1115 Waiver Application to Support

Alabama's New ID Community Waiver HCBS Program

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Part 1. Introduction

The Alabama Medicaid Agency (Alabama Medicaid), working closely with the Alabama Department of Mental Health (ADMH) and its Division of Developmental Disabilities (DDD), proposes, to create a new home and community-based services (HCBS) program serving individuals with intellectual disabilities (ID) in a way that is specifically geared toward maximizing the capabilities of Alabamians with ID, supporting their full participation in their communities including opportunities for integrated employment, and ensuring supports for preserving their natural and existing living arrangements to the fullest extent possible. This new HCBS program will be created through the concurrent operation of this 1115 Demonstration application, a waiver application under Section 1915(c) of the Social Security Act, and a State Plan Amendment application under Section 1915(i) of the Social Security Act.

The new program will be called the Community Waiver Program and will initially enable the state to provide HCBS to 500 individuals with ID: approximately 25% of the current waiting list. This aligns with a core objective of the Medicaid program, to provide healthcare access and coverage to low-income Alabamians. Further, the Community Waiver Program is specifically designed to enable the State to maximize the financial resources available in order to reduce the waiting list over time, more rapidly than would be possible without this new program.

The creation of the Community Waiver Program will enable the State to serve individuals with ID in HCBS rather than in institutions, and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID in full compliance with the Medicaid HCBS Settings Rule promulgated by the Centers for Medicare and Medicaid Services (CMS) in March 2014. Additionally, the Community Waiver Program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

This application, and the applications for the new 1915(c) waiver and the 1915(i) state plan amendment are, together, the culmination of twenty (20) months of intense planning, including three rounds of stakeholder engagement where individuals with ID, their families, groups who advocate on their behalf, and providers of HCBS for individuals with ID participated.[1]

<u>Special Note: Individuals Currently Enrolled in the ID or Living At Home (LAH) Waivers</u>

Individuals with ID already enrolled in the ID or LAH waivers will remain on these waivers unless, after the new 1915(c) Waiver discussed in this application and described in the accompanying 1915(c) Waiver application has been operational for no less than twenty-four (24) months, they voluntarily decide they would like to transition to the new 1915(c) Waiver. If individuals transition from the ID or LAH waiver to the new 1915(c) waiver, their funding and their slot will transition with them.

[1] See Part 14 of this application for more detailed description of stakeholder engagement process and Appendix C that document the stakeholder input received.

Part 2. Target Population and Eligibility Criteria

Currently, to be eligible to receive Medicaid HCBS through the Intellectual Disabilities or Living at Home Waivers in Alabama, an individual must be diagnosed with an intellectual disability and otherwise require an institutional level of care if not for the fact that HCBS is an available alternative. The specific eligibility criteria are:

(a) Have a documented intellectual disability evidenced by an IQ score under seventy (70) that manifests before eighteen (18) years of age;

(b) Have substantial functional limitations in three (3) or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work as measured by an Inventory for Client and Agency Planning (ICAP) assessment score of 85 or lower; and

(c) Meet the same financial eligibility requirements applying to income and assets as are currently in place for the existing ID and LAH waivers.

Intellectual Disability	Substantial Functional Limitations	Asset Limit	Income Limit
Under 70; Documented before age 18	3 or more areas out of 10 total areas evaluated	$2,000	300% of Federal Poverty Level

Currently, there is a waiting list for these HCBS services for individuals with ID for whom these eligibility criteria have been verified at the time of placement on the waiting list. In creating the new Community Waiver Program, the state intends to continue providing HCBS to individuals with ID who meet the above criteria, and also to expand access to HCBS for individuals who have an ID and are at risk of progressing to an institutional level of care, in terms of their number of substantial functional limitations, absent targeted HCBS.

To preserve the independence and stability within the community of individuals with ID who do not yet require an institutional level of care, the State proposes the concurrent operation of the 1115 demonstration proposed herein with the program of HCBS described in the state's 1915(i) State Plan Amendment application. If approved, the 1915(i) will operate concurrently with this 1115 demonstration, and will serve individuals who:

(a) Have a documented intellectual disability evidenced by an IQ score under seventy (70) that manifests before eighteen (18) years of age;

(b) Have substantial functional limitations in one (1) or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work as measured by an ICAP assessment that results in at least one domain score of 480 or lower;

(c) Are age twenty-two (22) or older, and thus no longer able to access public school services, including Special Education services, and Pre-Employment Transition Services available through the Alabama Division of Rehabilitation Services; and

(d) Meet the existing Medicaid financial eligibility requirements applying to income and assets or qualify through a new "working disabled" financial eligibility pathway established for this 1915(i) HCBS program that allows an individual working in competitive integrated employment to have income between 150% and 250% of Federal Poverty Level (FPL) to be disregarded.

Intellectual Disability	Substantial Functional Limitations	Asset Limit	Income Limit
Under 70; Documented before age 18	1 or more areas out of 10 total areas evaluated	$2,000	150% of FPL [See (d) above regarding earned income disregard]

Part 3. History of State's Long-Term Services and Supports for People with Intellectual Disabilities

As mentioned in the introduction, the State of Alabama seeks to establish this new Community Waiver Program by building on its proud foundation of serving people with ID in HCBS programs rather than institutions. Alabama ranks near the top among all state programs serving people with intellectual and developmental disabilities, directing 99.9% of available funding for LTSS for individuals with ID to HCBS.[2] Only the states of Michigan and Oregon outrank Alabama in this regard.[3]

Until now, Alabama has provided HCBS to eligible individuals with ID through two 1915(c) waivers: Alabama Home and Community Based Waiver for Persons with Intellectual Disabilities (ID Waiver) [AL.0001] and Alabama HCBS Living at Home Waiver for Persons with Intellectual Disabilities (LAH Waiver) [AL.0391]. These waivers currently offer a broad range of services to 5,750 individuals; but concerns regarding the operation of these waivers have led the State to seek approval for the new Community Waiver Program:

[2] Urban Institute estimates based on data from CMS (Form 64), as of August 2019. Downloaded 2/14/20 from https://www.kff.org/medicaid/state-indicator/spending-on-long-term-care/?dataView=1&currentTimeframe=0&selectedDistributions=icf-id&selectedRows=%7B%22states%22:%7B%22alabama%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[3] IBM Watson Health: Medicaid Expenditure for Long-Term Services and Supports in FY2016. Retrieved 2-27-20 from: https://www.medicaid.gov/sites/default/files/2019-12/ltssexpenditures2016.pdf

(1) The State's average cost per person is roughly 34% higher than the national average, despite the State's cost of living being one of the lowest in the country.[4] These high costs mean the state serves less people with its available resources, leading to establishment of a waiting list for services.

(2) In terms of reaching people with ID in need, national data shows Alabama ranks 44th among all states[5] and current state data shows over 2,000 people with ID on the waiting list for HCBS. Alabama is ranked 41st in terms of keeping families together when a family includes an individual with an intellectual disability.[6] This has meant that many individuals with ID and their families may experience crisis that could otherwise be avoided with timely access to an appropriate array of HCBS.

(3) Alabama's current 1915(c) waiver program has resulted in a very high number of individuals served placed in residential services, instead of keeping families together and supporting independent living in order to avoid out-of-home placement into costly group homes. While nationally, over 70% of individuals with ID served by state Medicaid programs live in their own home or with family, in Alabama only 39% of individuals served in the existing waiver program do so. Alabama's waivers serve 59% of participants in group homes, while the national average is just 21.3%.

(4) Despite a broad range of services in the existing ID and LAH waivers, program funding almost exclusively goes to the purchase of group home services (Residential Habilitation) and facility-based non-work services (Day Habilitation). These services are delivered in provider owned or controlled settings and virtually all of these settings are not compliant with the federal HCBS Settings Rule and must undertake remediation to address non-compliance.

(5) Alabama's current 1915(c) waiver program has also been less than effective in ensuring individuals with ID have opportunities to find and keep competitive integrated employment, despite the Division of Developmental Disabilities' commitment to ensuring these opportunities. The extensive use of facility-based Day Habilitation services has led to Alabama being ranked 50th out of 50 states by the UCP Case for Inclusion on "promoting productivity" through assisting individuals with ID to work in integrated community

[4] Medicaid Expenditures for Long-Term Services and Supports in FY2014. Truven Health Analytics. Retrieved 2-27-20 from https://www.medicaid.gov/sites/default/files/2019-12/ltss-expenditures-2014.pdf Cost of living data based on CY2018. Retrieved 2/15/20 from: https://www.usnews.com/news/best-states/rankings/opportunity/affordability

[5] Medicaid Expenditures for Long-Term Services and Supports in FY2014. Truven Health Analytics. Retrieved 2-27-20 from https://www.medicaid.gov/sites/default/files/2019-12/ltss-expenditures-2014.pdf

[6] UCP Case for Inclusion (2016). Retried 2-27-20 from: https://arcalameda.org/content/uploads/sites/12/2016/11/Case-for-Inclusion-2016-FINAL-1.pdf

employment.[7] Among thirty-eight (38) state intellectual and developmental disability agencies that participate in the *National Core Indicators* initiative, Alabama finds itself ranked last in terms of number of people working in community employment (individual or small group supported employment) as of 2016-17.[8] Less than 2% of current participants in the ID and LAH waivers receive Supported Employment services and less than 1% of total expenditures on these two waivers go toward Supported Employment.

Part 4. Program Goals and Objectives

Alabama Medicaid, ADMH, and its Division of Developmental Disabilities recognize the opportunity to undertake systems change to address the above issues, prioritizing an approach to the delivery of HCBS that aligns with the priorities communicated by stakeholders:

- Reduce and eventually eliminate the waiting list, thereby improving access to Medicaid.
- Focus on keeping families together and supporting independent living.
- Adopt a strategy for delivering HCBS that aims to prevent crisis and prevent escalation of needs for individuals who do not currently require an institutional level of care.
- Support the capacities that individuals with ID have to contribute to their community through participation in integrated community employment, while also better ensuring their financial stability in continuing to live in the community.
- Bring services to people with ID and their families, rather than providing services in a way that requires people with ID come to those services.
- Provide increased opportunities for self-direction.
- Expand the provision of HCBS in a careful and thoughtful way that is designed to ensure provider success and quality service delivery.
- Maintain provider capacity to meet need and manage capacity to ensure providers can be successful over time.

Not only are these program goals strongly aligned with stakeholder feedback but also with CMS' objectives for the Medicaid program and the 1115 demonstration program:

- Providing healthcare coverage to low-income individuals with disabilities who need access to healthcare coverage including home and community-based services.
- Improving access to high-quality, person-centered services that produce positive health outcomes for individuals.
- Promoting efficiencies that ensure sustainability of the program for beneficiaries over the long term; and

[7] Ibid.

[8] Hiersteiner, D., Butterworth, J. Bershadsky, J. and Bonardi, A and (2018). Working in the community: The status and outcomes of people with intellectual and developmental disabilities in integrated employment—Update 3. NCI Data Brief, April. 2016. Cambridge, MA: Human Services Research Institute.

- Advance innovative service delivery and provider payment models to strengthen provider network capacity.

Achieving these critically important goals and objectives requires a multi-faceted approach to designing the new Community Waiver Program, including the use of three federal Medicaid authorities for providing HCBS.

Part 5. Description of Program Design

In order to serve the target populations identified above with the flexibilities needed to achieve the program goals also identified above, the State is simultaneously applying for approval of a 1915(c) HCBS Waiver and a 1915(i) Medicaid State Plan HCBS Program that will both operate concurrently with this 1115 Demonstration to create the new Community Waiver Program.

A. 1915(c) HCBS Waiver: This program will serve individuals with ID, age 3 or older, who meet institutional level of care. With 1115 demonstration approval, the State proposes to establish four (4) distinct enrollment groups ***within*** the 1915(c) waiver, each with its own set of services and expenditure cap.

The four proposed enrollment groups for the 1915(c) waiver are as follows:

1. Children with ID, ages 3-13, that are living with family or other natural supports.

2. Transition-age youth with ID, ages 14-21, who are living with family or other natural supports, or living independently (18-21).

3. Working-age and older adults with ID, ages 22+, who are living with family or other natural supports, living independently or able to live in a non-intensive supported living arrangement.

4. Individuals ages 3 or older with ID who are not able to live with family or other natural supports, not able to live independently, and not able to live in a non-intensive supported living arrangement.

When individuals with ID, who meet, institutional level of care criteria, enroll in the new Community Waiver Program, they will be enrolled in this 1915(c) waiver. The enrollment process will determine which of the enrollment groups each person is eligible for, based on individual's age and needs. The enrollment group will determine the set of supports and services available as well as the individual's annual expenditure cap. *[Note: The HCBS available are further described in the 1915(c) Waiver application and in Part 7 of this application.]*

If an individuals' needs change during the course of their enrollment in the program, or they age out of the enrollment group they are initially enrolled in, they will be transitioned to the appropriate enrollment group that accurately reflects their age and needs. As a cost effective alternative to transitioning to an enrollment group with a higher expenditure cap, policy will

also permit an individual's expenditure cap or the limit on a particular service(s) in their Plan of Care to be exceeded for a time-limited basis, with relevant substantiating documentation and DDD Central Office approval..

Transitions out of this 1915c waiver are not expected except in rare situations where a person's annual redetermination of eligibility finds they no longer meet institutional level of care. While currently, the State must discharge such individuals from HCBS services altogether. Under the proposed Community Waiver Program, a person in this situation would be able to transition to the concurrent 1915(i) HCBS program that the State is also applying to establish.

B. 1915(i) State Plan HCBS: This program will serve individuals with ID who are at least age 21 years of age, and who do not meet institutional level of care. With approval of the 1915(i) Medicaid State Plan Amendment application, the state proposes to establish a single enrollment group within the 1915(i) HCBS program with a more limited set of supports and services than is available in the 1915(c) waiver and a single annual expenditure cap. Enrollment in available slots will be prioritized among three categories, based on individuals' needs and goals. *[Note: The HCBS available are further described in the 1915(i) State Plan Amendment application and in Part 7 of this application.]*

A key goal for establishing the 1915(i) State Plan HCBS program is to prevent individuals with ID, who do not have substantial functional limitations significant enough to meet institutional level of care, from experiencing a deterioration in condition that results in increased substantial functional limitations and which results in progression to an institutional level of care. For this reason, transitions from this 1915i HCBS program to the 1915(c) Waiver are not expected except in rare situations where a person's annual redetermination of eligibility finds they meet institutional level of care.

C. 1115 Demonstration: The State seeks approval of this 1115 Demonstration application to overlay the operation of the 1915(c) HCBS Waiver and the 1915(i) State Plan HCBS Program. This 1115 Demonstration is sought to provide specific waivers of federal requirements otherwise applicable to the 1915(c) HCBS Waiver and the 1915(i) State Plan HCBS Program. These waivers are discussed in detail in Part 12 of this application. Broadly, the waivers sought will allow the State to:

- Limit the geographic area where the Community Waiver Program will initially operate to best ensure the ability of providers and the State Operating Agency (ADMH/DDD) to manage successful roll out and operation of the program with fidelity to program goals.
- Limit the total enrollment capacity of the Community Waiver Program to align with available financial resources for the Program.
- Limit the provider network in two targeted ways:
    - Initially limit providers of Support Coordination to State Operating Agency (ADMH/DDD) staff for counties where the Program will operate in Regions 1, 3, 4, and 5; and limit Support Coordination to willing and qualified 310 Boards in the counties where the Program will operate in Region 2 (or ADMH/DDD if no willing and qualified 310 Boards are available). This will ensure Support

Coordination services can be consistently rolled out and provided throughout all of the pilot areas.
    - Limit the provider network for other services to what is necessary to meet the needs of participants in the specific areas where the new Community Waiver Program is operating, thereby avoiding vacancies and unused capacity that compromises provider stability and ongoing sustainability.
- Establish the four (4) distinct enrollment groups within the 1915(c) Waiver, each with its own unique set of services and supports, as well as unique expenditure caps. *See Part 7 of this application for more information.*
- Obtain flexibility to allocate enrollment slots across the 1915(i) and the four enrollment groups in the 1915(c) Waiver based on need, while ensuring the overall number of unduplicated slots (500 initially) as reported to CMS on an annual basis.

Part 6. Program Administration and Operation

The new Community Waiver Program will be operated by ADMH/DDD through a Memorandum of Understanding with the Medicaid Agency, which will have full oversight authority. ADMH/DDD will be responsible for all waiver administration, including all assurances and additional requirements for both the 1915(c) Waiver and the 1915(i) State Plan Amendment that will operate concurrently with the proposed 1115 demonstration.

Enrollment into the new Community Waiver Program will be done through the ADMH/DDD Regional Offices using standard operating procedures approved by Alabama Medicaid. These procedures will address enrollment of eligible individuals from the existing waiting list and enrollment of eligible individuals not currently on the waiting list (e.g. individuals eligible for the 1915(i) Medicaid State Plan HCBS program who would not previously have been eligible for placement on the waiting list). Procedures will also implement the enrollment priority categories discussed in Part 8 of this application. ADMH/DDD Regional Offices currently perform enrollment functions for individuals with intellectual disabilities seeking enrollment into the existing 1915(c) Intellectual Disabilities (ID) and Living at Home (LAH) Waiver. ADMH/DDD Regional Office staff will continue to perform waiting list outreach, functional eligibility determinations and facilitation of Medicaid financial eligibility applications for new Medicaid applicants, where applicable. Financial eligibility determinations will be performed by the Alabama Medicaid Agency. All other enrollment functions will be performed by ADMH/DDD with oversight from the Medicaid Agency.

Part 7. Benefits

<u>Enrollment Groups</u>

There will be five distinct enrollment groups in the new Community Waiver Program. As discussed in Part 5 above, the 1915(c) Waiver, will serve individuals with ID, age 3 or older, who meet institutional level of care and, will have four (4) distinct enrollment groups, each with its own set of services. The four proposed enrollment groups for the 1915(c) Waiver are as follows:

1. Children with ID, ages 3-13, that are living with family or other natural supports.

2. Transition-age youth with ID, ages 14-21, who are living with family or other natural supports, or living independently (18-21).
3. Working-age and older adults with ID, ages 22 and older, who are living with family or other natural supports, living independently or able to live in a non-intensive supported living arrangement.
4. Individuals with ID ages 3 and older who are not able to live with family or other natural supports, living independently or able to live in a non-intensive supported living arrangement.

The fifth enrollment group in the new Community Waiver Program will be the sole enrollment group for the 1915(i) HCBS program, which will serve individuals with ID, ages 22 and older, who have a minimum of one substantial functional limitation.

Benefit Packages for Each Enrollment Group

The following array of services and supports are proposed for each enrollment group that the State intends to establish. These services and supports are drawn from stakeholder input and experience from other states with regard to what particular services and supports are most effective in enabling a state to achieve the program goals and objectives discussed in Part 4 of this application.

Program Enrollment Groups	1915i	1915c Group #1	1915c Group #2	1915c Group #3	1915c Group #4
Age Range	**22 and older**	**3-13**	**14-21**	**22 and older**	**3 and older**
SERVICES AND SUPPORTS					
Support Coordination	X	X	X	X	X
Individual Employment Exploration*	X		X	X	X
Individual Employment Discovery*	X		X	X	X
Individual Employment Job Development Plan*	X		X	X	X
Individual Employment Job Development*	X		X	X	X
Individual Employment Job Coaching*	X		X	X	X
Individual Employment Co-Worker Supports	X		X	X	X
Individual Employment Career Advancement*	X			X	X
Small Group Supported Employment	X		X	X	X
Integrated Employment Path Services	X		X	X	X

Financial Literacy and Work Incentives Counseling	X	X	X	X	X
Community Transportation*	X	X	X	X	X
Independent Living Skills*	X	X	X	X	
Personal Assistance Home*		X	X	X	
Community Integration Connections and Skills Training*	X			X	X
Personal Assistance Community*		X	X	X	X
Peer Specialist Services	X			X	X
Family Empowerment and Systems Navigation Counseling		X	X	X	
Natural Support or Caregiver Education and Training		X	X	X	
Counseling on Alternatives to Full Guardianship	X		X	X	
Breaks and Opportunities (Respite)*		X	X	X	
Assistive Technology and Adaptive Aids	X	X	X	X	X
Remote Supports	X		X	X	X
Housing Counseling Services	X		X	X	
Housing Start-Up Assistance	X		X	X	
Minor Home Modifications (not included in expenditure cap)		X	X	X	
Supported Living Services				X	X
Adult Family Home					X
Community-Based Residential Services					X
Individual Directed Goods and Services*	X	X	X	X	X
Positive Behavior Supports		X	X	X	X
Physical Therapy			X	X	X
Occupational Therapy			X	X	X
Speech and Language Therapy			X	X	X
Skilled Nursing*			X	X	

*Denotes service that can be self-directed.

See the 1915(c) Waiver and 1915(i) State Plan Amendment applications for the complete listing of services, including definitions and limitations on amount duration and frequency that apply for each enrollment group, as applicable.

Person-Centered Planning

Upon an individual's enrollment in the Community Waiver Program (either the 1915(i) or the 1915(c)), the assigned Support Coordinator will ensure the completion of a comprehensive assessment that leads to the identification of the participant's goals/outcomes across a standardized list of life domains. The Support Coordinator will further work with the participant (and his/her legal decision-maker, involved family and friends, as applicable) to convene a person-centered planning process and create a Person-Centered Plan in accordance with all federal requirements. Integral to the Person-Centered Plan will be a Plan of Care, detailing the supports and services the participant needs to achieve the specific goals/outcomes s/he prioritizes, to address health and wellness, and to sustain community living and community membership. The Plan of Care will identify natural and social supports available to the participant, services available through generic community resources and other programs or agencies, and finally, the specific services and supports that will be provided through the Community Waiver Program. Where Community Waiver services are needed, the Person-Centered Plan will document the person's choice of Community Waiver services from among available services that are appropriate and effective for meeting the person's specific goals/outcomes and associated needs. The Person-Centered Plan will also document the individual's preferences with respect to settings for receiving Community Waiver services, and delivery options, including self-direction and/or selection of providers, as applicable. This planning process, and the resulting Person-Centered Plan and Plan of Care, will assist each person enrolled in the Community Waiver Program in achieving personally defined goals/outcomes in the most integrated community setting, while ensuring delivery of services in a manner that reflects personal preferences and contributes to the assurance of each member's health and welfare, with appropriate risk identification and mitigation as necessary for each individual.

