trained investigators conduct all incident investigations.

ADMH requires all investigators to have completed “Boots” training. Community providers, ADMH-DD, and advocacy staff must attend the three-day training before conducting investigations. Boots training provides standardized protocols for serious incident investigations. The training covers recognizing types and forms of evidence, taking statements, reconciling conflicting evidence, methods for collecting evidence, and best practices for a serious incident investigation.

**Oversight of Providers-** The certified providers, serving participants in the ID and LAH waivers, are under the direct authority of ADMH-DD. ADMH-DD certifies providers based on their performance and risk. Providers with compliance issues can be reviewed as frequently as every three months, while those without performance issues are evaluated every two years. Providers required to comply with the Life Safety Codes are also overseen by ADMH-DD licensure requirements. Case management agencies are audited every six months.

ADMH-DD hosts monthly provider meetings, giving providers an opportunity to ask questions and receive updates regarding the waivers. AAAs perform annual audits of Direct Service Providers and ADSS has oversight of the audits and makes a final determination of whether the provider is in compliance with the waiver requirements or if a corrective action plan is needed for more frequent monitoring.

**The Rights Protection and Advocacy Office-** Separate from the DD Division but within ADMH is the Rights Protection and Advocacy Office. This office operates independently from the Division for Developmental Disabilities and reports directly to the Director of ADMH. Advocates provide individual advocacy services such as information and referrals, rights complaint investigations and resolutions, and rights education programs. Information regarding how to contact this office is given to waiver participants and families at enrollment and posted at residential group homes.

**Prevention Services-** DHR offers prevention services to assist Elderly and Disabled Waiver case managers and ID and LAH waiver support coordinators to address health and safety issues. DHR noted that anyone can reach out to DHR to report concerns regarding health and welfare issues. DHR staff assess the problem(s) and may offer preventative services to assist people to stay in their homes and avoid serious issues. ADSS offers pest control services as well as home modifications and assistive technology that assist with maintaining a healthy and safe environment in the home.

#### **IV. State Challenges**

**Administrative Authority by the AMA-** Although the operating agencies have varying degrees of Incident Management Systems in place, there was not a clear delineation of AMA's responsibility and oversight for the critical incident systems. For example, in 2021, the CMS Quality Review for the Elderly and Disabled waiver found the state did not demonstrate the Health and Welfare assurance. CMS required the state to *implement a system to collect and report to CMS aggregated information about remediation for substantiated cases of abuse, neglect, and exploitation*. During the site visit, the AMA and ADSS were unable to demonstrate a process to collect and report aggregated data. Therefore, the state would not have a way to track and trend critical incidents.

**Incident Management Policies and Procedures-** During the review, CMS observed the following areas which did not appear to align with the critical incident management process described in the state's approved waivers:

- A structured process to manage incidents from reporting through remediation was not demonstrated.
- The state's role integrating findings from the incident management systems and the provider oversight and audit process was unclear.
- Case managers, support coordinators and nurses all noted difficulty with obtaining information when a waiver participant had an unscheduled hospitalization. State staff acknowledged this issue and have investigated options such as reviewing claims to obtain this information. AMA noted that using claims to collect this information may be an option for the ID and LAH waivers, but not the E&D waiver because of limited access to claims for dual eligibles.
- State staff and case managers reported the waiver requires certified providers to investigate and report incidents that occurred within their agency. However, there are not any protocols

in place that govern the investigation, evidence needed to substantiate the incidents, or the state's role in the monitoring of this process. Participants and providers interviewed stated they were unclear about who to notify or the process for reporting critical incidents

**Limitations of the Critical Incident Systems-** Both the Therap® and FamCare platforms limit access to case managers and support coordinators for entering incident reports. Limiting access to these systems may delay entry of incidents into the systems. While on site, case managers expressed challenges about timely entering of these reports into the systems. Incidents may be received and captured in voice mail messages that are then used to populate the system. This may lead to incomplete information and delays in responding to events.