Expenditure Caps for Each Enrollment Group

Expenditure caps are proposed based on the individual's enrollment group, which takes account of an individual's access to services and supports available through the Medicaid State Plan, generic community resources or other systems (e.g. public school system; special education; Alabama Division of Rehabilitation services). Expenditure caps have been calculated, based on budgeted costs for programs of similar scope and serving similar target populations in other states, as well as relying on utilization and cost data for individuals enrolled in the existing ID and LAH waivers with particular attention paid to those enrollees who either receive no residential services and/or no facility-based day habilitation services. Also factored into the calculations are the proposed reimbursement rates for the services to be offered in the new Community Waiver Program. Based on this information, the expenditure caps have been calculated as follows:

1915(c) Waiver Enrollment Groups:

1. Children with ID, ages 3-13, that are living with family or other natural supports.

   Annul Expenditure Cap: $12,000 Excluding Minor Home Modifications

2. Transition-age youth with ID, ages 14-21, who are living with family or other natural supports, or living independently (18-21).

   Annul Expenditure Cap: $15,000 Excluding Minor Home Modifications

3. Working-age and older adults with ID, ages 22 and older, who are living with family or other natural supports, living independently or able to live in a non-intensive supported living arrangement.

   Annul Expenditure Cap: $30,000 Living with Family or Other Natural Supports; Excluding Minor Home Modifications

   Annul Expenditure Cap: $45,000 Living in Own Home/Apartment; Excluding Minor Home Modifications

4. Individuals ages 3 and older with ID who are not able to live with family or other natural supports, not able to live independently and not able to live in a non-intensive supported living arrangement.

   Annul Expenditure Cap: $65,000 Excluding Minor Home Modifications

   Annul Expenditure Cap: $100,000 Exceptional Medical and/or Behavioral Needs; and Excluding Minor Home Modifications

1915(i) State Plan HCBS Enrollment Group:

1. Working-age and older adults with ID, ages 22 and older, who do not meet institutional level of care and who are living with family or other natural supports, or living independently.

   Annul Expenditure Cap: $22,000 Excluding Minor Home Modifications

The appropriateness of the expenditure caps will be monitored on an ongoing basis by ADMH/DDD and Alabama Medicaid, and adjustments will be made, as needed, based on accumulated historical program data, to ensure expenditure caps are sufficient to meet the needs of the individuals enrolled.

Policies Permitting Expenditure Caps to be Exceeded

Policy will also permit an individual's expenditure cap or the limit on a particular service(s) in their Plan of Care to be exceeded for a time-limited basis, with relevant substantiating documentation and DDD Central Office approval, as a cost-effective alternative to transitioning to an enrollment group with a higher expenditure cap or to prevent institutionalization. The time-limited approval can be renewed, if needed, with relevant substantiating documentation and DDD Central Office approval. Data on the frequency and causes for approval to exceed expenditure caps will be tracked on an ongoing basis by ADMH/DDD and Alabama Medicaid, and will inform adjustments to expenditure caps made over time to ensure expenditure caps are sufficient to meet the needs

of the individuals enrolled.

Transitions Between Enrollment Groups

If an individual's needs change during the course of their enrollment in the program, or they age out of the enrollment group they are initially enrolled in, the individual will be transitioned to the appropriate enrollment group that accurately reflects their age and needs. ADMH/DDD will manage slots in the new program to accommodate needed transitions as part of reserved capacity. *See Part 8 of this application for a more detailed discussion of reserve capacity.*

Part 8. Enrollment Targets and Waiting Lists

Pilot Geographic Areas

With approval of this 1115 Demonstration application and the concurrent 1915(c) and 1915(i) applications, the State proposes to initially limit the 1915(c) waiver and 1915(i) HCBS programs to operation in a designated pilot area in each of the five ADMH/DDD operating regions illustrated on the map on the next page.

At the time of this application's posting for public comment, ADMH/DDD was in the process of recruiting willing and qualified providers for the new Community Waiver Program through a Request for Proposal (RFP) process. The State selected the pilot area for each of the five operating regions, based on the results of the RFP process. The pilot areas selected are:

Region 1: Madison, Morgan and Limestone Counties
Region 2: Tuscaloosa and Walker Counties
Region 3: Baldwin and Mobile Counties
Region 4: Montgomery, Elmore and Houston Counties
Region 5: Jefferson County

Approximately 57% of the current waiting list resides in the above selected pilot counties.

Enrollment Caps

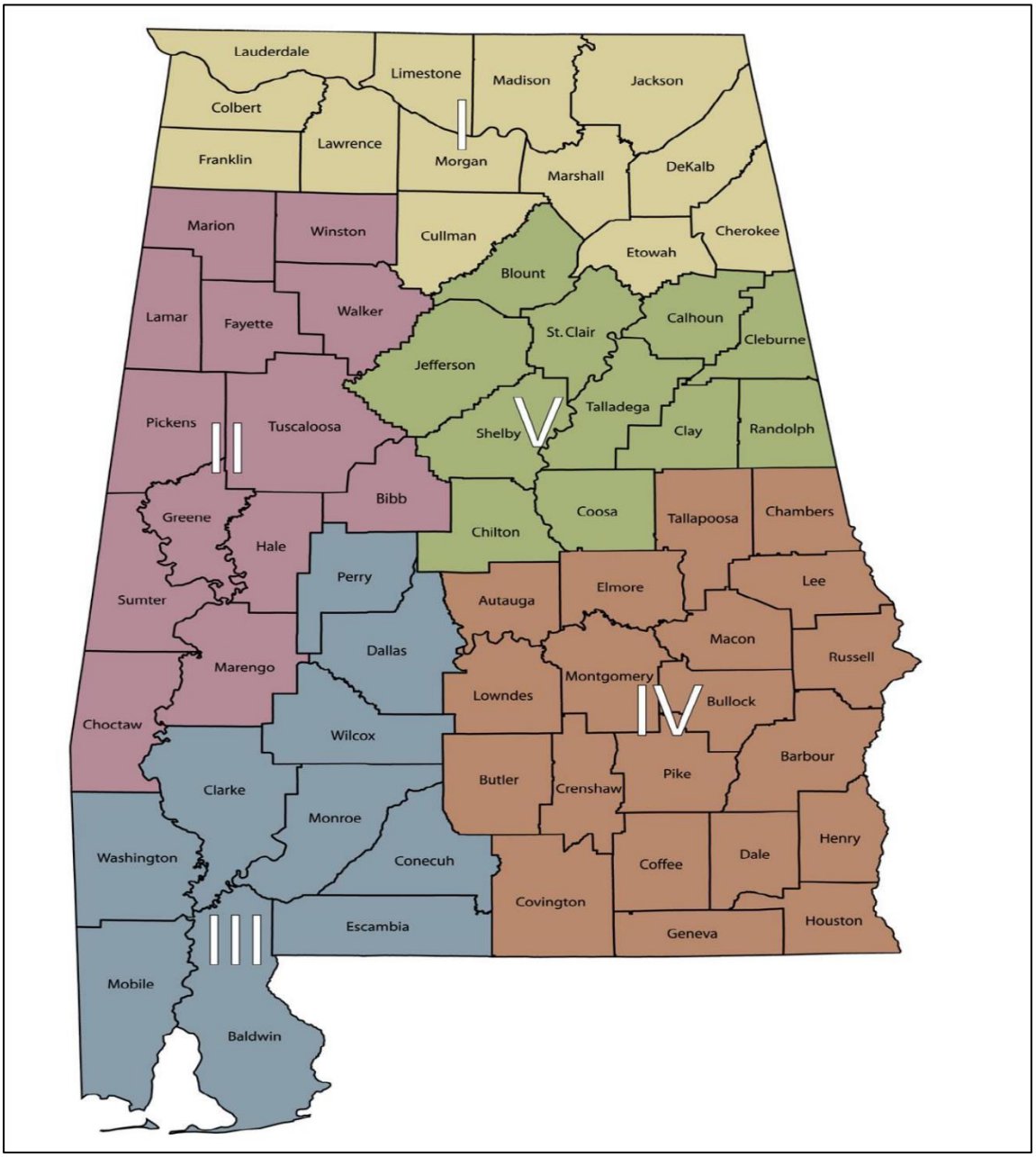
With approval of this 1115 Demonstration application and the concurrent 1915(c) and 1915(i) applications, the State proposes to limit enrollment in the 1915(c) waiver and 1915(i) HCBS program to align with available resources, initially establishing a total of 500 slots across both programs. These slots will initially be allocated as follows:

	1915(c) Group 1	1915(c) Group 2	1915(c) Group 3	1915(c) Group 4	1915(i)	Total
Region 1	6	14	60	15	5	100
Region 2	3	7	30	8	2	50
Region 3	6	14	60	15	5	100

Region 4	5	10	45	11	4	75
Region 5	10	25	105	25	10	175
Total	30	70	300	74	26	500

The State intends to proportionally allocate the slots for each enrollment group across the five pilot areas, as detailed in the above table. This is based on the total percentage of waiting list individuals who live in each of those five pilot areas.

Alabama Department of Mental Health Division of Developmental Disabilities Service Regions



Enrollment Priority Categories

The State proposes to establish enrollment priority categories for enrollment of individuals from the existing waiting list and other eligible individuals, based on the program goals and objectives described in Part 4 of this application, which align with stakeholder input, the goals of the federal Medicaid program and the objectives of the 1115 demonstration program. The proposed enrollment priority categories are (Groups 3 and 4 are specific to the 1915(i)):

Enrollment Priority #1: On waiting list; and 21 and older (no access to EPSDT and/or public education/special education); goal to preserve current family/independent living situation ***and*** goal to obtain/maintain competitive integrated employment if under age 65.

Enrollment Priority #2: On waiting list; and ages 21 and older (no access to EPSDT and/or public education/special education); goal to preserve current family/independent living situation.

Enrollment Priority #3: Not on waiting list; and ages 21 and older (no access to EPSDT and/or public education/special education); goal to preserve current family/independent living situation ***and*** goal to obtain/maintain competitive integrated employment if under age 65.

Enrollment Priority #4: Not on waiting list; and ages21 and older (no access to EPSDT and/or public education/special education); goal to preserve current family/independent living situation.

Enrollment Priority #5: On waiting list; transition age 16-21 (EPSDT and/or public education/special education still available); goal to preserve current family/independent living situation ***and*** goal to obtain/maintain competitive integrated employment at exit from high school.

Enrollment Priority #6: Not on waiting list; transition age 16-21 (EPSDT and/or public education/special education still available); goal to preserve current family/independent living situation ***and*** goal to obtain/maintain competitive integrated employment at exit from high school.

Reserve Capacity

The State intends to reserve the following number of enrollment slots, from the 500 total slots that will be created in the initial roll out of the Community Waiver Program, for emergency enrollments into the program, including enrollments within the pilot areas of: (1) children who need out-of-home residential placement; (2) LAH waiver participants who can no longer be safely served in the LAH waiver; (3) adults who would otherwise be homeless or subject to abuse or neglect, or in significant danger of harm from other sources and require immediate intervention; and (4) outplacements from nursing homes, psychiatric hospitals/units or other institutions.

Some reserve capacity slots will also be held to allow for transitions that may be necessary between enrollment groups as individuals age out of their original enrollment group or have a change in needs that triggers a transition between enrollment groups.

Proposed Enrollment Slots Set Aside for Reserve Capacity

	1915(c) Group 1	1915(c) Group 2	1915(c) Group 3	1915(c) Group 4	1915(i)	Total
Total	5	5	5	36	6	57

Managing Overall Program Capacity: Slot Redistribution to Meet Needs

Through this 1115 Demonstration application, the State requests flexibility to reallocate enrollment slots among the five groups and pilot areas, and between the 1915(c) and 1915(i) programs, based on need and to ensure program enrollment reaches 500 in the first year of program operation, consistent with the legislature's intent. Through this 1115 Demonstration application, the State requests approval to adjust the overall slot allocations as necessary to meet needs, always ensuring no reduction in the overall number of available slots.

At the close of each year of operation of the new Community Waiver, starting one year from the date the new Community Waiver Program opens, the State proposes to update CMS on the count of enrollees in each of the 1915(c) Waivers including the ID and LAH waivers, and the 1915(i) State Plan HCBS program, demonstrating that total overall enrollment across all of the HCBS programs serving people with ID has not declined as compared to the current year, and providing details of the exact enrollment numbers as of the last day of the program year in:

- The ID Waiver
- The LAH Waiver
- The 1915(c) Community Waiver Enrollment Group #1
- The 1915(c) Community Waiver Enrollment Group #2
- The 1915(c) Community Waiver Enrollment Group #3
- The 1915(c) Community Waiver Enrollment Group #4
- The 1915(i) State Plan HCBS program

The State also proposes to include in this update to CMS, the reserve capacity slots being set aside for the next waiver year in the ID Waiver, the new 1915(c) Community Waiver and the 1915(i) State Plan HCBS Program, based on anticipated need, and any planned increase in slots, to further reduce the waiting list, in any of the four enrollment groups in the 1915(c) Community Waiver and/or the 1915(i) State Plan HCBS program.

ID Waiver Enrollments Outside of New Program's Pilot Areas

Throughout the state, in geographic areas where the Community Waiver Program is not operating, ADMH/DDD will continue to operate the ID waiver, ensuring that any individuals with ID who require immediate enrollment are able to receive needed services without delay. The State will maintain reserve capacity categories of enrollment in the ID waiver as follows:

ID Waiver Reserve Capacity Slots from 1/1/2021		
Reserve Capacity Category	**# Reserved**	**% of Statewide Reserve Capacity Slots Currently Set Aside in ID & LAH Waivers**
Emergency	**79**	**158%**
LAH Transfers	**12**	**80%**
Children in State Custody (DHR/SDE)	**12**	**48%**
Nursing Home/In-Patient Psychiatric/other Institutions	**12**	**48%**
Transition/Project Search	**5**	**12%**
TOTAL	**120**	**77.5%**

Waiting List Reduction Strategy

A key goal of the program is to establish an ongoing strategy to reduce, eventually eliminate, and avoid reestablishment of a waiting list for services by expanding the new Community Waiver Program over time. To accomplish this, the ID and LAH waivers will continue to be renewed, at intervals required by the federal regulation, so long as individuals remain enrolled in these waivers, to ensure continuity of services for current waiver participants as well as to allow for reserve capacity enrollments (as discussed above) in areas where the new Community Waiver Program is not operating. On an annual basis, starting in FY 22, the State will calculate attrition from the ID and LAH waivers, and after accounting for reserve capacity slots that must be maintained for in the ID waiver, the State will transfer the funding freed up through attrition to the new Community Waiver Program to create increased enrollment capacity, allow the State to expand the geographic footprint of the program, and further reduce the waiting list.

As the Community Waiver Program evolves, the comprehensive evaluation described in Part 15 of this application will yield data and evaluative conclusions the State anticipates will support further expansion of the program through additional legislative appropriations. As a result, in addition to expansion through annual reallocation of attrition dollars from the ID and LAH waivers, the State also anticipates the opportunity for new funding to further expand the Community Waiver Program in order to eliminate and prevent reestablishment of the waiting list.

Part 9. Qualified Providers

Recruitment and Selection

ADMH/DDD and Alabama Medicaid collaborated on establishing specific provider qualifications for all of the services offered through the proposed Community Waiver Program. Minimum provider agency qualifications and direct support professional qualifications have been

established, as well as additional qualifications and/or training requirements, based on the specific service being delivered. *See Appendix A for the comprehensive summary of provider qualifications.*

As noted above, the State is seeking approval to limit providers of Support Coordination to ADMH/DDD staff for counties where the Program will operate in Regions 1, 3, 4, and 5; and limit Support Coordination to willing and qualified 310 Boards in the counties where the Program will operate in Region 2 (or ADMH/DDD if no willing and qualified 310 Boards are available). This will ensure Support Coordination services can be consistently rolled out and provided throughout all of the pilot areas. Stakeholders consistently expressed concerns about the effectiveness of Case Managers in the existing ID and LAH waivers, given high caseloads, reportedly low salaries and high turnover. Additionally, the State and stakeholders recognize the critical role Support Coordinators will play in the new Community Waiver Program. Due to the scope of the role being different from the ID and LAH waivers, including greater responsibility for facilitating self-direction and leveraging resources from the broader community and other systems, the State believes that the initial team of Support Coordinators should predominantly be ADMH/DDD Regional Office staff who have a direct line of communication and accountability to the ADMH/DDD leadership staff overseeing and directing the new Community Waiver Program. However, in response to public comment ADMH will seek willing and qualified 310 Boards to provide Support Coordination services in Region 2 pilot counties. This will facilitate participation by one or more 310 Boards in Region 2 and provide an opportunity for 310 Boards to take a leadership role in the new Community Waiver Program. This opportunity will also allow for ongoing engagement between ADMH and the participating 310 Boards in order to collaboratively demonstrate the potential of the Program over the initial two-years of operation and contribute to the demonstration of best practices from *both* 310 Boards and ADMH/DDD's provision of Support Coordination in the Community Waiver Program, enabling ADMH/DDD and 310 Boards to collaboratively identify the optimal model to be jointly implement for all individuals enrolling in the Community Waiver Program after FY22.

To ensure the highest quality provider network for all other services, the State is committed to utilizing an open Request for Proposal (RFP) process and implementing preferred provider qualifications to enable the State to identify and select the most qualified willing providers. The preferred provider qualifications include:

1. The provider is currently operating in the State of Alabama and is not a "foreign" entity based out-of-state.

2. The provider currently participates in the ID or LAH Section 1915(c) waiver programs for individuals with ID, and its most recent certification score was 90% or higher, placing it on a two-year review cycle.

3. The provider has or is actively seeking (meaning applied for and has financially invested in the process) voluntary accreditation from a nationally recognized accrediting body, e.g., Commission on Accreditation of Rehabilitation Facilities (applicable only if accredited for

the specific services the provider will provide in response to this RFP), Council on Quality and Leadership (CQL), or the Council On Accreditation (COA).

4. The provider is a contracted provider for Alabama Division of Rehabilitation Services.

5. The provider has made a recent and verifiable investment in staff completing person-centered thinking and/or person-centered organization training.

6. The provider has obtained START program certification, START network partner certification, or has at least one staff person who has completed START coordinator certification.

7. The provider has documented experience of providing home-based and integrated community services (not in provider owned or operated facilities) to individuals with disabilities who live in their own homes (not owned or leased by a provider of services) or in the homes of family members or other natural supports.

8. The provider has achieved documented success in helping individuals with disabilities achieve and/or sustain individualized, competitive integrated employment where the provider is not the employer of record. Such success may be based on the number or percent of persons with disabilities that the provider has successfully placed in individualized, competitive integrated employment over the past 12 or 24 months; success in developing customized employment options (that are individualized, competitive and integrated) for individuals with ID or more significant physical or mental health support needs; or the number or percent of persons with disabilities the provider currently serves (regardless of service type) that are working in individualized competitive integrated employment.

9. The provider has demonstrated verifiable leadership in assisting individuals with disabilities to pursue their interests and goals in their local community through community involvement, participation and contribution.

10. The provider can demonstrate longstanding community relationships that can be leveraged to assist individuals with ID in pursuing and achieving employment and integrated community involvement goals, including commitments from such community-based organizations to work with the provider in order to help persons supported by the provider to achieve such goals.

11. The provider has assisted persons supported by the agency in successfully transitioning into independent living arrangements.

12. The provider has policies and systems in place to support individuals served to select staff and staff assignment reflecting individual selection, which are implemented and monitored.

13. The provider is willing and able to assign staff who are linguistically competent in spoken languages other than English that may be the primary language of individuals enrolled in the Waiver program and/or their primary caregivers.

14. The provider is able to assign staff that are trained in the use of auxiliary aids or services in order to achieve effective communication with individuals enrolled in ECF CHOICES and/or their primary caregivers.

15. The provider employs or contracts with appropriately licensed professionals in one (1) or more specialty areas (behavior services, occupational therapy, physical therapy, speech language pathology, nutrition, orientation and mobility, or nurse education, training and delegation) to assist direct support staff employed by the provider in supporting individuals with disabilities who have long-term intervention needs, consistent with the Person-Centered Plan and Plan of Care, and allows such professionals to participate in team meetings and provide additional intensive consultation to direct support staff for individuals whose functional, medical or behavioral needs are determined to be complex.

Through this 1115 Demonstration application, the State proposes to limit the provider network for services (other than Support Coordination which is addressed above) to meet need in the specific areas where the new Community Waiver Program is operating. In addition to the option to self-direct a number of available services, a limited set of providers for each service will be selected in each pilot area, ensuring the capacity of selected providers in each pilot area is appropriate based on the target enrollment numbers discussed in Part 8 of this application, while also ensuring participant choice.

Limiting the provider network to a size necessary to ensure choice and meet need will ensure participating providers have enough referrals to build and sustain their programs and achieve cost-efficiencies, as a result of economies of scale, while delivering services focused on individualization and person-centeredness. As well, with a limited provider network based on local need that still assures choice for waiver participants, ADMH/DDD will be able to more effectively utilize the resources it has available to support the provider network. With a smaller provider network, the State will be able to provide a greater amount of training, technical assistance and ongoing support to ensure higher quality services are available for Community Waiver participants. Additionally, with a smaller provider network to manage over time, the certification process can become a much more collaborative process with a focus on state certification staff providing technical assistance focused on quality improvement in addition to completing the required certification reviews.

Certification and Readiness

All providers selected through the RFP process described above, either to initially launch the Community Waiver Program or on an ongoing basis to ensure adequate provider capacity, will either already be certified in good standing by ADMH/DDD, or committed to achieving certification immediately upon selection to provide services in the Community Waiver Program. ADMH/DDD will perform full certification (including requirements for the Community Waiver Program) on providers selected who are not currently certified. Providers selected who are currently certified will receive a supplemental certification review specific to the Community Waiver Program requirements. Re-certifications will be conducted annually or biennially, depending on the provider's most recent certification score(s) and in accordance with ADMH/DDD policy.

Through a legislative appropriation to support the successfully launch of the new Community Waiver Program, the ADMH/DDD has dedicated funding for a *Provider Readiness Initiative* which will be utilized to provide technical assistance and training to the willing and qualified providers selected for the new Community Waiver Program. Given these resources are also limited, they can be put to the most effective use by targeting them to the appropriate number of providers in each geographic area where the program will operate.

Part 10. Options for Self-Direction

Consistent with recommendations received during the stakeholder engagement process, all of the individuals enrolled in the Community Waiver Program will have the option for self-direction, including budget authority. The self-direction model will be a modified budget authority model. The self-direction budget will be established based on:

- the enrollment group the person is in;
- the service(s) available to the enrollment group;
- the services chosen by the person from among the services available to the person that are appropriate and effective in meeting the person's identified goals/outcome and needs related to these goals/outcomes, and included in the Plan of Care;
- the specific services in the Plan of Care the person wishes to self-direct among those available for self-direction;
- the funding (budget) available for the services the person wishes to self-direct, based on the amount of service authorized for the person and the rate paid for the service(s) as established by ADMH/DDD, further taking account of any limits on the amount, duration or frequency of the specific services to be self-directed and the person's overall expenditure cap.

Once the budget is determined, the member (or the member with his/her representative) will be able to manage those services available through self-direction, using the Financial Management Service. All details regarding the option to self-direct are included in the 1915(c) and 1915(i)

applications that the State is submitting, simultaneously with this application, for federal approval.

Part 11. Participant Rights and Safeguards, Quality Assurance and Quality Improvement

Both the 1915(c) Waiver and 1915(i) State Plan Amendment applications that are being simultaneously submitted to CMS for approval with this application provide all information regarding safeguarding and ensuring participant rights and the comprehensive approach to quality assurance and quality improvement.

Part 12. Waivers Requested

a. For operation of 1915(c) HCBS Waiver Program

Statewideness. **Section 1902(a)(1)**

To enable the State to restrict the geographic area where the program will provide HCBS services to eligible persons with intellectual disabilities.

Comparability of Services. **Section 1902(a)(10)(B)**

To enable the State to offer a different package of services and/or same services with different amount, duration and/or scope than is available to persons with ID through the existing ID and LAH 1915(c) waivers.

To enable the State to establish an expenditure cap applying to service plans for individuals with intellectual disabilities enrolled in the program.

Freedom of Choice. **Section 1902(a)(23)**

To enable the State to restrict freedom of choice of provider for Support Coordination services to staff employed by the State Department of Mental Health, Division of Developmental Disabilities. For counties where the Program will operate in Regions 1, 3, 4, and 5; and limit Support Coordination to willing and qualified 310 Boards in the counties where the Program will operate in Region 2 (or ADMH/DDD if no willing and qualified 310 Boards are available).

To enable the State to restrict freedom of choice of provider for other available services to provide a sufficient but not unlimited supply of contracted providers to meet beneficiaries' needs and provide beneficiaries with choice.

b. For operation of 1915(i) State Plan HCBS Program

Statewideness. **Section 1902(a)(1)**

To enable the State to restrict the geographic area where the program will provide HCBS services to eligible persons with intellectual disabilities.

To enable the State to flexibly allocate the overall unduplicated count of slots across the four 1915(c) enrollment groups and the 1915(i) HCBS program, based on need and geographic demand.

Comparability of Services. **Section 1902(a)(10)(B)**

To enable the State to offer a different package of services and/or same services with different amount, duration and/or scope than is available to persons with ID through the existing ID and LAH 1915c waivers.

To enable the State to establish an expenditure cap applying to service plans for individuals with intellectual disabilities enrolled in the program.

Reasonable Promptness. **Section 1902(a)(8)**

To enable the State to limit enrollment based on available appropriations.

Any Willing and Qualified Provider. **Section 1902(a)(23)**

To enable the State to utilize selective contracting for Support Coordination services to staff employed by the State Department of Mental Health, Division of Developmental Disabilities for counties where the Program will operate in Regions 1, 3, 4, and 5; and limit Support Coordination to willing and qualified 310 Boards in the counties where the Program will operate in Region 2 (or ADMH/DDD if no willing and qualified 310 Boards are available).

To enable the State to utilize selective contracting and limiting the number of providers for other available services in order to ensure an appropriate supply of contracted providers to meet beneficiaries' needs.

Part 13. Budget Neutrality

This section presents Alabama's approach for budget neutrality supporting this 1115 demonstration application. The five-year demonstration is proposed to begin January 1, 2021 and end September 30, 2025.

Federal policy requires that section 1115 demonstrations are budget neutral to the federal government. This means that an 1115 demonstration cannot cost the federal government more than what would have otherwise been spent absent the 1115 demonstration. The particulars of budget neutrality, including methodologies, are subject to negotiation between Alabama and CMS. Since the authorities requested in

this draft application are not expenditure authorities, the projections have been developed as estimates and should not be viewed as binding limits.

Table [1] includes enrollee and expenditure projections for the proposed 1915(c) and 1915(i) home and community-based waiver services only for the populations described in Part 7 and 8 of this application. Demonstration Year 1 is a nine-month period between January 1, 2020 and September 30, 2021. Demonstration Years 2 – 5 are twelve-month periods illustrated in Table [1] below.

Table [1] – Enrollment and Expenditures

	Demonstration Year (DY)				
	DY1 Jan 1, 2021 to Sept 30, 2021	**DY2 Oct 1, 2021 to Sept 30, 2022**	**DY3 Oct 1, 2022 to Sept 30, 2023**	**DY4 Oct 1, 2023 to Sept 30, 2024**	**DY5 Oct 1, 2024 to Sept 30, 2025**
Total Member Months	2,500	6,036	8,340	11,850	14,667
Unduplicated Participants	500	756	1,012	1,469	1,710
Per Unduplicated Participant (Total Computable)					
HCBS Services (Regular FMAP)	$26,877	$35,773	$36,429	$37,307	$37,982
Service Coordination (Administrative FMAP)	$1,611	$2,167	$2,212	$2,258	$2,304
Aggregate Expenditures *(Total Computable)*	**$28,489**	**$37,940**	**$38,641**	**$39,564**	**$40,286**
Expenditures (Total Computable)					
HCBS Services (Regular FMAP)	$13,438,609	$27,044,040	$36,866,176	$54,803,353	$64,948,417
Service Coordination (Administrative FMAP)	$805,680	$1,638,261	$2,238,386	$3,316,420	$3,940,371
Aggregate Expenditures *(Total Computable)*	**$14,244,290**	**$28,682,301**	**$39,104,562**	**$58,119,773**	**$68,888,788**

Table Notes:

1. *Demonstration Year 1 is a 9-month period, the annual cost per participant represents 75 percent of the annual amount. DY2-5 are 12-month periods.*
2. *Member months are estimated based on slots and anticipated enrollment duration assuming uniform enrollment each month.*
3. *Per unduplicated participant represents HCBS services (Factor D from 1915(c) and 1915(i) annual per person limit)*

The aggregate expenditures include projected 1915(c) and 1915(i) expenditures for HCBS services less the cost of service coordination. Service coordination costs are included in 1915(c) and 1915(i) proposed annual expenditure limits; however, they will be claimed as administrative federal financial participation.

Part 14. Explanation of Stakeholder Engagement and Public Process Used by State

Stakeholder Engagement

This application, along with the 1915(c) Waiver and 1915(i) Medicaid State Plan Amendment taken together are based on statewide input received from stakeholders over the course of twenty (20) months. Stakeholder engagement included three distinct phases:

Phase One (December, 2018 – April, 2019): A series of eleven (11) listening sessions held throughout the state and an online survey.

- Kick-Off Stakeholder Session – December, 2018: Montgomery 35 Family/Self-Advocates/Providers representing all parts of the state.
- Region 1 Huntsville –February 15, 2019: 15 Families/Self-Advocates and 16 Providers
- Region 2 Tuscaloosa– March 6, 2019: 19 Families/Self-Advocates and 37 Providers
- Region 3 Mobile – March 27, 2019: 36 Families/Self-Advocates and 50 Providers
- Region 4 Montgomery – March 13, 2019: 9 Families/Self-Advocates and 19 Providers
- Region 5 Birmingham – April 3, 2019: 23 Families/Self-Advocates and 42 Providers
  (On-line Surveys: 88 Families 5 Individuals 19 Advocates and 13 Providers)

A total of 426 individuals, family members, advocates and providers gave input through this process. Individual and family input was gathered separately from provider input; but there were many similarities in what each stakeholder group said the priorities should be:

- Find a way to end the waiting list for people with intellectual disabilities
- Serve people before they get into crisis to keep them from getting into crisis
- Focus on keeping families together by offering services/supports designed to assist the individual and services/supports designed to assist the family
- Prioritize services that individuals and families say they need most
- Use strategies to provide services more cost-effectively so that more people who need the services can receive them

Phase Two (July, 2019): A series of five (5) stakeholder forums in each of the five DDD/ADMH regions were held during the a public comment period on a preliminary Concept Paper, which was drafted based on feedback from the prior listening sessions, and which described the framework for the Community Waiver Program. Invitations were again sent to individuals receiving waiver services, those on waiting lists, their families and advocates.

This second series focused on discussing DDD/ADMH's goals of keeping families together; promoting employment and productivity and reaching those in need. This was followed a detailed overview of the Concept Paper, "Charting the Future of Alabama's Home and Community-based Service Delivery System for individuals with Intellectual Disabilities". *(See Appendix B for the Concept Paper.)*

ADMH then led attendees in a question and answer period where they were asked to explore the following questions concerning the concept paper. It was explained their feedback was needed to help the DDD/ADMH finalize plans for the new waiver program.

- What Should the Future Look Like?
- What kinds of Home and Community Based services are needed the most?
- What kinds of supports are needed by caregivers?
- How can services be improved?
- What are ways to provide HCBS more cost effectively, so more people who need services may receive them?

Dates and attendance were as follows:

- Region 1 Huntsville – July 15, 2019: 37 Families/Self-Advocates and 25 Providers
- Region 2 Tuscaloosa– July 16, 2019: 17 Families/Self-Advocates and 38 Providers
- Region 3 Mobile – July 18, 2019: 37 Families/Self-Advocates and 36 Providers
- Region 4 Montgomery – July17, 2019: 18 Families/Self-Advocates and 7 Providers
- Region 5 Birmingham – July 16, 2019: 22 Families/Self-Advocates and 22 Providers
- Public Comments: 2 = Families 3 = Individual / Advocate 13 Providers

A total of 277 individuals, family members, advocates and providers gave input through this process.

Phase Three (March-June 2020): A formal public comment period on this application and the 1915(c) Waiver application for the Community Waiver Program that are proposed to operate concurrently with this proposed 1115 Demonstration was opened beginning March 6, 2020 and is described in detail below.

Cumulative Stakeholder Participation: In summary, over 700 Alabamians across the state participated and gave input during the stakeholder engagement process, which included two public comment periods with the final public comment period on this application and the 1915(c) application being extended to 3 ½ months due to COVID-19. These comments represented voices of those currently served, those waiting and in need of services and those certified in the state to provide waiver services. Together their comments helped to shape the Community Waiver Program that the State now seeks approval to implement.

State's Compliance with Public Notice Requirements

The State conducted public hearings and public notice in accordance with the requirements in 42 C.F.R. § 431.408 and guidance provided by CMS regarding alternative hearing formats due to the COVID-19 national health emergency.[9] The following describes the actions taken by the State to ensure the public was informed and had the opportunity to provide input on the proposed waiver.

Alabama Medicaid published abbreviated and full versions of public notice of the State's intent to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver to create a new program called the Community Waiver Program and will enable the State to provide HCBS to individuals with ID not currently enrolled in a waiver program. These notices were posted in March of 2020. As required by federal regulation, Alabama Medicaid opened a thirty day

[9] Section VII.C.5 in https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf

comment period for interested parties and directed them to: https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx

A copy of the Demonstration proposal was available upon request for public review at each county office of the Department of Human Resources, the State Office of the Alabama Department of Mental Health, and the State Office of the Alabama Medicaid Agency.

Initially, written comments concerning the changes were to be submitted on or before April 7, 2020, to the following e-mail address: PublicComment@medicaid.alabama.gov, or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624.

The public notices were placed prominently on the Agency's website and additional notification was made via the Alabama Medicaid's Long-Term Care email listserv group (455 members), Alabama Medicaid's provider ALERT system, ADMH's email listserv group, and through RSS feeds. ADMH also announced the release of the proposed demonstration to the Developmental Disabilities Subcommittee at its March 2020 meeting. The abbreviated notice was also published in state news media outlets: *The Huntsville Times*, *Birmingham News*, *Montgomery Advertiser*, and Mobile's *Press Register*. A copy of the newspaper articles, emails, and ALERT are attached at Appendix E.

A letter was also sent to the Tribal Chair and CEO of the Poarch Band of Creek Indians in March of 2020 giving the Tribal government notice and seeking their consultation as pursuant to the Social Security Act and Federal Regulations. A copy of the tribal consultation letter is attached at Appendix E.

Two opportunities for public comment were scheduled for March 25 in Montgomery, Alabama and for March 26 in Hoover, Alabama. However, these public hearings were cancelled due to the COVID-19 national health emergency.

Upon receiving guidance from CMS that public hearings required by federal regulation could be conducted via alternative formats[10], the state issued revised public notices stating that hearings had been rescheduled for June 9 at 1:00p.m. and June 10 at 10:00a.m. to be held via webex. Call-in information was provided in the notice for these meetings. Further, these revised notices extended the public comment period until June 24, 2020. The abbreviated notice was published in the state's *Administrative Monthly* publication. These revised notices were distributed via the Alabama Medicaid's email listserv groups, ADMH's email listserv groups, and through RSS feeds.

As CMS is aware, when utilizing newspaper publications, the state is required to print notices in newspapers of widest circulation in each Alabama city with a population of 100,000 or more. Historically, that has been the cities of Birmingham, Huntsville, Mobile, and Montgomery. In preparation of publication of the revised public notices, the state recognized the city of Tuscaloosa recently crossed the 100,000-population mark. Out of an abundance of caution, the abbreviated notice was also published in Tuscaloosa with a comment due date of July 2, 2020 (30

[10] Ibid.

days after date of earliest publication, June 2, 2020). A copy of the newspaper article published in the *Tuscaloosa News* is attached at Appendix E.

A letter was sent to the Tribal Chair and CEO of the Poarch Band of Creek Indians on May 20, 2020, informing the tribe that the hearings had been rescheduled and the comment period due date had been extended. The Agency has not received comments from the Poarch Band of Creek Indians. See Appendix E.

Written comments concerning the changes were to be submitted on or before July 2, 2020 to the following e-mail address: PublicComment@medicaid.alabama.gov, or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments were available for review by the public during normal business hours at the above address.

In total, the public comment period was open for over 100 days, and several public comments were received by the state. A summary of the comments received and the State's response are in Appendix D.

Part 15. Brief Description of Evaluation Design for Demonstration

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Effectively address the need to expand coverage and reduce, and eventually eliminate, the waiting list.	The Community Waiver Program design will result in increased pace at which eligible individuals will be removed from the waiting list.	The average annual number of eligible individuals with ID enrolled from the waiting list during the ten-year period before the Community Waiver Program compared to the average number annually thereafter, less those enrolled in either period as a result of new appropriations.	Enrollment data; program funding source data.	Compare historical annual enrollment from waiting list to annual enrollment from waiting list beginning on date of Community Waiver Program opening.
Increase percentage of HCBS recipients able to sustain family and natural support living arrangements.	The Community Waiver Program design will result in higher percentage of individuals served living with family or natural supports than in residential placements.	The percentage of enrollees in the Community Waiver Program living with family or natural supports and living in residential placements compared to the same measures for the legacy waiver program.	Person-Centered Plans; service utilization and claims data.	Compare percentage of enrollees living with natural supports or living residential placements for Community Waiver Program and Legacy Waiver program.
Increase percentage of HCBS recipients able to achieve/sustain independent living or supported living in settings that are not provider owned or controlled.	The Community Waiver Program design will result in higher percentage of individuals living in independent or supported living settings not owned or controlled by providers than in the ID and LAH waivers.	The percentage of enrollees in the Community Waiver Program receiving a type of residential supports and living in settings that are not provider owned or controlled as compared to the same percentage for the legacy waiver program.	Person-Centered Plans; service utilization and claims data; Individual Experience Assessments.	Compare percentage of enrollees in the Community Waiver Program receiving a type of residential supports and living in settings that are not provider owned or controlled as compared to the same percentage for the legacy waiver program.

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Reduce incidence of crisis among individuals with ID known to ADMH/DDD.	Where the Community Waiver Program operates, the annual number of crises among individuals with ID know to ADMH/DDD will be lower than in areas where the Community Waiver Program does not operate.	Number of individuals enrolled in the Community Waiver Program, or on waiting list and living in area where, the Community Waiver Program operates, who experience a documented crisis in each waiver year as compared to same for legacy waiver program.	Criticality Assessments; Reserve Capacity Enrollments; Support Coordination and Case Manger Documentation	Compare annual number as percentage of total known to ADMH/DDD for Community Waiver and for legacy waiver program.
Prevent escalation of needs for individuals who do not currently require an institutional level of care.	At least 75% of Individuals who do not meet institutional level of care who are enrolled in the Community Waiver Program will not progress to meeting institutional level of care.	Number of 1915(i) State Plan HCBS program enrollees who transition to the 1915(c) Community Waiver in each year, as a percentage of the total number enrolled in the 1915(i) State Plan HCBS program.	Disenrollment Data; Enrollment Data; Transitions Data.	Measure percentage of 1915(i) State Plan HCBS program enrollees who do not transition to the 1915(c) Community Waiver in each program year. Threshold for meeting goal is at least 75%, after excluding disenrollments for other reasons.
Increase the percentage of HCBS recipients who contribute to their community through participation in integrated competitive employment.	The Community Waiver Program design will result in a higher percentage of working-age individuals (22-64) enrolled working in integrated competitive employment.	Number of enrollees in Community Waiver Program and legacy waiver program, aged 22 to 64, who worked in integrated, competitive employment during at least one month of the waiver year.	Employment Outcome Data; Person-Centered Plans.	Compare number of enrollees in Community Waiver Program and legacy waiver program, aged 22 to 64, who worked in integrated, competitive employment during at least one month of the waiver year.
Increase use of self-direction	The Community Waiver Program design will result in higher utilization of self-direction by participants than in the ID and LAH waivers.	Percentage of enrollees in Community Waiver Program and legacy waiver program who: (1) have services in their Plan of Care that can be self-directed; and (2) are utilizing self-direction for one or more services.	Plans of Care; FMS Enrollment Data	Compare percentage of enrollees in Community Waiver Program and legacy waiver program who: (1) have services in their Plan of Care that can be self-directed; and (2) are utilizing self-direction for one or more services.

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Use of self-direction will result in higher wages and lower turnover among direct support providers.	The Community Waiver Program design will result in self-direction workers with higher average wages and lower average turnover rates than direct support workers employed by provider agencies.	Average hourly wage and turnover rate for self-direction workers in the Community Waiver Program in each program year with the average hourly wage and turnover rate for agency-employed direct support professionals providing the same service type during the same time period.	NCI Staff Stability Survey (with supplement); FMS Data	Comparison of average hourly wage and turnover rate for self-direction workers in the Community Waiver Program with the average hourly wage and turnover rate for agency-employed direct support professionals providing the same service type.
Increase provider agency stability through incremental statewide roll out of program.	The Community Waiver Program design will result in participating provider agencies reporting greater stability than prior to program implementation.	Self-reported rating by provider agency leadership on a standardized set of indicators of organizational stability.	Provider Survey	Pre-survey to establish baseline for providers participating in the Community Waiver Program and annually re-administer survey to measure change over time in provider self-reported organizational stability.
Increase quality service delivery by limiting provider network.	The Community Waiver Program design will result in higher performance by providers on service delivery quality measures as compared to providers operating only in the legacy waiver program.	Provider certification quality measures for like services that are provided in both the Community Waiver Program and the legacy waiver program.	Certification Surveys	Comparison of providers only operating in legacy waiver program to providers who are operating in the Community Waiver Program exclusively or in both programs. Comparison of provider certification quality measures for like services that are provided in both the Community Waiver Program and the legacy waiver program.
Increased continuity of support coordination services	The Community Waiver Program design will result in higher retention and lower turnover of support coordinators compared to the legacy waiver program.	Average retention and turnover rates, by program year, for support coordinators in the Community Waiver Program compared to support coordinators in the legacy waiver program.	NCI Staff Stability Survey (with supplement).	Comparison of average retention and turnover rates for support coordinators in the Community Waiver Program with the average retention and turnover rate for support coordinators in the legacy waiver program.