**Cross Agency coordination-** AAA case managers and support coordinators are required to report allegations of abuse, neglect and exploitation to DHR. However, state laws prevent DHR from sharing information regarding their investigative findings with others. Not having information pertaining to the outcome of these investigations can interfere with case managers' and support coordinators' ability to fully identify and address risks to the waiver participant health and welfare.

During the site visit, CMS reviewed a sample of critical incident reports, including the follow-up and remediation actions for each report. In its review of the reporting templates, CMS noted that the form did not include an option or checkbox to for reporting to law enforcement. Additionally, CMS did not find any written policies or procedures in place that described when law enforcement should be contacted and how contact is documented in the incident record for any of the waivers. The Famcare software contains a field defined as "other" that includes reporting to laws enforcement or DHR. Once selected, it has a dialogue box where the case manager enters details about who the report was made to and what was reported. Additionally, the Therap software has internal prompts that will walk a user through the process of reporting to law enforcement.

**Stakeholders expressed concerns-** Prior to the on-site review, CMS met with waiver participants, families and advocates. Several participants on the calls expressed concerns regarding on-going waiver challenges that impact participant health and welfare, these included:

- Frustrations with case managers and providers lack of expertise and training for linking waiver participants to needed services.
- Understanding how to access additional services for on-going or changing needs, as well as pre-planning to address situations when natural supports are unable to provide care.
- Understanding how to support children with medically complex needs or working age adults with disabilities.
- An over reliance on families and natural supports to provide both paid and unpaid day to day care, as well as responding to emergencies.

- A lack of transition planning to address when aging family caregivers are no longer able to provide care.
- Several people expressed concern regarding having enough providers to address waiver participant needs. These include concerns about providers being unable to meet the needs of waiver participants due to staffing shortages, as well as case managers noting staffing ratios insufficient to meet waiver participants needs, in some cases.

## **V. Recommendations and Next Steps for Alabama**

CMS appreciates the state's participation in the H&W SR and would like to provide recommendations that would enhance the state's ability to safeguard health and welfare in HCBS.

- To address the challenges associated with the development of AMA policies and procedures governing its monitoring and oversight of the waivers incident management systems, the H&W SR team will share the information with the DHCBSO team for further consideration. The same approach will be utilized for the challenges associated with aggregation and trending or abuse, neglect and exploitation data and concerns raised regarding the E&D waiver's PCSP process.
- The AMA is advised to consider collaborating with DHR to share information about their respective jurisdictional domains in order to better understand the extent to which partnerships may be enhanced, such as through a memoranda of understanding, to ensure that there is mutual information sharing to the extent permitted by state law (*see Access Rule §441.302(a)(6)(i)(E)*) on the status and resolution of respective critical incidents (state Medicaid agency) and abuse, neglect, and exploitation investigations. The state has reached out to CMS since the visit to provide an update. Alabama noted that DHR has identified liaisons at DMH and ADSS to share pertinent information regarding waiver participants.
- CMS encourages the state to broaden access to its FamCare critical incident management system to allow entry by provider agencies.
- CMS encourages the state to put systems in place to notify case managers and support coordinators of unscheduled hospitalizations and to put protocols in place for case managers and support coordinators to follow up with waiver participants to ensure any changes in the participant's needs are addressed in a timely manner.
- Based on the information provided during the on-site review, it appears that the state does not have an integrated Critical Incident Management system. As such the state may benefit from more integrated processes and procedures to manage, investigate and substantiate critical incidents in alignment with the approved waiver. The state must develop the capacity to track incidents from the time they are reported, until closure. The state should consider allocation of staff to support the implementation, operation and oversight responsibilities for their Incident Management System.

- CMS recommends the state develop written policies and procedures to address referral to law enforcement for allegations of abuse, neglect and exploitation, where appropriate. Additionally, the state may benefit from adding this option into its templates.

CMS would like to thank Alabama for the opportunity to conduct the H&W review. As the state explores options to enhance health and welfare critical incident reporting and management, CMS is available to provide technical assistance on processes as well as provide health and welfare performance measure compliance guidance.