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Increase in satisfaction rates for support coordination services among waiver enrollees and their families/guardians.	The Community Waiver Program design will result in higher rates of satisfaction with support coordination services among Community Waiver Program enrollees and their families/guardians as compared to legacy waiver program enrollees and their families/guardians.	Average rates of satisfaction with support coordination services among Community Waiver Program enrollees and their families/guardians as compared to legacy waiver program enrollees and their families/guardians.	Waiver enrollee survey; family/guardian survey.	Comparison of average rates of satisfaction with support coordination services among Community Waiver Program enrollees and their families/guardians as compared to legacy waiver program enrollees and their families/guardians.
Increased incorporation of non-waiver supports and services in person-centered plans to address individual goals and outcomes.	The Community Waiver Program design will result in higher incidence of non-waiver supports and services being identified and included in person-centered plans to address individual goals and outcomes as compared to person-centered plans for legacy waiver participants.	Prevalence of non-waiver supports and services being identified and included in person-centered plans to address individual goals and outcomes as compared to person-centered plans for legacy waiver participants.	Person-Centered Plans and Assessments	Comparison regarding prevalence of non-waiver supports and services being identified and included in person-centered plans to address individual goals and outcomes as compared to person-centered plans for legacy waiver participants.
Increased utilization of the full range of services and supports available, consistent with individual goals and outcomes, and decreased utilization of unnecessary or inappropriate services, given	The Community Waiver Program design will result in increased utilization of the full range of services and supports available, consistent with individual goals and outcomes, and decreased utilization of unnecessary or	Prevalence of service utilization spanning the full range of services and supports available, consistent with individual goals and outcomes. Prevalence of utilization of services determined to be unnecessary or inappropriate, given individual goals and outcomes.	Person-Centered Plans and assessments; utilization and claims data.	Comparison of Community Waiver Program and legacy waiver programs with regard to utilization across the full range of services and supports available, consistent with individual goals and outcomes. Comparison of Community Waiver Program and legacy waiver programs with regard to decreased utilization of unnecessary or

individual goals and outcomes.	inappropriate services, given individual goals and outcomes, as compared to the legacy waiver programs.			inappropriate services, given individual goals and outcomes.

APPENDICES

Appendix A: Provider Qualifications

Appendix B: Concept Paper Posted for Public Comment (July, 2019)

Appendix C: Summary of Stakeholder Engagement

Appendix D: Summary of Public Comment Received and State's Responses

Appendix E: Public Notices

APPENDIX A

Alabama ADMH/DDD New "Community" Waiver Program

Provider Types and Associated Qualifications

1. Standard Minimum Qualifications Applying to All of the Following Services:

Personal Assistance-Home; Personal Assistance-Community; Breaks and Opportunities (Respite); Remote Supports-Paid Back-Up Support; Employment Supports-Individual Employment Supports; Employment Supports-Small Group Employment Supports; Employment Supports-Integrated Employment Path Services; Community Integration Connections and Skills Training; Independent Living Skills Training; Supported Living Services; Community-Based Residential Services.

Standard Minimum Provider Agency Qualifications

- Executive Director/owner/operator must possess a Bachelor's degree from an accredited institution in Public Health, Special Education, Social Work, Business Administration, Public Administration, Psychology, or other Human Services field, or must be a Registered Nurse.
- Executive Director/owner/operator must possess, or be eligible to qualify for, licensure or certification in their particular field, if applicable.
- Executive Director/owner/operator must have considerable experience (5 or more years) working with individuals with intellectual and developmental disabilities in community settings.
- Agency must be Certified Community Provider in good standing with DDD including:
    - No placement on Provisional status within the past 24 months.
    - No substantiated findings of abuse, neglect, mistreatment or exploitation within the past 12 months.
- Must conduct statewide background checks of all employees to exclude those with convictions of any crime of violence or any felony.
- Must maintain an adequate number of qualified personnel to carry out the stated purpose/mission of the organization and its services/supports, including meeting any minimum required staffing ratios for delivery of services the agency provides, and providing adequate supervision to all personnel providing direct services.
- Must provide orientation/training for each employee and maintain documentation of employee completion of all such training on site.
- Must ensure minimum personnel qualifications are met for those workers directly providing each specific service the agency provides.

Standard Minimum Direct Service Personnel Qualifications (agency-employed or self-direction worker)

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must pass a pre-employment drug screen.
- TB skin test as required by Alabama Medicaid Agency.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics in the following logical order:
    - Overview of intellectual disabilities

- Brief history of treatment of people with intellectual/developmental disabilities covering evolution from institutions to community living and greater expectations that people with intellectual/developmental disabilities are treated with respect and afforded the same rights and opportunities as people without disabilities;
- Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served;
- Philosophy of Self-Determination and supporting Self-Determination as a direct support professional [http://ngsd.org/news/self-determination-tools-direct-support-staff] Need to check if still available resource and if not, find another one – also preview and make sure appropriate
- Person-centered supports – understanding the difference between person-centered supports and system-centered supports [https://www.youtube.com/watch?time_continue=2&v=y77y7XW8GtE&feature=emb_logo]
- Keys to providing effective and respectful direct support services including understanding Social Role Valorization [http://www.steps-forward.org/modules-social-role-valorization.html]
- Teaching to maximize independence: basics of task analysis and best practices for assisting individuals with intellectual disabilities to learn/master new skills
- Positive behavior supports and managing threatening confrontations (aggressive behavior) at home, at workplaces and in the community
- Understanding, recognizing and preventing abuse, neglect, mistreatment, and exploitation;
- Reportable Event (critical incident) identification and reporting;
- First aid;
- CPR;
- Infection control;
- Medication side effects; recognizing signs and symptoms of illness;
- Emergency preparedness
- Training on the specific service(s) the DSP will be providing including the service definition, expected outcomes, reasons the service is authorized
- Training specific to the individual(s) being served, including training on their person-centered plan and service implementation plan(s)

2. Additional Qualifications Applying to Specific Services that Must Meet Standard Minimum Qualifications:

Employment Supports-Individual Employment Supports:

Provider Agency Qualifications:

- Employs a program manager who will supervise DSPs providing these services and who is qualified to provide Supported Employment services by holding a CESP, ACRE or Customized Employment certification, or other qualification pre-approved by DMH/DDD, and who has at least two (2) years' experience providing Supported Employment or similar employment services

Direct Support Professional Qualifications (if working for provider agency or self-direction worker):

For Exploration, Discovery, Job Development Plan, Job Development and Career Advancement, DSPs must qualify as a Job Developer. To do this, DSPs shall also meet the following qualifications: completion of a minimum of one certificate-based Job Development and Placement curriculum. DMH/DDD will maintain and publish on its website a current approved listing of such curriculums.

For Job Coaching and Co-Worker Supports, DSPs must qualify as a Job Coach. To do this, DSPs shall also complete and pass the online Training Resource Network *Job Coaching and Consulting* course before providing service (https://trn-store.com/catalog/job-coaching-and-consulting). Upon submission of proof of completion and passing of this course, DMH/DDD will reimburse the provider agency employing the Job Coach (or the Job Coach if an independent self-direction worker) for the cost of completing the course, as determined by DMH/DDD.

Employment Supports-Small Group Supports:

Provider Agency Qualifications:

- Employs a program manager who will supervise DSPs providing these services and who is qualified to provide Supported Employment services by holding a CESP, ACRE or Customized Employment certification, or other qualification pre-approved by DMH/DDD, and who has at least two (2) years' experience providing Supported Employment or similar employment service.

Direct Support Professional Qualifications (if working for provider agency or self-direction worker):
DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass the online Training Resource Network *Job Coaching and Consulting* course before providing service (https://trn-store.com/catalog/job-coaching-and-consulting). Upon submission of proof of completion and passing of this course, DMH/DDD will reimburse the provider agency employing the Job Coach (or the Job Coach if an independent self-direction worker) for the cost of completing the course, as determined by DMH/DDD.

Employment Supports: Integrated Employment Path Services:

Provider Agency Qualifications:

- Employs a program manager who will supervise DSPs providing these services and who is qualified to provide Supported Employment services by holding a CESP, ACRE or Customized Employment certification, or other qualification pre-approved by DMH/DDD, and who has at least two (2) years' experience providing Supported Employment or similar employment service.

Direct Support Professional Qualifications (if working for provider agency or self-direction worker):

DSPs must also qualify as a Job Coach. To do this, DSPs shall also complete and pass the online Training Resource Network *Job Coaching and Consulting* course before providing service (https://trn-store.com/catalog/job-coaching-and-consulting). Upon submission of proof of completion and passing of this course, DMH/DDD will reimburse the provider agency employing the Job Coach (or the Job Coach if an independent self-direction worker) for the cost of completing the course, as determined by DMH/DDD.

Community Integration Connections and Skills Training:

- Prior to service delivery, must complete at least eight (8) hours of training in the philosophy and application of Home & Community Based Services, to include education about successful community integration models in other states.
- Must have at least one (1) year of experience working directly with individuals with intellectual disabilities or other developmental disabilities.
- Must hold at least an Associate's degree from an accredited institution in a human services field.

Independent Living Skills Training:

- Must have at least one (1) year of experience working directly with individuals with intellectual disabilities or other developmental disabilities.
- Must hold at least an Associate's degree from an accredited institution in a human services field.
- Must complete a training course on training methods provided by DDD

3. Non-Standard Minimum Qualifications Applying to Specific Services:

Peer Specialist Services:

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
    - Overview of intellectual disabilities
    - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served
- Prior to service delivery, successfully complete at least eight (8) hours of training in best practices for offering Peer Specialist Services for each of the topical areas covered by this service that the Peer Specialist wishes to be qualified to address; and
- Complete no less than two (2) hours of annual refresher training for each of the topical areas covered by this service that the Peer Specialist wishes to be qualified to address.
- Must have successfully directed their own Person-Centered Planning process and self-directed their own services for a minimum of one (1) year
- Must have successfully obtained individualized integrated employment at a competitive wage, and/or utilizes independent/supported living options.

Family Empowerment and Systems Navigation Counseling:

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
    - Overview of intellectual disabilities
    - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served

- Prior to service delivery, successfully complete at least eight (8) hours of training in best practices for working with families, working with individuals with intellectual disabilities, family empowerment strategies and community mapping techniques; and
- Complete no less than two (2) hours of annual refresher training.

Financial Literacy and Work Incentives Benefits Counseling:

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
    - Overview of intellectual disabilities
    - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served
- Minimum of Associates Degree in human service or related field; and
- For Work Incentives Benefits Counseling: Must be a certified Community Work Incentives Coordinator (CWIC) or Work Incentives Practitioner (WIP); and
- For Financial Literacy Counseling: Prior to service delivery, successful completion of the "Building of the Financial Well-Being of Persons with Disabilities" curriculum from National Disability Institute offered by qualified trainer from DMH/DDD.
- Successfully complete no less than four (4) hours of annual continuing education (for Work Incentives Benefits Counselor) or refresher training (for Financial Literacy Counselor) provided by DMH/DDD

Counseling/Assistance with Alternatives to Full Legal Guardianship:

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
    - Overview of intellectual disabilities
    - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served

- Must have evidence of training, certification and/or current knowledge of the range of alternatives to guardianship and have current knowledge of published resources available on these alternatives.
- Must have at least one (1) year of experience working as or with an attorney who handled cases involving legal guardianship.
- Must have at least one (1) year of experience working directly with individuals with intellectual disabilities or other developmental disabilities.
- Must hold at least a bachelor's degree from an accredited institution in a human services or legal field.

Positive Behavior Supports:

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Worked in the Intellectual/Developmental Disability (IDD) field for five (5) years or more, two of which must have been at a professional level in a position that addressed challenging behavior or who worked in a related field (e.g. mental health);
- Holds an appropriate BA/BS level degree, master's degree, other advanced degree above the level of masters or equivalent experience in a field related to human services such as psychology, social work, behavioral, disabilities or rehabilitation psychology;
- Has completed training in positive behavior supports and/or behavioral psychology.

Physical Therapy

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
    - Overview of intellectual disabilities
    - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served
- Physical Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec.34-24-212.

Occupational Therapy

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
    - Overview of intellectual disabilities
    - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served
- Occupational Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec. 34-39-5.

Speech and Language Therapy

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
    - Overview of intellectual disabilities
    - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served
- Speech Therapists employed or contracted by provider organization are licensed under the Code of Alabama, 1975 Sec. 34-28A-1, Ch. 870-x-1-7

Housing Counseling Services:

- Must pass a statewide background check confirming no convictions for any crime of violence, abuse, neglect, exploitation or any felony offense.
- Must complete training, with content preapproved by ADMH/DDD, addressing the following topics:
    - Overview of intellectual disabilities
    - Overview of Americans with Disabilities Act findings, purpose, history [https://www.adaanniversary.org/findings_purpose] and importance of respecting the rights of people served
- Must have specialized training, certification and/or relevant experience in housing issues and how these impact people with disabilities.

Skilled Nursing Services

- Nurses are licensed under the Code of Alabama; 1975 Sec. 34-21.

Support Coordination:

- Bachelor's degrees in human services field
    - Preference will be given for experience working with individuals with intellectual disabilities and/or working in support coordination, case management, or roles with similar responsibilities as detailed in the service definition.
    - Human Service field includes the following disciplines: Social Work, Psychology, Criminal/Juvenile Justice, Special Education, Sociology, Speech Education, Rehabilitation, Counseling, Speech Pathology, Audiology, Nursing, Physical or Occupational Therapy, and any related academic disciplines associated with the study of Human Behavior, Human Skill Development, or Basic Human Care Needs.

Community Transportation:

- Stand-alone transportation companies or individual transportation providers must comply with the Alabama Motor Carrier Act and must be certified or be issued a permit to operate, as applicable, by the Alabama Public Service Commission. In addition, they must adhere to any local certification/licensure requirements.

Remote Supports: Technology Installer and Provider

Recognized and experienced vendor or Remote Supports technology with experience in at least two (2) other states and current capability to provide Remote Supports services in geographic areas covered by this waiver in State of Alabama.

Remote Supports: Paid Back-Up Support Provider

Only DSP minimum qualifications apply. Provider agency minimum qualifications do not apply.

Minor Home Modifications:

- Must meet all applicable state (Alabama Code 230-X-1) and local licensure requirements.
- Must meet all construction, wiring, and/or plumbing building codes, as applicable.

Adult Family Home:

Only DSP minimum qualifications apply. Provider agency minimum qualifications do not apply.

Assistive Technology and Adaptive Aids:

- Must meet all applicable state (Alabama Board of Home Medical Equipment Services Providers) and local licensure requirements.

4. No Qualifications Applying to Specific Services (no provider or DSP involved):

Housing Start-Up Assistance

Natural Support or Caregiver Education and Training

APPENDIX B

Charting the Future of

Alabama's Home and Community-Based Service Delivery System for

Individuals with Intellectual Disabilities:

A Concept Paper

for Stakeholder Review and Input

July 12, 2019

DMH/DDD will host regional meetings, July 15-18, 2019, in order to present the key ideas in this Concept Paper to stakeholders, and to gather additional input. Invitations and details about these meetings may be found at: https://mh.alabama.gov/wp-content/uploads/2019/07/Updated-Stakeholder-Flyer-July-2019-Engagement-Sessions-Zoom-option.pdf Comments on this Concept Paper may also be submitted through August 12, 2019 by the following means:

- Attend a regional meeting.
- Submit comments online at hcbs@mh.alabama.gov
- Submit comments by mail at: Alabama Department of Mental Health, Division of Developmental Disabilities, 100 North Union Street, Montgomery, AL 36130.

DMH/DDD will carefully consider all input gathered in developing further the application to CMS for the proposed new waiver discussed in this Concept Paper. This application will also be posted for public comment prior to submission to CMS.

Charting the Future of

Alabama's Home and Community-Based Service Delivery System for Individuals with Intellectual Disabilities:

Executive Summary

This paper describes a proposal for how the State of Alabama can provide Medicaid Home and Community-Based Services to individuals with intellectual disabilities (and their families, for those that live with their families) who need these services in 2020 and beyond.

This proposal is based on statewide input received from stakeholders through a series of eleven (11) listening sessions held throughout the state and through an online survey. The listening sessions and online survey spanned December, 2018 to April, 2019. A total of 424 individuals, family members, advocates and providers gave input through this process. Individual and family input was gathered separately from provider input; but there were many similarities in what each stakeholder group said the priorities should be:

- Find a way to end the waiting list for people with intellectual disabilities
- Serve people before they get into crisis to keep them from getting into crisis
- Focus on keeping families together by offering services/supports designed to assist the individual and services/supports designed to assist the family
- Prioritize services that individuals and families say they need most
- Use strategies to provide services more cost-effectively so that more people who need the services can receive them

Up to this point, Alabamians with intellectual disabilities (ID) have received Home and Community-Based Services through two waiver programs: the Intellectual Disabilities (ID) waiver and the Living At Home (LAH) waiver. Approximately 5,035 individuals with ID are served on the ID waiver and 429 individuals with ID are served on the Living At Home Waiver.

There are still approximately 2,000 individuals with ID waiting for Home and Community-Based Services. This paper proposes that a new waiver be created that can serve individuals with ID who are not currently enrolled in the ID or LAH waivers.

Individuals with ID already enrolled in the ID or LAH waiver would remain on those waivers unless, after the new waiver has been operational for no less than 24 months, they voluntarily decide they would like to transition to the new waiver. The ID and LAH waivers will be renewed, as required by the federal government, every five (5) years so long as individuals remain enrolled in these waivers, to ensure continuity of services for current waiver participants.

The new waiver is planned to start April 1, 2020. The Alabama Legislature has appropriated enough new funding to initially serve 500 individuals with intellectual disabilities who are

currently waiting for Home and Community-Based Services. This will allow Alabama to reduce the waiting list by 25% in the first year the new waiver is open.

By using recommendations from stakeholders and best practices from other states, it is possible to serve people with ID more cost-effectively while also providing individuals and their families with the supports and services they say they need most. The new waiver discussed in this concept paper is designed to achieve these outcomes, enabling the state to serve more individuals with ID who need services than could otherwise be served by continuing to enroll people in the ID and LAH waivers, given that the average cost per-person of the existing waivers is 34% above the national average.

Please read on to learn more about the proposed new waiver and how it will work for Alabamians with ID and their families, and how the waiver will offer provider agencies an opportunity to move beyond some of the long-standing challenges they face with the existing ID and LAH waivers.

Introduction

The State of Alabama currently administers two Section 1915(c) Home and Community Based Services waiver programs for persons with intellectual disabilities (ID):

- The ID (Intellectual Disability) Waiver and
- The Living At Home Waiver

With limited exception (i.e., children under age three), the target population served in each of these waivers is individuals with an intellectual disability who qualify for the level of services that are provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Once a waiver is approved by the federal Centers for Medicare and Medicaid Services (CMS), the waiver must be renewed every five years. Ensuring continuity of services and the stability of the existing delivery system is an important priority. Accordingly, the state intends to renew these waivers as required, in order to ensure continuity of services for current waiver participants. The state is also required to ensure all service settings in these waivers comply with the federal Home and Community-Based Settings Rule by March of 2022. The state is currently working with all providers of ID and LAH waiver services to bring their settings into compliance by this deadline.

In addition, DMH/DDD and the Alabama Medicaid Agency are collaborating to develop a new program for people with intellectual disabilities that would:

- Be fully compliant with the federal Home and Community-Based Settings Rule from inception (from the start);
- Allow Home and Community-Based Services to be provided more cost-effectively so that more people who need these services can receive them.
- Enable people to be served before they and/or their family are in crisis, to prevent crisis from occurring

- Ensure providers delivering services in the new program have the best opportunity to focus on important goals for Home and Community-Based Services programs (e.g. community integration; opportunities for employment; helping people develop their skills for independence) and are able to assist people using best practices that have been developed in both Alabama and other states.

Currently, Alabama leads the nation, with just a handful of other states (e.g. Oregon, Michigan, Vermont, Alaska, New Hampshire) with 98% or more of people with intellectual disabilities receiving long-term services and supports (LTSS) in home and community-based settings rather than in institutions.[11] In contrast however, Alabama is ranked 40th in terms of ensuring eligible individuals with intellectual disabilities do not have to wait for services, and ranked 41st in terms of keeping families together when a family includes an individual with an intellectual disability.[12] While nationally, over 70% of individuals with intellectual disabilities who receive long-term services and supports are supported to live in their family home or their own home, in Alabama only 39% of individuals served are supported to live in their family home or their own home. Additionally, Alabama is ranked last in the country in supporting people with intellectual disabilities to enjoy the benefits of working in their community while making a valuable contribution to the state's economy, despite the employment opportunities available due to a 3.7% state unemployment rate.[1314] Some may conclude if Alabama had more money to spend on waiver services, these circumstances would not exist. Yet the average cost per-person for the existing Alabama waivers is 34% above the national average despite Alabama having the 7th lowest cost of living among states.[15]

As discussed in this Concept Paper, a broad range of stakeholders consistently conclude that the system for providing Home and Community-Based Services to people with intellectual disabilities in Alabama needs to change. DMH/DDD and the Alabama Medicaid Agency now have an opportunity to move the system forward through creation of a new program for people with intellectual disabilities.

A Single Waiver that Can Serve People with Varying Needs

The ID and LAH waivers are classified as 1915c Home and Community-Based Services waivers by the federal government. Many regulations exist governing 1915c waivers. Sometimes stakeholders ask for more flexibility in the existing waivers; but the state is unable to make that happen due to federal regulations.

Alabama stakeholders consistently raised the need for better, more individualized assessments and the ability to match the right type of services and the right amount of services to an individual's situation. The new waiver proposed would be a single waiver with multiple

[11] Medicaid Expenditure for Long-Term Services and Supports in FY2016 published by IBM Watson Health.
[12] UCP Case for Inclusion (2016).
[13] UCP Case for Inclusion (2016).
[14] US Bureau of Labor Statistics (Feb, 2019).
[15] Medicaid Expenditures for Long-Term Services and Supports in FY2014. Truven Health Analytics. Cost of living data based on CY2018. Retrieved from: https://www.missourieconomy.org/indicators/cost_of_living/

enrollment groups based on people's unique circumstances and needs. Rather than having to create and operate a separate 1915c waiver for each enrollment group, in order to customize the services and funding for each target group, the state is able to use a different federal waiver called an 1115 waiver. This allows the state to have one waiver that has multiple enrollment groups, offering a unique set of services and corresponding funding levels for each enrollment group. As a people's needs changes, they will not have to disenroll from one waiver and enroll in a different waiver; they will simply move between enrollment groups within the 1115 waiver.

Please note while many states have used an 1115 waiver to move their system to managed care, this is <u>not</u> the proposal in Alabama. Alabama seeks to use the flexibilities available through an 1115 waiver <u>without transitioning to managed care</u>, to show what can be accomplished without a risk-based, managed care framework.

The new 1115 waiver will initially be targeted to serving individuals with ID not currently receiving home and community-based waiver services. Individuals with ID already enrolled in the ID or LAH waiver would remain on those waivers.

The four proposed enrollment groups for the 1115 waiver are as follows:

5. Children with ID, ages 3-13, that are living with family or other natural supports.
6. Transition-age youth with ID, ages 14-22, who are living with family or other natural supports, or living independently (18-22).
7. Working-age and older adults, ages 23+, who are living independently, living with family or living with other natural supports.
8. Individuals 3+ who are not able to live independently, live with family or live with other natural supports.

When an individual enrolls in the new waiver, the person will fall into one of these target groups, and the target group will determine the set of supports and services available as well as the funding available. The program will also allow the state the ability to expand the program to cover eligible individuals with developmental disabilities (who don't have intellectual disabilities) when additional funding may become available for this purpose.

Stakeholder Input Used to Inform this Proposal

This proposal is based on statewide input received from stakeholders through a series of eleven (11) listening sessions held throughout the state and through an online survey. The listening sessions and online survey spanned December, 2018 to April, 2019. A total of 424 individuals, family members, advocates and providers gave input through this process. Individual and family input was gathered separately from provider input; but there were many similarities in what each stakeholder group said.

During each in-person listening session, questions were posed one at a time. Ample time was provided for group discussions of the questions. The questions posed were:

1) What type of services do people with ID/D need?
2) If a person with ID/D lives in the home with family, what kinds of supports do the family caregivers need?
3) How can services for ID/D be improved?
4) How can services to ID/D be more cost effectively so that more persons who need services receive them?

A complete ***Stakeholder Input Summary*** can be found at: https://mh.alabama.gov/home-and-community-based-services/

Stakeholder Input: Services Individuals with ID and Their Families Need Most

The services that individuals with ID and their families reported they need most included:

- In-home services (e.g. Independent Living Skills Training, Personal Care, Home Modifications, Assistive Technology) *****
- Transportation*****
- Employment services*****
- Self-directed service options (with statewide listing of vetted workers)
- Family Education/Support
    - Peer to peer support (families supporting families)
    - Family Empowerment Counselor/Systems Navigator
    - Financial Literacy/Education/Benefits Counseling*****
    - Respite*****
- Individual Education/Support
    - Peer to peer support (people with ID supporting people with ID)
    - Financial Literacy/Education/Benefits Counseling*****
- Services to support meaningful days including opportunities outside the home
- Behavioral support services including crisis intervention (in-home and in-community)
- Therapies and skilled nursing
- Supported living services and supports (for those not living with family or other natural supports)

*****Provider stakeholders also identified these services as services that individuals with ID and their families need most.

Stakeholder Input: Best Ways to Serve More People with Limited Funding

When asked about the best ways the state could serve more people with limited funding, individuals with ID and their families said:

- Reduce reliance on segregated residential and day programs
- Serve people before they and their families get into crisis*****
- More engaged and informed case managers – providing comprehensive coordination of supports and services, including physical/behavioral health services (available through regular Medicaid) and generic community resources*****
- Use a better assessment tool to identify a person's specific needs and goals, and then ensure they get the right type of services in the right amount for their specific circumstances*****
- Bring services to people rather bringing people to services: provide services in people's own homes, family homes, and local communities*****
- Increase family engagement and family education on all community resources that are available to them and their family member with ID*****
- Allow families to be compensated in some way for their role in providing support to a person with ID that lives with his/her family
- Expand self-directed service options and increase flexibility in how individual budgets can be spent*****
    - Build and publicize a reliable network of workers that can be hired through self-direction
- Assistive technology (including greater use of technology to give people with ID greater independence and to align the number of direct support workers needed with the number actually available)*****
- Employment services including services for people with the most significant disabilities*****
- Respite services*
- Supported living options for people who aren't living with family or other natural supports*****
- Provide services, not otherwise available through other sources, to youth transitioning to adulthood to build on and preserve outcomes of public education*****
- Allow staffing ratios for Personal Care services other than 1:1

*****Provider stakeholders also identified these strategies for serving more people with limited funding.

Ensuring a High Quality Provider Network and Setting Up High Quality Providers to Succeed

When stakeholders were asked to provide input on how to move the Home and Community-Based Services system for people with intellectual disabilities forward, they made particular suggestions related to improving circumstances for providers including:

- Design a better approach to monitoring and evaluating the quality of services delivered and provider organizations – measure what really impacts quality of life for individuals served and make sure everyone understands why certain things are being monitored and evaluated
- Find a way to reduce the number of rules and restrictions limiting flexibility for individuals served and providers
- Create financial incentives for providers who assist individuals to achieve meaningful community participation and involvement, consistent with their interests, including integrated competitive employment and community contribution (formal or informal volunteering)
- Create financial incentives (including removal of current disincentives) for providers who are able to fade staff supports by assisting individuals to learn/use skills for independence, assisting individuals to expand their access to natural (unpaid) supports, and enabling individuals to benefit from technology supports
- Implement an easier process for an organization to become a provider and for families to become providers

Ensuring a High Quality Provider Network for the New 1115 Waiver Program

In many states, excessive rules and restrictions in Home and Community-Based Services waiver programs have come about because the state must manage an open provider network due to the state's obligation under federal law to contract with any willing provider for all 1915c waivers. Sometimes, the number of providers enrolled for a 1915c waiver outweighs the capacity needed to serve people, leaving all providers with less referrals than they really need to operate effectively and efficiently. As an example in Alabama, there is currently an estimated 21% vacancy rate for Residential Habilitation yet the state is obligated under federal law to, every year, enroll any new agency that wants to provide Residential Habilitation services. The state is then required, under federal law, to monitor each of these new providers, in addition to continuing to monitor all existing providers. *Note: Alabama does monitoring through certification.* The state ends up spending most of its resources to support providers on the monitoring functions, leaving little if any resources for meaningful technical assistance and training.

Over time, there can be a natural tendency to establish more rules and restrictions on flexibility in response to the poor performing providers. The result is that the better performing providers must then operate under the same rules and restrictions, which limits their ability to be flexible, negatively impacting both those being served and staff employed to provide direct supports. All of these issues can stem from the state's fundamental inability to limit the provider network, based on need/capacity and based on performance, in 1915c waivers.

With 1115 waivers, the state is able to request federal approval to limit the provider network based on need/capacity and provider performance. While ensuring choice of provider for the individual is paramount, a limited provider network can be critical for ensuring that providers can receive enough referrals to operate effectively and efficiently, and for ensuring flexibility providers need to deliver quality services. With 1115 waivers, the state is able to propose a certain number of providers that will be available in a geographic area for each type of service offered, in order to ensure a waiver participant always has choice; but the state does not have to enroll more providers than are needed, avoiding a situation where referrals are spread too thin for any of the providers to thrive. Additionally, the state is able to establish quality measures for provider enrollment, based on stakeholder input (including providers), and to establish quality measures that will be used for maintaining providers in the network over time. This opportunity, available only through an 1115 waiver (not through 1915c waivers) gives the state the ability to better ensure the provider network is the highest quality, thus reducing the need for the state to impose large numbers of rules and restrictions that limit flexibility, and allowing the state to rebalance state resources to offer more quality-oriented training and technical assistance to providers along with "right-sizing" the state's compliance monitoring (certification) processes.

DMH/DDD and Alabama Medicaid are committed to working with stakeholders, including providers, to ensure there is an appropriate number of providers needed for each type of service offered in the new 1115 waiver (based on the geographic area and number of enrollments anticipated); quality measures to be used in recruiting/selecting the provider network for the new 1115 waiver; and quality measures that will be used for maintaining providers in the network over time. DMH/DDD and Alabama Medicaid welcome and encourage comments submitted in response to this Concept Paper that address this topic.

Setting Up a High Quality Provider Network to Succeed in the New 1115 Waiver Program

Stakeholder input gathered also pointed to the importance of ensuring financial incentives for providers are aligned with the program outcomes that are desired. In other words, there is a need to ensure both the removal of any financial disincentives, and to create some targeted financial incentives, for providers to provide the services individuals with ID and their families need most. 1115 waivers, unlike 1915c waivers, allow the state to more easily build reimbursement models that reward providers for assisting individuals to achieve outcomes, rather than only paying for services delivered without regard for outcomes. All stakeholders,

including providers, want positive outcomes to result from services; but the traditional fee-for-service system has not ensured that providers producing the best outcomes actually receive greater reimbursement. The 1115 waiver allows the state to look at different payment models, both for provider agencies and self-direction workers, to address the importance of services resulting in positive outcomes where individuals with ID can achieve their goals.

In response to stakeholder input, DMH/DDD and Alabama Medicaid are committed to working with stakeholders, including providers interested in participating in the 1115 waiver network, to establish reimbursement rates and payment models that reward high quality providers assisting individuals with ID and their families to achieve their goals, rather than tying reimbursement solely to the volume of service delivered.

Comprehensive Supports and Services Coordination: A Different Approach for Case Management

All types of stakeholders consistently identified the need for more engaged and informed case managers that can provide comprehensive coordination of supports and services. DMH/DDD sees this as including physical and behavioral health services (services available through the regular Medicaid program), other public system services (e.g. ADRS; school system; Career Centers, community mental health centers, etc.) and generic community services and resources. All types of stakeholders also consistently recommended using a better assessment tool to identify a person's specific needs and goals, and to ensure each person gets the right type of services in the right amount for their specific circumstances. Based on stakeholder input, DMH/DDD believes this requires a different type of case manager, filling a different role, and using different tools.

DMH/DDD proposes to create a Support Coordination role in lieu of the traditional case manager role that has been in place in the ID and Living At Home waivers. The Support Coordinator would receive different training focused on more holistic approaches to assessment, person-centered planning and community resource coordination in addition to traditional service coordination. Additionally, the Support Coordinator would receive training specific to working with individuals with ID who are living with family, with a focus on supporting and empowering both the individual with ID and his/her family. Further, the Support Coordinator would receive specialized training on supporting exploration, planning and coordination of services to facilitate competitive integrated employment, community contribution and community involvement consistent with an individual's unique strengths and interests. Finally, Support Coordinators would be trained to fully understand the various supports and services available through the 1115 waiver program, including the intended

outcomes each service or support is expected to facilitate as well as what best practice implementation of each service looks like.

While existing case management agencies are likely to be used to provide Support Coordination for the 1115 program, it is expected these agencies will hire and/or assign specific Support Coordinators to work with 1115 waiver enrollees.

The Waiting List

Information on the current waiting list shows the number of individuals with ID who have placed their name on the waiting list at some point in time. It is important to note that while some people on the waiting list want services as soon as possible, all people on the waiting list may not be interested in receiving services at this time. People typically place their names on the list in advance of actually needing services because they are told there will be a wait and getting on the list as early as possible is a good idea. There is no routine annual outreach done to people on the waiting list to update their current status.

Number on Waiting List by Region		
Region 1	460	22.97%
Region 2	212	10.58%
Region 3	274	13.68%
Region 4	322	16.08%
Region 5	733	36.60%
Not identified	2	0.10%
TOTAL	2003	100%

Number on Waiting List By Age Range		
70+	35	1.75%
60-69	84	4.19%
50-59	133	6.64%

40-49	193	9.64%
30-39	502	25.06%
20-29	899	44.88%
14-19	146	7.29%
Under 14	11	0.55%
	2003	100%

Where do the vast majority of individuals on the waiting list currently live?

With family	76.19%
Own home, renting own home	15.88%
Total	**92.07%**

These percentages are generally consistent across all five regions.

Six counties with largest numbers on waiting list:

Jefferson (Region 5)	439
Madison (Region 1)	112
Mobile (Region 3)	108
Baldwin (Region 3)	97
Tuscaloosa (Region 2)	87
Montgomery (Region 4)	81
Total (6 counties-all regions represented)	**924**

46% of current waiting list individuals reside in 6 counties. This is 9% of all Alabama counties.

Rolling Out the New Program Successfully

To provide the services individuals with ID and their families say they need most, as discussed earlier in this paper, the new 1115 waiver program will need to provide services that are different from the services that are typically provided now. Currently, just two types of service

account for roughly 90% of all spending on the ID and Living At Home waivers: 78% of current spending is on Residential Habilitation and 12.5% of current spending is on Day Habilitation. These are not the service types that stakeholders with ID and their families (and provider stakeholders) said individuals with ID and their families, who currently don't have services, need most.

Therefore, the new 1115 waiver program will need providers willing and able to offer a different set of services, including some that are already available (but not utilized) under the existing ID and Living At Home waivers and some that are new services. For willing providers to be successful, they not only need fair and adequate reimbursement rates for these services, but they also need sufficient referrals if they invest in developing the capacity, expertise, infrastructure and culture within their organizations to provide a different set of services. Additionally, stakeholders consistently asked for a different approach to case management: use of a better assessment and the need for more engaged and informed case managers that can provide comprehensive coordination of supports and services.

Given these expectations for the new 1115 program, experience from other states suggests it can be challenging for providers and support coordination (case management) agencies, if the program initially has a limited number of enrollment slots available, but the program is rolled out on a full, statewide basis from day one. It can prove very difficult for providers to do what is necessary to invest in being part of the new program's provider network and then receive only a handful of sporadic referrals if the number of statewide slots is initially around 500 and people with ID could be enrolled anywhere in the state. In contrast, a state could choose to initially roll out the program in a more targeted way, piloting the program in a specific number of geographic areas while ensuring at least one pilot area in each region of the state.

DMH/DDD proposes to identify no less than one pilot area in each region by releasing an RFP to providers and case management agencies throughout the state, inviting applications from those provider and case management agencies that want to provide services in the new 1115 waiver program. This will ensure a fair opportunity for all providers and case management agencies to be considered for participation in the initial piloting of the new 1115 program, and is further expected to encourage multiple providers and/or a provider(s) and case management agency to collaborate in responding to the RFPs. DMH/DDD proposes to choose no less than one pilot area in each region of the state, based on responses to the RFP from providers and case management agencies.

This will ensure that the new 1115 program is piloted in areas of the state where there is strong support from providers and case management agencies for working together to make the new program a success for individuals with ID in their area. Further, with a more targeted approach, both support coordination (case management) and service provider agencies are likely to be able to hire dedicated staff that are trained specifically to serve individuals with ID and their families enrolled in the new 1115 waiver program. **This pilot-based approach will also allow the state to carefully roll out the new program, with specific focus on ensuring that support coordination (case management) agencies and providers participating get the technical assistance, training and support they need to be successful, while also investing in focused efforts to support the expansion of self-directed services in these geographic areas. These "pilot" areas will then serve as the blueprint for broader expansion of the program after year one.** Therefore, the state is proposing and seeking input on using the 500 slots available in the first year of the new 1115 waiver's operation to target **no less than one pilot area in each region**, which will be selected based on the response to the statewide RFP process for providers and case management agencies.

It is critically important to note that additional slots will be reserved for statewide enrollments of those in crisis, as has historically been done up to this point. Therefore, anyone who would have typically been taken off the waiting list and served due to crisis (criticality score) would still be served regardless of where they live. If an individual in crisis resides in one of pilot areas for the new 1115 waiver program, the individual will be enrolled in the new 1115 waiver. If an individual in crisis resides outside of the pilot areas for the new 1115 waiver program, the individual will be enrolled in the ID waiver.

Ensuring adequate support for the provider and case management agency network, including an approach to launching the new 1115 waiver program that is most likely to ensure provider and case management agency success, is a critical priority for DMH/DDD. The proposed approach described above is intended to address key challenges that have arisen in other states with a statewide rollout of a new program that initially had limited slot capacity. Further, the RFP process is a fair and equitable process for all providers and case management agencies throughout the state, allowing DMH/DDD to objectively identify the providers and case management agencies that are ready, willing and able to work with the Department to successfully roll out the new 1115 waiver program.

Ensuring Capacity to Expand the 1115 Waiver Over Time

Effective April 1, 2020, the dollars associated with attrition slots in the ID and Living At Home Waivers (vacated slots resulting from individuals passing away, moving out of state, or disenrolling from these waivers for other reasons) will be transferred, on an annual, on-going basis, to the new 1115 waiver program to fund additional enrollment in the 1115 waiver program, allowing for the expansion of the geographic area where the 1115 waiver program is available in each region. DMH/DDD will submit a technical amendment to CMS each year, revising the number of unduplicated participants in the ID and Living At Home Waivers, as required by federal law. Simultaneously, DMH/DDD and Alabama Medicaid will further notify CMS of its intent to transfer the dollars, freed up through attrition, to the 1115 program to expand the number of slots available in the 1115 program.

Additionally, the state will prepare and present evaluation information on the 1115 waiver to the state legislature in order to demonstrate its cost-effectiveness, ability to assist individuals with ID to achieve their goals and have their needs met, and the program's track record in ensuring health, safety and all aspects of quality (e.g. case management, provider network, individual metrics). It is expected that the program's outcomes will demonstrate the merits of further state investment, with the recognition that for every new state dollar invested, Alabama is able to capture $2.57 in federal match for services.

Enrollment Groups and Services Available for Each Group

The four proposed enrollment groups for the 1115 waiver are as follows:

1. ***Essential Family Preservation Supports:*** Children with ID, ages 3-13, that are living with family or other natural supports.
2. ***Seamless Transition to Adulthood Supports***: Transition-age youth with ID, ages 14-22, who are still in school and living with family or other natural supports, or living independently (18-22).
3. ***Family, Career and Community Life Supports***: Working-age and older adults, ages 23+, who are living independently, living with family or living with other natural supports.
4. ***Supports to Sustain Community Living:*** Individuals 3+ who are not able to live independently, live with family or live with other natural supports.

Essential Family Preservation Supports is proposed to target children living with family (or other natural supports) who are ages 3-13, have an intellectual disability and meet ICF/IID level of care, or except for the availability of HCBS is "at risk" for meeting this level of care. In addition to the supports and services available through the 1115 waiver, children enrolled in Essential Family

Preservation Supports will have access to the full array of benefits provided through EPSDT[16], public school system supports including special education services, and other community resources available to families of young children. Essential Family Preservation Supports will supplement but not supplant family and natural supports, EPSDT, school and Special Education services and other community resource. Essential Family Preservation Supports will fill gaps, thereby assisting families with the unique challenges of supporting a child with an intellectual disability to thrive.

Proposed Services and Supports Available for *Essential Family Preservation Supports* Enrollment Group

Enrollment Group	**Essential Family Preservation Supports**
Target Population	Children living with family (or other natural supports) who are ages 3-13, have an intellectual disability and meet ICF/IID level of care, or except for the availability of HCBS are "at risk" for meeting this level of care.
Services ***Option to self-direct**	Support Coordination *Personal care and assistance services: at home and in the community *Daily living skills training *Community (non-medical) transportation In-home positive behavioral support services including counseling and therapeutic services, crisis prevention/intervention/stabilization services Respite: *regular and emergency (i.e. temporary out-of-home placement) Family empowerment counselor/systems navigator services Family caregiver education and training Financial literacy and benefits counseling services Family caregiving preservation stipend

[16] The Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. Under the Social Security Act Section 1905(r)(5), states are required to provide any medically necessary health care services listed at section 1905 (a) of the Social Security Act to correct and ameliorate physical and mental conditions even if the service is not included under the state's Medicaid plan.

	Counseling and assistance with alternatives to full legal guardianship Assistive technology and adaptive aids Minor home modifications
Expenditure Cap	To be determined, consistent with DMH/DDD budget authority and federal budget neutrality requirements, and provided in the waiver application posted for public comment.[17]

Seamless Transition to Adulthood Supports is proposed to target transition-age youth with an intellectual disability, ages 14-22, living with family (or other natural supports). The youth enrolled will meet ICF/IID level of care, or except for the availability of HCBS is "at risk" for meeting this level of care. In addition to the supports and services available through the 1115 waiver, youth enrolled in Seamless Transition to Adulthood Supports will have access to public school system supports including Special Education services, Pre-Employment Transition Services and other vocational rehabilitation services available through ADRS, youth programs through the AlabamaWorks! Career Centers, other community resources available to youth in this age range, and EPSDT for youth under age 21. Seamless Transition to Adulthood Supports will supplement but not supplant family and natural supports and all of these other resources. Seamless Transition to Adulthood Supports will fill critical gaps, thereby assisting youth with an intellectual disability to successfully transition from high school to adulthood. Particular focus will be on assisting young adults transitioning from school into integrated, competitive employment, including Project SEARCH[18] graduates, and building skills for independence and full participation in their communities.

Proposed Services and Supports Available for *Seamless Transition to Adulthood Supports* Enrollment Group

Enrollment Group	**Seamless Transition to Adulthood Supports**
Target Population	Transition-age youth with an intellectual disability, ages 14-22, who meet ICF/IID level of care, or except for the availability of HCBS are "at risk" for

[17] Per federal regulations, for an 1115 waiver to be approved, the total cost of the new waiver cannot exceed what would have otherwise been the cost to serve the same population under the existing waivers. This is budget neutrality.

[18] Project SEARCH is a high school transition initiative that targets students with intellectual and other disabilities in their last year of high school. The program provides real-life internships combined with training in employability and independent living skills to help youths with significant disabilities make successful transitions from school to productive adult life. Between 90 and 100% of the participants complete the program and are offered a job. The availability of wrap-around employment services can be critical to their continued employment success.

	meeting this level of care. Youth will be either living with family (or other natural supports) or, if ages 18-22, could also be living independent of family or other natural supports.
Services ***Option to self-direct**	Support Coordination Employment services (limited for individuals ages 14-15; job coaching services may be self-directed) *Personal care and assistance services: at home; in the community; and to support integrated community employment *Independent living skills training *Community (non-medical) transportation In-home positive behavioral support services including counseling and therapeutic services, crisis prevention/intervention/stabilization services Respite: *regular and emergency (i.e. temporary out-of-home placement) Family empowerment counselor/systems navigator services Family caregiver education and training Peer specialist services including self-advocacy and self-determination training Family caregiving preservation stipend Counseling and assistance with establishing alternatives to full legal guardianship Financial literacy and benefits counseling services Assistive technology and adaptive aids (including personal emergency response system) Remote support technology assessment and planning services Minor home modifications Supported living services (for those ages 18-22, if needed) Housing counseling services (for those ages 18-22, if needed) Housing start-up assistance (for those ages 18-22, if needed)

Expenditure Cap	To be determined, consistent with DMH/DDD budget authority and federal budget neutrality requirements, and provided in the waiver application posted for public comment.[19]

Family, Career and Community Life Supports is proposed to target working-age and older adults with an intellectual disability, ages 23+, who meet ICF/IID level of care, or except for the availability of HCBS are "at risk" for meeting this level of care. Adults in this enrollment group will be living in their own home (either owned or leased and not provider owned or controlled), living with family or living with other natural supports. Family, Career and Community Life Supports focus on preserving the individual's living situation, maximizing the person's skills for independence and community contribution, supporting full access to the community and engagement in community life, including opportunities for integrated, competitive employment**.** In addition to the supports and services available through the 1115 waiver, adults enrolled in Family, Career and Community Life Supports will have access to vocational rehabilitation services available through ADRS, employment resources and programs available through the AlabamaWorks! Career Centers, all other generic community resources available in the individual's local community and county of residence. Family, Career and Community Life Supports will supplement but not supplant family and natural supports and all of these other resources.

Proposed Services and Supports Available for *Family, Career and Community Life Supports* Enrollment Group

Enrollment Group	**Family, Career and Community Life Supports**
Target Population	Working-age and older adults with an intellectual disability, ages 23+, who meet ICF/IID level of care, or except for the availability of HCBS are "at risk" for meeting this level of care. Adults in this enrollment group will be living in their own home (either owned or leased and not provider owned or controlled), or living with family (or other natural supports).
Services ***Option to self-direct**	Support Coordination *Employment services (job coaching may be self-directed)

[19] Per federal regulations, for an 1115 waiver to be approved, the total cost of the new waiver cannot exceed what would have otherwise been the cost to serve the same population under the existing waivers. This is budget neutrality.

	*Personal care and assistance services: at home; in the community; and to support integrated community employment *Independent living skills training *Community integration supports *Community (non-medical) transportation In-home positive behavioral support services including counseling and therapeutic services, crisis prevention/intervention/stabilization services Respite: *regular and emergency (i.e. temporary out-of-home placement) Family empowerment counselor/systems navigator services Family caregiver education and training Peer specialist services including self-advocacy and self-determination training Family caregiving preservation stipend Counseling and assistance with establishing alternatives to legal guardianship Financial literacy services and benefits counseling Assistive technology (including adaptive aids, communication aids, personal emergency response system) Remote support technology assessment and planning services Minor home modifications (including remote support technology) Supported Living Services Housing counseling services Housing start-up assistance Therapies (OT, PT, ST) focused primarily on development of therapy plan and training of family and/or paid staff who will implement

Expenditure Cap	To be determined, consistent with DMH/DDD budget authority and federal budget neutrality requirements, and provided in the waiver application posted for public comment.[20]

Supports to Sustain Community Living is proposed to target individuals, ages 3+, who have an intellectual disability, meet ICF/IID level of care, and are not able to live independently or live with family (or other natural supports). In addition to the supports and services available through the 1115 waiver, the following programs, services and resources will also be available:

- Children ages 3-13, enrolled in Supports to Sustain Community Living will have access to the full array of benefits provided through EPSDT[21], public school system supports including Special Education services, and other community resources available to young children. Supports to Sustain Community Living will supplement but not supplant these other programs and existing natural supports, while also focusing efforts on building additional natural supports over time.
- Youth ages 14-22 enrolled in Supports to Sustain Community Living will have access to public school system supports including Special Education services, Pre-Employment Transition Services and other vocational rehabilitation services available through ADRS, youth programs through the AlabamaWorks! Career Centers, other community resources available to youth in this age range, and EPSDT for youth under age 21. Supports to Sustain Community Living will supplement but not supplant natural supports and all of these other resources, while also focusing efforts on building additional natural supports over time.
- Adults, ages 23+, enrolled in Supports to Sustain Community Living will have access to vocational rehabilitation services available through ADRS, employment resources and programs available through the AlabamaWorks! Career Centers, all other generic community resources available in the individual's local community and county of residence. Supports to Sustain Community Living will supplement but not supplant natural supports and all of these other resources, while also focusing efforts on building additional natural supports over time.

Supports to Sustain Community Living will focus on the same goals as the other enrollment groups, given the age of the individual, and also focus on ensuring the least restrictive and most integrated residential option is utilized, providing opportunities for individuals to learn skills for

[20] Per federal regulations, for an 1115 waiver to be approved, the total cost of the new waiver cannot exceed what would have otherwise been the cost to serve the same population under the existing waivers. This is budget neutrality.

[21] The Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. Under the Social Security Act Section 1905(r)(5), states are required to provide any medically necessary health care services listed at section 1905 (a) of the Social Security Act to correct and ameliorate physical and mental conditions even if the service is not included under the state's Medicaid plan.

greater independence while also having opportunities and supports for integrated, competitive employment, community contribution and community participation.

Proposed Services and Supports Available for *Supports to Sustain Community Living* Enrollment Group

Enrollment Group	**Supports to Sustain Community Living**
Target Population	Individuals, ages 3+, who have an intellectual disability, meet ICF/IID level of care, and are not able to live independently or live with family (or other natural supports).
Services ***Option to self-direct**	Support Coordination *Employment services (job coaching may be self-directed) *Personal care and assistance services: in the community; and to support integrated community employment *Independent living skills training *Community integration supports *Community (non-medical) transportation Positive behavioral support services including: plan development and training/technical assistance for support staff implementing plan; crisis prevention/intervention/stabilization services Peer specialist services including self-advocacy and self-determination training Financial literacy services and benefits counseling Assistive technology (including adaptive aids, communication aids, personal emergency response system) Remote support technology assessment and planning services Adult family home Community-based residential services Therapies (OT, PT, ST) focused primarily on development of therapy plan and training of support staff/natural supports who will implement

Expenditure Cap	To be determined, consistent with DMH/DDD budget authority and federal budget neutrality requirements, and provided in the waiver application posted for public comment.[22]

Adjustments will be made in the level of care determination process to:

- define and identify individuals considered to be "at risk" of ICF/IID level of care;
- ensure that the process accurately identifies the level of assistance required by individuals with an intellectual disability; and
- ensure an appropriate level of services and supports are available by establishing appropriate expenditure caps for each enrollment group, reflecting the expectation that individuals with ID meeting ICF/IID level of care and those at risk of meeting this level of care will both be served in the same enrollment groups, except for the fourth enrollment group (Supports to Sustain Community Living) which will only enroll individuals meeting ICF/IID level of care.

The Self-Direction Option within the 1115 Waiver

The self-direction model will be a modified budget authority model. The Self-Direction budget will be established based on a comprehensive assessment of the individual's needs for assistance with activities that can be addressed through 1115 waiver services that can be self-directed. Once determined, the individual (or his/her legal guardian working with and in the best interests of the individual) will be able to manage those services available through Self-Direction that are specifically designed to meet those assessed needs, so long as individual service limits (as applicable) and the individual's total Self-Direction budget is not exceeded. A Fiscal Employment Agency (FEA) will also be utilized and Family Advocate or Peer Specialist services can be used for individuals and legal guardians new to Self-Direction.

Proposed Enrollment Priority Categories

In addition to reserving a specific number of enrollment slots for people in crisis (formerly those who would have gotten enrolled in existing waivers due to criticality score or other reserve capacity groups as stated in the approved waiver applications), the following enrollment priority categories would be established:

[22] Per federal regulations, for an 1115 waiver to be approved, the total cost of the new waiver cannot exceed what would have otherwise been the cost to serve the same population under the existing waivers. This is budget neutrality.

- Eligible individuals with ID who have a goal of family preservation (sustaining the family living arrangement)
- Eligible individuals with ID wanting integrated community employment or needing supports to sustain integrated community employment they already have

Individuals on the waiting list and other eligible individuals with ID that reside in the pilot areas will be invited to apply to enroll in the new program when it opens April 1, 2020. Those who fall into the above categories will be immediately enrolled into the program up to and until the program reaches full capacity. Full capacity will be at least 500 slots in the first year of operation.

Addressing the Requirement for a Quality Assurance System

DMH/DDD is committed to working closely with stakeholders to ensure a person-centered approach, and define a comprehensive quality assurance and continuous quality improvement strategy for the proposed new 1115 waiver program that moves beyond the current compliance-oriented certification process used in the ID and LAH waivers. DMH/DDD invites comments addressing how the certification and quality assurance approaches could or should be designed differently for the new 1115 waiver program

APPENDIX C

Summary of Stakeholder Engagement Related to Waiver Programs for Individuals with Intellectual and Developmental Disabilities

In Fiscal Year 2019, the Developmental Disabilities Division of the Alabama Department of Mental Health (DDD/ADMH) conducted three series of stakeholder listening sessions to solicit comments about the state's current wavier programs for persons with intellectual disabilities, as well as, their comments about additional waiver options and service options that would better meet the needs of individuals. Participants included current waiver recipients, those on waiting lists, their families, service providers, advocates and others. Information about the stakeholder's sessions was publicized across the state through regional meetings, distribution of informational flyers and postings on the department's website and the department's Facebook page, which also included a link to an on-line survey.

First Stakeholder Session

The first stakeholder session was a statewide meeting held December 20, 2018 in Montgomery, Alabama. Participants included invited leaders and representatives of self-advocacy groups, family organizations and service provider associations. Persons with intellectual disabilities and persons with developmental disabilities also attended. Total attendance: 19 Families/Self-Advocates and 14 Providers.

The session began with an overview of the current Alabama service system for individuals with intellectual and developmental disabilities. Information presented included National data on LTSS expenditures and information published in the UCP report, "*the Case for Inclusion*". A. summary of Alabama's waiver spending was presented, which highlighted services most utilized in the Intellectual Disability waiver such as Residential Habilitation (77.5% of waiver expenditures), Day Habilitation (12.4%) and Personal Care (4.4%) compared to other services such as Supported Employment, Community Experience, Prevocational Services and Benefits and Career Counseling, which represent less than 1% of waiver expenditures. DDD/ADMH also shared challenges Alabama faces in reaching people in need, promoting productivity, and keeping families together. Following the presentation, DDD/ADMH sought feedback from the group regarding the information presented.

It was the general consensus of those participating that Alabama should seek more individualized services, services that promote increased integration of individuals in their communities and services that focus on preserving families. It was recommended more stakeholder engagement sessions be conducted across the state to ensure a broader representation of stakeholder feedback.

Second Series of Stakeholder Sessions

The second series of stakeholder sessions were held February through April 2019 in each of the five DDD/ADMH regions. Invitations were sent to Providers, Advocates, Families of

Participants and Families of those on the waiting list for services. Dates and attendance were as follows: (See Map on page 15 above)

- Region 1 Huntsville –February 15, 2019: 15 Families/Self-Advocates and 16 Providers
- Region 2 Tuscaloosa– March 6, 2019: 19 Families/Self-Advocates and 37 Providers
- Region 3 Mobile – March 27, 2019: 36 Families/Self-Advocates and 50 Providers
- Region 4 Montgomery – March 13, 2019: 9 Families/Self-Advocates and 19 Providers
- Region 5 Birmingham – April 3, 2019: 23 Families/Self-Advocates and 42 Providers
  (On-line Surveys: 88 Families 5 Individuals 19 Advocates and 13 Providers)

Two sessions were held at each location; the first group session was held from 10:00AM to 12:00 PM specifically for providers. The second group session was held from 1:00PM to 3:00PM specifically for families and individuals. Advocates could attend either session. After participant introductions and sharing of their service goals, these sessions began with DDD/ADMH presenting basic information about the HCBS Settings Rule requirements for providers and individuals receiving HCBS funding and services. This was followed by an overview of the Concept Paper, which proposed a new waiver program utilizing an 1115 demonstration waiver.

DDD/ADMH expressed its desire to develop an 1115 waiver designed to assist the state in containing costs, increase employment, reduce the waiting list, keep families together, right size services, provide an adequate network of qualified providers in all areas of the state and provide an adequate and quality direct service workforce, in addition to, complying with the HCBS Settings Rule. DDD/ADMH further explained that improved person-centered planning, creating conflict free case management, and improved monitoring of service providers would all work together to ensure ongoing compliance with the rule.

The attendees were then divided into smaller groups and were asked to provide responses to the following questions:

- What type of services do people with ID/D need?
- If a person with ID/D lives in the home with family, what kinds of supports do the family caregivers need?
- How can services for ID/D be improved? and
- How can services to ID/D be more cost effective so more persons who need services receive them?

Attendees were then instructed to: 1) discuss questions among themselves in the group with the recorder noting all responses; 2) decide their three most important responses and 3) rank them in order of importance with one being the most and three the least. Once all groups recorded their priorities, DDD/ADMH reviewed the lists with all participants. Questions were posed to stakeholders for clarification of priorities as needed. Some responses prompted a large

group discussion, from which more information from stakeholders was obtained. Detailed report of comments and feedback received are shown in the chart below.

February – April, 2019 Stakeholder Meeting Summary *(NOTE: This is summary of most frequent and consistent comments and feedback."*		
Question Provider / Family	***Most frequent responses***	***Other responses***
Provider Question 1: What are the kinds of HCBS do people with IDD need most?	• Transportation • Employment • Financial Education • Resource Education • In-home supports • Respite	• Community Integrated Services • Supports for aging population • Transition service – youth to adult • Crisis Intervention service (in/out of home)
Provider Question 2: If a person with ID/DD lives at home with family, what are the kinds of supports does the family caregiver need?	• Transportation • Rural Transportation • Respite • Family education (available service) • Personal Care	• Employment • Self-directed options • Adaptive equip/supplies • Nursing (in-home) • Case Management Service
Provider Question 3: What are the kinds of ways that services for people with IDD receive can be improved?	• Family/Individual education about service options • Dental • Employment (self-employment) • Flexible service as needs change	• Crisis stabilization • Personal Care • Community experience service (weekend 3:1 option other than 1:1 PC) • Self-directed options • Health homes • Transportation • Value based Funding model • No wait list • Independent Living Options
Provider Question 4: What are the ways to provide HCBS to persons with IDD more cost effectively so that more people who need	• Serve less critical earlier (no criticality waitlist) • Better needs assessments (to right size supports) • Assistive technology • In-home service	• Utilize community resources (churches, non-profits, etc.) • Family education about service • Bundling Services • Respite

services can receive them?	• Transportation • Supported Employment	• Crisis Services • Independent Living options (transition from Residential Hab) • Self-directed options • Transition service
Family Question 1: What are the kinds of HCBS do people with IDD need most?	• Employment • Self-directed service • Personal care • Transportation • Family Education (changing needs related to diagnosis) • Day services for socialization/day programs • Assistive technology • In-home modification • Skilled nursing in-home • Peer to Peer support • Support Network Resource (vetted Staff List for in-home supports) • Crisis Intervention/Behavioral Support service (including in-home) • Independent living skills training • Therapies • Housing opt/supported living (Aging caregivers who can no longer provide care) • Case Management • Self-Directed Employment Service Option • Serve Developmental Disability population (not just ID) • Family Counseling/Therapy	• Sign language • Transition service • No wait lists • Home maker services • Personal Emergency Response Service • Special Medical Supplies • Nutrition counseling

	• Family education (financial planning guidance)	
Family Question 2: If a person with IDD lives at home with family, what are the kinds of supports does the family caregiver need	• Respite service (including emergency respite) • Family education (recognizing needs/abilities, navigating service system, life skill supports, community supports options) • Crisis Intervention/Behavior support (including ABA) • Transportation • Self-Directed services • Employment • Personal Care and Personal Care with travel • Day service for socialization • Therapies (OT, PT, ST) • Support Network Resource (SD/In-home staff) • Accessible Housing (Assistive Technology • Bundle Services • Resource Center (education about resources)	• Family education/counseling • Peer to Peer • Continuity care • Whole person/trauma informed care, not just case management • Housing grants • DD services (not just ID) • Special Med Supplies • Skilled Nursing • Service animals • Case Management • Pay families for care
Family Question 3: What are the kinds of ways that services that persons with IDD receive can be provided?	• Self-Directed Services to include ability to pay overtime, assistive technology, more control, choice in service, and flexibility in implementation, more than one Fiscal Management Services option • Respite • Family (Community) Education (resources, services) • Employment • Independent living specialist	• Behavior supports • More mental health care to include young adults • Therapy for young adults with ID • Peer to Peer mentor for person served • Options for working families (single moms) • Bundled services • Value based funding model • Day service for socialization •

	• Needs Assessment (right size supports) • End waitlist • Developmental Disability Services, not just ID • More control, choice for service and flexibility • Services for adults with autism • Care coordination, not just CM • Higher rates for providers to recruit better employees and reduce turnover (continuity of supports), qualified, trained employees • Personal Care providers (lack of access to PC service) • Increased monitoring/accountability of providers • Transportation (dependable, consistent) • Support Network Resources (Reliable workers) • More in-home services in rural areas; access to service in rural areas • More input from families • Move away from facility based and group home care •	
Family Question 4: What are the ways to provide HCBS to persons with IDD more cost effectively so that more people who need services can receive them?	• Needs assessments (right size supports) • Supported living options • Support Network Resources (reliable workers) • Transition services • In-home services	• Bundling services • Case Management services • More family engagement • Increase ratio of PC service more than 1:1

	• Family education (services, what they are, how to manage/access) • Self-directed service., more FMS options, flexible spending • Assistive technology • DD services (to include autism services/ABA) • Reduce reliance on segregated residential and day programs • Employment services and services for people with the most significant disabilities • Better pay for support staff • Assistive Technology in homes (more use of technology to replace staff visits to homes) • Personal care (accessible) • Allow families to get paid • Respite care (stipends) • Better, more engaged Case Management • No waitlist, serve people earlier	• Financial incentives for best use of funding for best integrated outcomes • Better monitoring and evaluation of services/providers • More mental health service/therapists • Easier process to become a provider/family to become providers

Third Series of Stakeholder Sessions

The third series of stakeholder sessions were held in July 2019 in each of the five DDD/ADMH regions. Invitations were again sent to individuals receiving waiver services, those on waiting lists, their families and advocates. Dates and attendance were as follows:

- Region 1 Huntsville – July 15, 2019: 37 Families/Self-Advocates and 25 Providers
- Region 2 Tuscaloosa– July 16, 2019: 17 Families/Self-Advocates and 38 Providers
- Region 3 Mobile – July 18, 2019: 37 Families/Self-Advocates and 36 Providers
- Region 4 Montgomery – July17, 2019: 18 Families/Self-Advocates and 7 Providers
- Region 5 Birmingham – July 16, 2019: 22 Families/Self-Advocates and 22 Providers

The third series began with discussing DDD/ADMH's goals of keeping families together; promoting employment and productivity and reaching those in need. This was followed by a

detailed overview of the Concept Paper, "Charting the Future of Alabama's Home and Community-based Service Delivery System for individuals with Intellectual Disabilities".

Following the overview of the Concept Paper, DDD/ADMH led attendees in a question and answer period where they were asked to explore the following questions concerning the concept paper. It was explained their feedback was needed to help the DDD/ADMH finalize plans for waiver programs.

- What Should the Future Look Like?
- What kinds of Home and Community Based services are needed the most?
- What kinds of supports are needed by caregivers?
- How can services be improved?
- What are ways to provide HCBS more cost effectively, so more people who need services may receive them?

Upon completion of the third series of stakeholder sessions, a review and analysis of comments received were undertaken to identify trends and most commonly expressed needs and concerns among all participants. The following is a summary of the results.

Needs	Concerns
More Education and Training for Families	Eligibility criteria
More Services in Rural Areas	Enrollment process
Crisis Services, including Residential	Operating multiple waivers
Dental Services	Adequate Funding
Autism Services More In-Home Supports and Services	Pilot Site Selection Lack of Providers
Self-Directed Services	Inadequate Service Rates
	Waiting List
	Services Driven by Individual/Family Needs

In summary, 683 Alabamians across the state participated in stakeholder sessions addressing Alabama's waiver programs for individuals with intellectual and developmental disabilities. Their comments represented voices of those currently served, those waiting and in need of services and those certified in the state to provide waiver services. Together their comments help to transform the current service system by providing a blueprint to significantly modify and expand the state's waiver programs.

APPENDIX D

Posted 1115 and 1915(c) Applications: Public Comments and State Responses

- The state received several supportive comments expressed appreciation for the Community Waiver Program design and the process used to develop the program.
    - **State Response: The state thanks the commenters for their support of the proposed Community Waiver Program.**

- One commenter requested that individuals with ID, otherwise qualified for the new Community Waiver Program, and who are ready for discharge from psychiatric hospitals, or psychiatric units within hospitals, be included in the Reserve Capacity category defined as "outplacements from nursing homes and other institutions." This would avoid individuals become long-term residents in an acute setting, isolated in a small hospital room.

    State Response: The state agrees with the commenter and will amend the definition of this Reserve Capacity category to include outplacements from psychiatric hospitals and psychiatric units.

- One commenter noted that many of the waiver services described are fairly discreet in their definitions and as a result of this it makes it hard to navigate for Individuals and all families. A simpler approach would have been preferable and be more person centered.
    - **State Response: With regard to "too many services", the person-centered planning process will be different than how it is currently conducted for individuals on the ID and LAH Waivers. Individuals will be engaged to identify their needs, preferences and goals, including goals to keep things the same, change things and make things better. Once needs and goals are identified, the focus will be on considering services that are appropriate and effective for meeting the identified needs and achieving the identified goals, not reviewing all services that are available. Using this approach, and having the assistance of a Support Coordinator, we do not believe the broad array of services will be problematic for individuals and families. Other stakeholder feedback has been supportive of the proposed array of services.**

- Five commenters noted concern with regard to the state providing the support coordination for the Community Waiver Program. Four commenters representing 310 Boards felt this plan removes the local community support coordination agencies (310 Boards) from the process of intake and service coordination. They felt it will be hard to communicate this change to community members who have worked with many of these agencies for decades. Four commenters requested this provision be re-evaluated. One

commenter said there needs to be a plan for how Support Coordination will be handled when the program expands beyond the initial pilot areas.

- **State Response: In response to public comments, ADMH will include Support Coordination services in its new Community Waiver Program Region II - Request for Proposals. This will facilitate participation by one or more 310 Boards in the Region II pilot counties and provide the opportunity for 310 Boards to take a leadership role in the new Community Waiver Program. utilizing the new Person-Centered Planning process and more intensive Support Coordination role that is part of the Community Waiver Program design. This opportunity will also allow for ongoing engagement between ADMH and the participating 310 Boards as we collaboratively demonstrate the potential of the Program over the initial two-years of operation. This plan also enables the state to reap the benefits of a transparent evaluation (performed by an external entity, not ADMH) that can help identify the best practices from *both* 310 Boards and ADMH/DDD's provision of Support Coordination for the Community Waiver Program, enabling ADMH/DDD and 310 Boards to collaboratively identify the optimal model to be jointly implement for all individuals enrolling in the Community Waiver Program after FY22. For clarification, the state would also like to note that ADMH/DDD support coordinators for the Community Waiver Program will be new hires (not existing Regional Office staff assuming additional duties) and will be based in the county that they serve rather than based at the Regional Office.**

  With regard to intake, an individual's initial application for services will continue to be handled through the ADMH Call Center. In response to public comment, 310 Boards will continue to conduct intake as they already do for the ID and LAH waivers, gathering and completing required information to support eligibility determination being done by a qualified QIDP at the Regional Office. Once eligibility is confirmed, waiver enrollment will continue to be done by DDD/ADMH and Alabama Medicaid.

- One commenter saw concerns with the fact that ADMH personnel from outside the local areas will be doing the case management (Support Coordination) for the Community Waiver Program; but these Support Coordinators will still be expected to connect people to local resources when they themselves aren't local.
  - **State Response: In the pilot areas where ADMH proposes to provide Support Coordination for the Community Waiver Program, these Support Coordinators will be specifically recruited from the counties where they will work. In other words, they will live in the area where they will work. They will not be based at the ADMH Regional Office; they will be based in the counties where they are working.**

- One commenter noted that access to self-direction opportunities needs to be readily available and facilitated in a timely manner if self-direction is going to be a strong component of the new Community Waiver Program. The commenter noted that requiring waiver participants to go through a single person, who is responsible for completing the entire process necessary for an individual to begin self-directed services, could effectively excludes many waiver recipients from being able to access self-directed services.
    - **State's Response: The state agrees with the commenter and as a result, in the Community Waiver Program, the Support Coordinator working with an individual wishing to self-direct, will be responsible for and trained to facilitate the enrollment of the individual into self-directed services, including selection of and enrollment with the fiscal management service agency. The state has engaged Applied Self-Direction to obtain expert technical assistance to improve its self-direction opportunities.**

- One commenter expressed concerns that individuals with autism, who do not have intellectual disabilities, will not be served by the new Community Waiver Program.
    - **State Response: DMH Autism Services provides Intensive Care Coordination, Behavior Support, In-Home Therapy, Peer Support, Psychoeducational Services, and Therapeutic Mentoring to individuals with ASD, ages birth through 20 with intensive needs related to ASD. With regard to adults, it is important to note that under current statute and administrative rule, the purpose of the Alabama Department of Mental Health (DMH) Division of Developmental Disabilities (DDD) is limited to serving people with intellectual disabilities and their families in the State of Alabama.**

- One commenter expressed concerns regarding the fact that the Department continues to require an IQ score of below 70 documented before the age of 18 for eligibility, noting that continuing with this is not going to ameliorate the problems for individuals who need waiver services but do not meet these criteria.
    - **State Response: The Division of Developmental Disabilities currently has a statutory responsibility to serve only individuals with intellectual disabilities. According to the American Association on Intellectual and Developmental Disabilities, intellectual disability originates before the age of 18 and an IQ test score of below or around 70 indicates a limitation in intellectual functioning. Therefore, the state's IQ requirement is consistent with expert opinion and national norms.**

- One commenter noted that it will be critically important to develop and maintain adequate provider capacity for the new Community Waiver Program in all geographic areas where it operates, particularly for personal care services, and to further have a concrete plan for ensuring this capacity continues as the program expands geographically to cover the entire state in future years.
    - **State's Response: The state agrees with the commenter and the critical importance of provider capacity and quality is one reason why the state chose**

to limit the geographic areas where the Community Waiver Program will initially operate. This will ensure the state has sufficient resources to focus on ensuring adequate provider capacity and quality service delivery by participating providers. The state plans to expand the Community Waiver Program in future years using a similar approach to ensuring provider capacity and quality, learning from the lessons of the initial geographic areas where the Program is launched.

- One commenter noted the DDD/ADMH process for certification of new providers is complicated and not navigable, recommending it should be streamlined and made less complicated.
    - **State's Response: Based on public and provider community comments, the state is currently undertaking a review of its approach to provider certification, both initial and ongoing, and agrees with the commenter's goals of improving the process. The state has engaged the Council on Quality and Leadership (CQL) to assist with this work. As soon as the updated process is ready to implement, the state will move ahead with this.**

- One commenter noted the waiver application clearly states that the intent is to keep individuals in their family homes or to live independently. There is nothing about keeping group homes. The commenter expressed concern that the program's focus is to keep individuals immersed in society even if they are not capable of this.
    - **State Response: Community-Based Residential Services and Intensive Supported Living Services are available in the Community Waiver Program enrollment group #4. The purpose of Medicaid Home and Community-Based Services administered through waivers like the Community Waiver Program is to support people to live and be part of their local communities. This is reinforced by the Olmstead US Supreme Court decision and the 2014 federal Home and Community-Based Settings Rule, which stipulates participation in the most integrated setting possible for the person. Additionally, under Alabama's current administrative code, the (DMH) Division of Developmental Disabilities must recognize the worth, dignity, and rights of all citizens with intellectual disabilities in the State of Alabama and ensure that each is provided with a continuum of services and supports which foster achievement and maintenance of functional skills and abilities to the maximum potential of human functioning. The Community Waiver Program is in line with the ADMH/DDD's current obligations.**

- One commenter asked about the provisions for individuals who have severe disabilities and are not capable of taking care of themselves, stating the Community Waiver Program will lead to Arc organizations in the state being eliminated if the program supports people to be met at home and supported to go different places in the community during the day.
    - **State Response: ADMH expects Arc organizations around the state will be key partners in operating the Community Waiver Program if they are interested in**

playing a role. Two ARC organizations are already among the selected providers that will be involved in the Community Waiver Program. The existing ID and LAH waivers already have as service called Community Experience, often provided by Arc organizations, which supports individuals to go different places in the community. Day Habilitation providers for the existing waivers are also offering opportunities for individuals to receive the service while participating in the community and reported to the state in 2018 that nearly 50% of the time individuals on the ID and LAH waivers they serve spend in Day Habilitation is spent in the community.

- One commenter noted the need for plans for individuals unable to live in one of the state's group homes whose parents are no longer able to care for them at home.
    - **State Response: The Community Waiver Program provides alternatives to group homes, that includes alternatives for individuals with ID who have significant support needs. Two services: Supported Living-Intensive and Adult Family Home are alternatives to group homes that are available when an individual may no longer be able to care for their son or daughter at home. In-home services are also available to enable parents and adult children to stay together if they would rather not be separated and therefore need care and supports brough into the home.**

- One commenter was concerned about the Community Waiver Program not providing emergency respite services (ERS).
    - **State Response: Respite services (called Breaks and Opportunities in the Community Waiver Program to emphasize the benefit the service is intended to provide to both the waiver participant and the natural caregiver) are available on an emergency basis and to support providers delivering emergency respite services, the state has established a separate (higher) reimbursement rate when this service is provided on an emergency basis.**

- One commenter expressed concerns about personal care not being available to individuals enrolled in the 1915i portion of the Community Waiver Program.
    - **State Response: The 1915i State Plan Amendment has been created specifically to serve individuals with intellectual disabilities who do not have the same degree of functional limitations as those who will quality for the 1915c Waiver. Given the 1915i serves individuals with lesser needs, it is appropriate for the state to make available a different set of services based on these individuals' abilities. While personal care services are not included, this is because individuals qualifying for the 1915i are expected to be able to perform, through other services that are available – specifically Independent Living Skills and Assistive Technology/Adaptive- personal care tasks without the need for substitute task performance. This is an example of the Community Waiver Program's goal to enable individuals to maximize their independence rather**

than providing services which assume individuals cannot develop such skills, particularly with the use of technology.

- One commenter expressed concerns that the Annual Expenditure caps for each of the enrollment groups are low, assuming this will require individuals, whose needs cannot be met within their expenditure cap, to be transitioned to the LAH/ID waivers.
    - **State Response: No individuals in the Community Waiver Program will be transitioned to the LAH or ID Waivers. If an individual is in an enrollment group that cannot safely and appropriately meet his/her needs, the individual will either be approved for a temporary or permanent exception to the expenditure cap or the individual will be transitioned within the Community Waiver Program to an enrollment group that can safely and appropriately meet his/her needs.**

- One commenter expressed concern about how the process for individuals transitioning between enrollments groups will work and concerns that there will be gaps and disruptions in service delivery if an individual must disenroll from one enrollment group and then enroll (and possibly first wait on a waiting list) in a new enrollments group.
    - **State Response: The Community Waiver Program is specifically designed to operate seamlessly so that changes in enrollment groups do not require disenrollment or rejoining a waiting list and then re-enrolling. Through management of the capacity in each enrollment group, and the use of reserve capacity, the state intends to ensure that individuals can seamlessly transition from one enrollment group to another, as and when this this needed, without interruption of service delivery or any waiting period without services.**

- One commenter expressed concerns on DDD/ADMH's ability to provide conflict-free case management when ADMH is the fiscal entity that will be responsible for choosing providers and providing case management.
    - **State Response: Conflict-free case management, as required by federal regulation, involves the provision of case management services for Medicaid waiver participants by an entity that does not also provide other Medicaid waiver services. ADMH's provision of case management services ensures conflict-free case management because ADMH does not provide other Medicaid waiver services. Federal person-centered planning requirements for Medicaid waiver participants ensure individual needs are appropriately identified and addressed.**

- One commenter expressed concerns regarding who would be responsible for performing outreach to ensure recipient contact information was up-to-date.
    - **State Response: DDD Regional Office Waiting List Coordinators will be responsible for this outreach.**

- One commenter expressed the need for clarity regarding the process of allocation of emergency slots, including the process and timing of the allocation.

    - **State Response: Slots on the ID Waiver will be reserved for multiple types of "Reserve Capacity" in the counties where the Community Waiver Program is not operating. In response to public comment, the state is planning to set aside 120 Reserve Capacity slots in the ID Waiver for counties outside the Community Waiver Program pilot areas. This is more than the average, annual number of enrollments (all types, including but not limited to reserve capacity) in these counties over the past 2 ½ years. DMH will take appropriate steps to verify emergency and other Reserve Capacity situations made known to them. The DDD Central Office will conduct weekly review meetings to allocate Reserve Capacity slots when a person(s) in need is identified. With regard to enrollments into the Community Waiver Program (referred to by the commenter as the "1115 waiver"), the statewide waiting list will be updated monthly to reflect enrollments into the Community Waiver Program and/or the ID Waiver.**

- One commenter requested clarity on how ADMH will notify 310 agencies that ADMH will be placing some from the 310 Board's Waiting List on the 1115 waiver?

    - **State Response: Each Regional Community Services (RCS) office will provide monthly Waiting List Reports by County to the responsible 310 agencies to continually update them on persons placed from the Waiting List to the Community Waiver Program.**

- One commenter expressed concerns regarding DDD/ADMH's statement of achieving cost efficiencies as a result of economies of scale would result in a loss of individualization of services.
    - **State Response: The Community Waiver Program is designed with an intent to support individualized services. The reference to economies of scale is based on supporting providers to deliver the individualized and flexible services available through the Community Waiver Program. A provider committed to providing the Community Waiver Program services will need an adequate number of referrals to develop and sustain their capacity to deliver these services. Choice of provider will be offered to enrollees in the Community Waiver Program and the state will closely monitor enrollee satisfaction as well as the quality and timeliness of provider service delivery. The number of providers will be expanded if enrollees report dissatisfaction with available provider and/or available providers cannot meet demand for services in one or more of the pilot areas.**

- One commenter expressed doubt that DDD/ADMH's ability to accurately track the "increase the percentage of HCBS recipients able to sustain family and natural living arrangements" stating the data would be skewed as it would not account for individuals

currently on the ID waiver that were placed residentially due to the HCBS movement which assisted with closing institutions.

- **State Response: The independent evaluator will account for historical trends as well as comparisons during the period of time the Community Waiver Program operates simultaneously with the ID Waiver.**

- One commenter inquired how the proposed Community Waiver Program's approach for lowering the waiting list by 25% would reconcile with the Waiting List Lawsuit Settlement with the Alabama Disabilities Advocacy Program (ADAP)?

    - **State Response: ADMH received public comments during the stakeholder engagement process encouraging the Department to offer enrollment to qualified individuals with ID, living in the pilot areas, who have been waiting the longest for waiver services. ADMH consulted with ADAP on the planned approach and ADAP has indicated their support for this approach.**

- One commenter expressed concerns that not all of the services on the waiver will available in each pilot area.
    - **State Response: All services will be available in each pilot area.**

- One commenter expressed concerns that limiting providers would result in limiting the recipient's choice of providers.

    - **State Response: Many states have moved to obtain federal approval to limit the HCBS waiver provider networks in order to ensure an appropriate number of qualified and high-quality providers which can be effectively managed and overseen, given state oversight agency resources. Furthermore, a provider committed to providing the Community Waiver Program services will need an adequate number of referrals to develop and sustain their capacity to deliver these services. Choice of provider will be offered to enrollees in the Community Waiver Program and the state will closely monitor enrollee satisfaction as well as the quality and timeliness of provider service delivery. The number of providers will be expanded if enrollees report dissatisfaction with available provider and/or available providers cannot meet demand for services in one or more of the pilot areas. Enrollees will be able to change provider at any time and/or (for many services) elect to self-direct in order to hire their own provider. ADMH is committed to ensuring choice, but choice must be among quality options, which can be better ensured through the selection of high-performing providers as opposed to an "any willing provider" approach.**

- One commenter expressed concerns regarding the certification of providers for the Community Waiver Program and the possibility of this process slowing down provider certification for ID/LAH waivers.

- **State Response: Certification of providers for the Community Waiver Program will be limited to selected providers operating in the pilot areas. The certification of these providers will not be prioritized by ADMH over certification of providers for the ID and LAH Waivers.**

- One commenter was concerned about future providers receiving adequate training due to ADMH's description of training resources being limited to "one-time."

  - **State Response: The one-time legislative appropriation is the appropriation of recurring funding. Thus, future providers will receive the same quality of training and this support for Community Waiver Program providers will be ongoing.**

- One commenter was concerned how case management agencies would maintain their financial stability when the attrition slots transition to the new waiver but the enrollment for the ID/LAH waivers would "virtually cease."
  - **State Response: Statewide, case management agencies for the ID and LAH waivers have been allocated over 100,000 additional hours of service they can bill for services delivered to individuals enrolled in the ID and LAH waivers. This represents nearly $6.5 million new dollars available to case managements agencies. This is the equivalent of receiving over 1,600 new referrals. Attrition in the ID and LAH Waivers, during the first two years of the Community Waiver Program, is estimated to be only 400 individuals statewide. The funding gained by case management agencies through the additional hours of service they can bill is nearly five times the funding associated with these attrition slots. Enrollments in the ID Waiver will not "virtually cease". They will continue in the counties outside the Community Waiver Program pilots areas through Reserve Capacity categories for which ADMH is planning to make 120 slots available, in response to public comment. The additional hours that ADMH has made available for case management agencies serving existing individuals on the ID and LAH Waivers will allow for and indeed require reduced caseloads, allowing case management agencies the opportunity to expand – not reduce - the number of case managers they employ. To the extent high caseloads are a reason for case manager turnover, such turnover should also be reduced when caseloads are reduced. 310 Boards will have the opportunity to qualify to provide Support Coordination (case management) to individuals who enroll in the Community Waiver Program from CY23 onward. ADMH's Support Coordination capacity and geographic coverage area will be maintained but not expanded if willing and qualified 310 Boards apply to provide Support Coordination in areas where the Community Waiver Program operates from CY23 onward.**

- One commenter requested clarification on reserve capacity slots for enrollment group #4 and recommended these reserve slots, if not used, be released so individuals can access needed services. these reserved slots if not used by the end of the third quarter of the operating year.
    - **State Response: The Community Waiver Program will cover pilot areas that together represent the geographic area where nearly 60% of the current statewide waiting list reside. Reserving 50 slots for reserve capacity categories that typically require residential placement is consistent with 60% of the reserve capacity slots earmarked for this purpose, in the existing statewide ID waiver. It would not be prudent for the state to zero out reserve capacity slots during a waiver operating year; however, if reserve capacity slots remain at the end of the waiver operating year, the state will re-evaluate if reserve capacity slots should be reduced, based on experience. If it is determined the number of reserve capacity slots can be reduced, the state will amend the waiver(s) for the Community Waiver Program to lower the reserve capacity slots and reallocate those slots for additional enrollment of individuals.**

- One commenter inquired about the process for re-opening provider enrollment.
    - **State Response: ADMH will utilize the Request for Proposal process to recruit additional providers for the Community Waiver Program as needed.**

- One commenter recommended DDD/ADMH make available a database of providers with a share information among Community Providers regarding employees with a history of abuse, neglect and mistreat Medicaid recipients.
    - **State Response: There continues to be consideration of the feasibility of collecting, verifying, storing, updating, and making accessible data on provider employees with substantiated incidents of abuse, neglect, or mistreatment. To date, no workable solution has been identified, given the sheer amount of time, infrastructure, and logistics necessary to ensure a comprehensive and accurate database that is usefully preventative without unjustly excluding some innocent workers.**

- One commenter recommended ADMH providing a standardized curriculum for specific training topics and making training resources available on its website.
    - **State Response: ADMH is currently working on a plan to offer a standardized statewide curriculum for Community Waiver Program direct service professionals meeting all of the minimum stated requirements. ADMH is also working on a plan to facilitate the provision of additional training that is required for direct service professionals delivering certain services in the Community Waiver Program, including job coaching. ADMH will engage very**

soon with the providers selected for the Community Waiver Program and will share more details.

APPENDIX E

Public Notices

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Newspaper Publications		
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- ALERT Published 03-06-2020	Pages	111 – 112
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Revised Tribal Consultation Letter and E-mail	Pages	132 – 134

Alabama Medicaid Agency

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KAY IVEY
Governor

Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504

STEPHANIE MCGEE AZAR
Commissioner

PUBLIC NOTICE

SUBJECT: NOTICE OF INTENT TO SUBMIT SECTION 1115 DEMONSTRATION PROPOSAL TO OPERATE CONCURRENT WITH A NEW 1915(i) AND 1915(c)

Pursuant to 42 C.F.R. § 431.408, the Alabama Medicaid Agency (Medicaid) notifies the public that it intends to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently, to the Centers for Medicare and Medicaid Services (CMS). Medicaid is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to individuals with intellectual disabilities (ID) not currently enrolled in a waiver program.

The Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

As required by federal regulation, Medicaid is now opening a formal thirty (30) day comment period. A copy of the draft Demonstration proposal will also be available upon request for public review at each county office of the Department of Human Resources, the State Office of the Department of Mental Health, and the State Office of the Alabama Medicaid Agency. A copy of the draft Demonstration proposal, the full public notice, locations (with addresses) to view documents, and additional information can be found on Medicaid's website at the following link:
https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

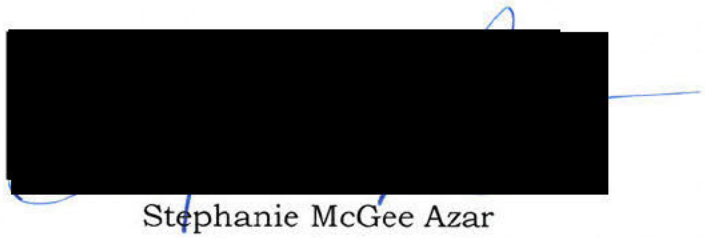
Written comments concerning the 1115 Demonstration proposal will be accepted starting March 6, 2020, and are due **April 7th, 2020**. Send comments to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed

hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Two opportunities for public comment will be held at the following locations:

March 25, 2020 at 2:00 p.m.	**March 26, 2020 at 11:00 a.m.**
Department of Mental Health – Region IV Office	Hoover Public Library Fitzgerald & Shakespeare Rooms
400 Interstate Park, Suite 419	200 Municipal Drive
Montgomery, AL 36109	Hoover, AL 35216

Medicaid will provide teleconference access during the March 25, 2020, meeting at Montgomery, Alabama. To listen in to the meeting by phone, call toll free **1-415-655-0001** and enter the access code **806 395 760#**.



Stephanie McGee Azar
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DEMONSTRATION DESCRIPTION, GOALS, AND OBJECTIVES

Alabama Medicaid, working closely with the Alabama Department of Mental Health (ADMH) and its Division of Developmental Disabilities proposes to create a new home and community-based services (HCBS) program serving individuals with intellectual disabilities (ID) in a way that is specifically geared toward maximizing the capabilities of Alabamians with ID, supporting their full participation in their communities including opportunities for integrated employment, and ensuring supports for preserving their natural and existing living arrangements to the fullest extent possible. This new HCBS program will be created through the concurrent operation of this section 1115 demonstration

application, a waiver application under Section 1915(c) of the Social Security Act, and a State Plan Amendment application under Section 1915(i) of the Social Security Act.

The new program will be called the "Community Waiver" program and will initially enable the state to provide HCBS to 500 individuals. This aligns with a core objective of the Medicaid program to provide healthcare access and coverage to low-income Alabamians. Further, the Community Waiver program is specifically designed to enable the State to maximize the financial resources available in order to reduce the waiting list over time, more rapidly than would be possible without this new program.

The creation of the Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions, and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID in full compliance with the Medicaid HCBS Settings Rule promulgated by CMS in March 2014. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

The Section 1115 Demonstration proposal, and the applications for the new 1915(c) waiver and the 1915(i) state plan amendment are, together, the culmination of eighteen (18) months of intense planning, including three rounds of stakeholder engagement where individuals with ID, their families, groups who advocate on their behalf and providers of HCBS for individuals with ID participated.

The State recognizes the opportunity to undertake systems change to address the above issues, prioritizing an approach to the delivery of HCBS that aligns with the priorities communicated by stakeholders:

- Reduce and eventually eliminate the waiting list, thereby expanding and improving access to Medicaid;
- Focus on keeping families together and supporting independent living;
- Adopt a strategy for delivering HCBS that aims to prevent crisis and prevent escalation of needs for individuals who do not currently require an institutional level of care;
- Support the capacities that individuals with ID have to contribute to their community through participation in integrated community employment, while also better ensuring their financial stability in continuing to live in the community;

- Bring services to people with ID and their families, rather than providing services in a way that requires people with ID come to those services;
- Provide increased opportunities for self-direction;
- Expand the provision of HCBS in a careful and thoughtful way that is designed to ensure provider success and quality service delivery;
- Maintain provider capacity to meet need and manage capacity to ensure providers can be successful over time.

Achieving these critically important goals and objectives requires a multi-faceted approach to designing the new Community Waiver program, including the use of three federal Medicaid authorities for providing HCBS.

Target Population and Eligibility Criteria

Currently, to be eligible to receive Medicaid HCBS in Alabama, an individual must be determined to have an intellectual disability and otherwise require an institutional level of care if not for the fact that HCBS is an available alternative. The specific eligibility criteria are:

(a) Have a documented intellectual disability evidenced by an IQ score under seventy (70) that manifests before eighteen (18) years of age;

(b) Have substantial functional limitations in three (3) or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work as measured by an Inventory for Client and Agency Planning (ICAP) assessment score of 85 or lower; and

(c) Meet the same financial eligibility requirements applying to income and assets as are currently in place for the existing ID and Living at Home (LAH) waivers.

Intellectual Disability	Substantial Functional Limitations	Asset Limit	Income Limit
Under 70; Documented before age 18	3 or more areas out of 10 total areas evaluated	$2,000	300% of Federal Poverty Level

Currently, there is a waiting list for HCBS services for those individuals with ID for whom these eligibility criteria have been verified at the time of placement on the waiting list. In creating the new Community Waiver program, the state intends to expand access to HCBS for individuals who have an ID and are at risk

of progressing to an institutional level of care, in terms of their number of substantial functional limitations, absent targeted HCBS.

To preserve the independence and stability within the community of individuals with ID who do not yet require an institutional level of care, the State proposes the concurrent operation of the 1115 demonstration proposed herein with the program of HCBS described in the State's new 1915(i) State Plan Amendment application. If approved, the 1915(i) will operate concurrently with this 1115 demonstration, and will serve individuals who:

(a) Have a documented intellectual disability evidenced by an IQ score under seventy (70) that manifests before eighteen (18) years of age;

(b) Have substantial functional limitations in one (1) or two (2) of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work as measured by an ICAP assessment that results in at least one domain score of 480 or lower;

(c) Are age twenty-two (22) or older, and thus no longer able to access public school services, including Special Education services, and Pre-Employment Transition Services available through the Alabama Division of Rehabilitation Services; and

(d) Meet the existing Medicaid financial eligibility requirements applying to income and assets, or qualify through a new "working disabled" financial eligibility pathway established for this 1915(i) HCBS program that allows an individual working in competitive integrated employment to have income between 150% and 250% of Federal Poverty Level (FPL) to be disregarded.

Intellectual Disability	Substantial Functional Limitations	Asset Limit	Income Limit
Under 70; Documented before age 18	1 or two areas out of 10 total areas evaluated	$2,000	150% of FPL [See (d) above regarding earned income disregard]

Both the new proposed 1915(c) waiver and 1915 (i) SPA will initially operate in pilot areas, with at least one pilot program in each of the five ADMH regions (ADMH region map can be located at https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx) pending identification of willing and

available providers. The specific geographic areas for each pilot within the regions will be finalized following the completion of a currently ongoing ADMH Request for Proposals (RFP) process designed to identify the best qualified provider networks for the Community Program's innovative array of services. After the completion of the RFP process, ADMH will post the specific pilot sites on its website. The anticipated date for completion of the RFP process is March 31, 2020.

COST SHARING

Alabama Medicaid is not proposing any changes to the current Medicaid State Plan cost sharing requirements through this Demonstration.

ANNUAL ENROLLMENT AND ANNUAL EXPENDITURES

With approval of this 1115 demonstration application and the concurrent 1915(c) and 1915(i) applications, the state proposes to limit enrollment in the 1915(c) waiver and 1915(i) HCBS program to align with available resources, initially establishing a total of 500 slots across both programs. These slots will initially be allocated as follows:

Year 1	1915(c) Group 1	1915(c) Group 2	1915(c) Group 3	1915(c) Group 4	1915(i)	Total
Total	30	70	300	74	26	500

Waiver Proposal Estimated Enrollment and Expenditures

	Demonstration Year[1] (DY)				
	DY1 July 1, 2020 to June 30, 2021	**DY2 July 1, 2021 to June 30, 2022**	**DY3 July 1, 2022 to June 30, 2023**	**DY4 July 1, 2023 to June 30, 2024**	**DY5 July 1, 2024 to June 30, 2025**
Total Member Months	5,750	8,694	11,638	16,894	19,655
Unduplicated Participants	500	759	1,012	1,469	1,710
Aggregate Expenditures *(Total Computable)*	$21,303,755	$31,410,278	$42,803,831	$63,634,862	$75,405,525

1 - Expenditures include state plan services (acute and mental health / substance abuse) and home and community-based services.

HYPOTHESES AND EVALUATION PARAMETERS

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Effectively address the need to expand coverage and reduce, and eventually eliminate, the waiting list.	The Community Waiver program design will result in increased pace at which eligible individuals will be removed from the waiting list.	The average annual number of eligible individuals with ID enrolled from the waiting list during the ten-year period before the Community Waiver program compared to the average number annually thereafter, less those enrolled in either period as a result of new appropriations.	Enrollment data; program funding source data.	Compare historical annual enrollment from waiting list to annual enrollment from waiting list beginning on date of Community Waiver program opening.
Increase percentage of HCBS recipients able to sustain family and natural support living arrangements.	The Community Waiver program design will result in higher percentage of individuals served living with family or natural supports than in residential placements.	The percentage of enrollees in the Community Waiver program living with family or natural supports and living in residential placements compared to the same measures for the legacy waiver program.	Person-Centered Plans; service utilization and claims data.	Compare percentage of enrollees living with natural supports or living residential placements for Community Waiver program and Legacy Waiver program.
Increase percentage of HCBS recipients able to achieve/sustain independent living or supported living in settings that are not provider owned or controlled.	The Community Waiver program design will result in higher percentage of individuals living in independent or supported living settings not owned or controlled by providers than in the ID and LAH waivers.	The percentage of enrollees in the Community Waiver program receiving a type of residential supports and living in settings that are not provider owned or controlled as compared to the same percentage for the legacy waiver program.	Person-Centered Plans; service utilization and claims data; Individual Experience Assessments.	Compare percentage of enrollees in the Community Waiver program receiving a type of residential supports and living in settings that are not provider owned or controlled as compared to the same percentage for the legacy waiver program.

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Reduce incidence of crisis among individuals with ID known to ADMH/DDD.	Where the Community Waiver program operates, the annual number of crises among individuals with ID know to ADMH/DDD will be lower than in areas where the Community Waiver program does not operate.	Number of individuals enrolled in the Community Waiver program, or on waiting list and living in area where, the Community Waiver program operates, who experience a documented crisis in each waiver year as compared to same for legacy waiver program.	Criticality Assessments; Reserve Capacity Enrollments; Support Coordination and Case Manger Documentation	Compare annual number as percentage of total known to ADMH/DDD for Community Waiver and for legacy waiver program.
Prevent escalation of needs for individuals who do not currently require an institutional level of care.	At least 75% of Individuals who do not meet institutional level of care who are enrolled in the Community Waiver program will not progress to meeting institutional level of care.	Number of 1915(i) State Plan HCBS program enrollees who transition to the 1915(c) Community Waiver in each year, as a percentage of the total number enrolled in the 1915(i) State Plan HCBS program.	Disenrollment Data; Enrollment Data; Transitions Data.	Measure percentage of 1915(i) State Plan HCBS program enrollees who do not transition to the 1915(c) Community Waiver in each program year. Threshold for meeting goal is at least 75%, after excluding disenrollments for other reasons.
Increase the percentage of HCBS recipients who contribute to their community through participation in integrated competitive employment.	The Community Waiver program design will result in a higher percentage of working-age individuals (22-64) enrolled working in integrated competitive employment.	Number of enrollees in Community Waiver program and legacy waiver program, aged 22 to 64, who worked in integrated, competitive employment during at least one month of the waiver year.	Employment Outcome Data; Person-Centered Plans.	Compare number of enrollees in Community Waiver program and legacy waiver program, aged 22 to 64, who worked in integrated, competitive employment during at least one month of the waiver year.
Increase use of self-direction	The Community Waiver program design will result in higher utilization of self-direction by participants than in the ID and LAH waivers.	Percentage of enrollees in Community Waiver program and legacy waiver program who: (1) have services in their Plan of Care that can be self-directed; and (2) are utilizing self-direction for one or more services.	Plans of Care; FMS Enrollment Data	Compare percentage of enrollees in Community Waiver program and legacy waiver program who: (1) have services in their Plan of Care that can be self-directed; and (2) are utilizing self-direction for one or more services.

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Use of self-direction will result in higher wages and lower turnover among direct support providers.	The Community Waiver program design will result in self-direction workers with higher average wages and lower average turnover rates than direct support workers employed by provider agencies.	Average hourly wage and turnover rate for self-direction workers in the Community Waiver program in each program year with the average hourly wage and turnover rate for agency-employed direct support professionals providing the same service type during the same time period.	NCI Staff Stability Survey (with supplement); FMS Data	Comparison of average hourly wage and turnover rate for self-direction workers in the Community Waiver program with the average hourly wage and turnover rate for agency-employed direct support professionals providing the same service type.
Increase provider agency stability through incremental statewide roll out of program.	The Community Waiver program design will result in participating provider agencies reporting greater stability than prior to program implementation.	Self-reported rating by provider agency leadership on a standardized set of indicators of organizational stability.	Provider Survey	Pre-survey to establish baseline for providers participating in the Community Waiver program and annually re-administer survey to measure change over time in provider self-reported organizational stability.
Increase quality service delivery by limiting provider network.	The Community Waiver program design will result in higher performance by providers on service delivery quality measures as compared to providers operating only in the legacy waiver program.	Provider certification quality measures for like services that are provided in both the Community Waiver program and the legacy waiver program.	Certification Surveys	Comparison of providers only operating in legacy waiver program to providers who are operating in the Community Waiver program exclusively or in both programs. Comparison of provider certification quality measures for like services that are provided in both the Community Waiver program and the legacy waiver program.

WAIVER AUTHORITY SOUGHT

The following section describes the waiver authorities this application seeks as essential elements for implementation of the overall program design for the proposed 1115 demonstration.

Waivers Requested

For operation of 1915(c) HCBS Waiver Program

Statewideness. **Section 1902(a)(1)**

To enable the state to restrict the geographic area where the program will provide HCBS services to eligible persons with intellectual disabilities.

Comparability of Services. **Section 1902(a)(10)(B)**

To enable the state to offer a different package of services and/or same services with different amount, duration and/or scope than is available to persons with ID through the existing ID and LAH 1915(c) waivers.

To enable the state to establish an expenditure cap applying to service plans for individuals with intellectual disabilities enrolled in the program.

Freedom of Choice. **Section 1902(a)(23)**

To enable the state to restrict freedom of choice of provider for Support Coordination services to staff employed by the State Department of Mental Health, Division of Developmental Disabilities.

To enable the state to restrict freedom of choice of provider for other available services to provide a sufficient but not unlimited supply of contracted providers to meet beneficiaries' needs and provide beneficiaries with choice.

For operation of 1915(i) State Plan HCBS Program

Statewideness. **Section 1902(a)(1)**

To enable the state to restrict the geographic area where the program will provide HCBS services to eligible persons with intellectual disabilities.

Comparability of Services. **Section 1902(a)(10)(B)**

To enable the state to offer a different package of services and/or same services with different amount, duration and/or scope than is available to persons with intellectual disabilities through the existing ID and LAH 1915(c) waivers.

To enable the state to establish an expenditure cap applying to service plans for individuals with intellectual disabilities enrolled in the program.

Reasonable Promptness. **Section 1902(a)(8)**
To enable the state to limit enrollment based on available appropriations.

Any Willing and Qualified Provider. **Section 1902(a)(23)**
To enable the state to utilize selective contracting for Support Coordination services to staff employed by the State Department of Mental Health, Division of Developmental Disabilities.

To enable the state to utilize selective contracting and limiting the number of providers for other available services in order to ensure an appropriate supply of contracted providers to meet beneficiaries' needs.

COMMENTS AND PUBLIC INPUT PROCESS

As required by federal regulation, Alabama Medicaid is now opening a formal thirty (30) day comment period and interested parties are directed to https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx. A copy of the draft Demonstration proposal will also be available upon request for public review at each county office of the Department of Human Resources, the State Office of the Alabama Department of Mental Health, and the State Office of the Alabama Medicaid Agency.

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Stephanie McGee Azar
Commissioner

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State of Alabama,) ss
County of Jefferson)

Larry Leibengood being duly sworn, deposes that he/she is principal clerk of Alabama Media Group; that The Birmingham News is a public newspaper published in the city of Birmingham, with general circulation in Jefferson County, and this notice is an accurate and true copy of this notice as printed in said newspaper, was printed and published in the regular edition and issue of said newspaper on the following date(s):

The Birmingham News 03/08/2020

[redacted]

Principal Clerk of the Publisher

Sworn to and subscribed before me this 9th day of March 2020

[redacted]

Notary Public

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The Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions, and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

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Written comments concerning these changes should be submitted on or before April 7, 2020, to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Two opportunities for public comment will be held at the following locations:
March 25, 2020 at 2:00 p.m.
Department of Mental Health
Region IV Office
400 Interstate Park, Suite 419
Montgomery, AL 36109
March 26, 2020 at 11:00 a.m.
Hoover Public Library
Fitzgerald & Shakespeare Rooms
200 Municipal Drive
Hoover, AL 35216

Medicaid will provide teleconference access during the March 25, 2020, meeting at Montgomery, Alabama. To listen in to the meeting by phone, call toll free 1-415-655-0001 and enter the access code 806 395 760#.

Bham News: March 8, 2020

ALABAMA MEDIA GROUP

The Huntsville Times

LEGAL AFFIDAVIT

AD#: 0009542152 Total $266.40

State of Alabama,) ss
County of Madison)

Larry Leibengood being duly sworn, deposes that he/she is principal clerk of Alabama Media Group; that The Huntsville Times is a public newspaper published in the city of Huntsville, with general circulation in Madison County, and this notice is an accurate and true copy of this notice as printed in said newspaper, was printed and published in the regular edition and issue of said newspaper on the following date(s):

The Huntsville Times 03/08/2020

[redacted]

Principal Clerk of the Publisher

Sworn to and subscribed before me this 9th day of March 2020

[redacted]

Notary Public

[redacted]

PUBLIC NOTICE
SUBJECT: NOTICE OF INTENT TO SUBMIT SECTION 1115 DEMONSTRATION PROPOSAL TO OPERATE CONCURRENT WITH A NEW 1915(I) AND 1915(C)

Pursuant to 42 C.F.R. § 431.408, the Alabama Medicaid Agency (Medicaid) notifies the public that it intends to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently to the Centers for Medicare and Medicaid Services (CMS). Medicaid is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to new individuals with intellectual disabilities (ID).

The Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions, and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

As required by federal regulation, Medicaid is now opening a formal thirty (30) day comment period. A copy of the draft Demonstration proposal will also be available upon request for public review at each county office of the Department of Human Resources, the State Office of the Department of Mental Health, and the State Office of the Alabama Medicaid Agency. A copy of the draft Demonstration proposal, the full public notice, locations (with addresses) to view documents, and additional information can be found on Medicaid's website at the following link: https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

Written comments concerning these changes should be submitted on or before April 7, 2020, to the following e-mail address:
PublicComment@medicaid.alabama.gov or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Two opportunities for public comment will be held at the following locations:
March 25, 2020 at 2:00 p.m.
Department of Mental Health
Region IV Office
400 Interstate Park, Suite 419
Montgomery, AL 36109
March 26, 2020 at 11:00 a.m.
Hoover Public Library
Fitzgerald & Shakespeare Rooms
200 Municipal Drive
Hoover, AL 35216

Medicaid will provide teleconference access during the March 25, 2020, meeting at Montgomery, Alabama. To listen in to the meeting by phone, call toll free 1-415-655-0001 and enter the access code 806 395 760#.

Huntsville Times: March 8, 2020

ALABAMA MEDIA GROUP

Press Register

LEGAL AFFIDAVIT

AD#: 0009542446 Total $141.13

State of Alabama,) ss
County of Mobile)

Larry Leibengood being duly sworn, deposes that he/she is principal clerk of Alabama Media Group; that Press Register is a public newspaper published in the city of Mobile, with general circulation in Mobile County, and this notice is an accurate and true copy of this notice as printed in said newspaper, was printed and published in the regular edition and issue of said newspaper on the following date(s):

Press Register 03/08/2020

[redacted]

Principal Clerk of the Publisher

Sworn to and subscribed before me this 9th day of March 2020

[redacted]

Notary Public

PUBLIC NOTICE
SUBJECT: NOTICE OF INTENT TO SUBMIT SECTION 1115 DEMONSTRATION PROPOSAL TO OPERATE CONCURRENT WITH A NEW 1915(i) AND 1915(c)

Pursuant to 42 C.F.R. § 431.408, the Alabama Medicaid Agency (Medicaid) notifies the public that it intends to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently, to the Centers for Medicare and Medicaid Services (CMS). Medicaid is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to new individuals with intellectual disabilities (ID).

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As required by federal regulation, Medicaid is now opening a formal thirty (30) day comment period. A copy of the draft Demonstration proposal will also be available upon request for public review at each county office of the Department of Human Resources, the State Office of the Department of Mental Health, and the State Office of the Alabama Medicaid Agency. A copy of the draft Demonstration proposal, the full public notice, locations (with addresses) to view documents, and additional information can be found on Medicaid's website at the following link: https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

Written comments concerning these changes should be submitted on or before April 7, 2020, to the following e-mail address:
PublicComment@medicaid.alabama.gov or mailed hardcopy to:
Administrative Secretary,
Alabama Medicaid Agency,
501 Dexter Avenue, P.O. Box 5624,
Montgomery, Alabama 36103-5624.

All written comments will be available for review by the public during normal business hours at the above address.

Two opportunities for public comment will be held at the following locations:
March 25, 2020 at 2:00
Department of Mental Health -
Region IV Office
400 Interstate Park, Suite 419
Montgomery, AL 36109
March 26, 2020 at 11:00 a.m.
Hoover Public Library
Fitzgerald & Shakespeare Rooms
200 Municipal Drive
Hoover, AL 35216
Medicaid will provide teleconference access during the March 25, 2020, meeting at Montgomery, Alabama. To listen in to the meeting by phone, call toll free 1-415-655-0001 and enter the access code 806 395 760#.

PRESS REGISTER
March 8, 2020

choose to know

Montgomery Advertiser

montgomeryadvertiser.com

Daily-Montgomery, Montgomery County, AL

TO: ALABAMA MEDICAID AGENCY
501 DEXTER AVE
MONTGOMERY , AL 36104

E-Verify#: DHS72179

PROOF OF PUBLICATION

State of Alabama
County of Montgomery:

Before the undersigned authority personally appeared said Legal Clerk who on oath, says that he/she is a personal representative of the *Montgomery Advertiser*, a daily newspaper published in Montgomery, Alabama: that the attached copy of advertisement, being a Legal in the matter of:

Ad Number: 0004096066
Was published in said newspaper in the issue(s) of:

MGM-Montgomery Advertiser

03/08/20

Affiant further says that the said *Montgomery Advertiser* is a newspaper published in said Montgomery County, Alabama, and that the said newspaper has heretofore been published in said Montgomery County, Alabama, and has been entered as second class matter at the Post Office in said Montgomery County, Alabama, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

Now due on said account is $288.12

[redacted]

Legal Clerk

Subscribe and sworn before me this 8th day of March, 2020

[redacted]

Notary Public, State of Wisconsin, County of Brown

9/19/21

My Commission expires

[redacted]

Re: Demonstration Proposal

PUBLIC NOTICE

SUBJECT: NOTICE OF INTENT TO SUBMIT SECTION 1115 DEMONSTRATION PROPOSAL TO OPERATE CONCURRENT WITH A NEW 1915(i) AND 1915(c)

Pursuant to 42 C.F.R. § 431.408, the Alabama Medicaid Agency (Medicaid) notifies the public that it intends to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently, to the Centers for Medicare and Medicaid Services (CMS). Medicaid is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to new individuals with intellectual disabilities (ID).

The Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions, and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

As required by federal regulation, Medicaid is now opening a formal thirty (30) day comment period. A copy of the draft Demonstration proposal will also be available upon request for public review at each county office of the Department of Human Resources, the State Office of the Department of Mental Health, and the State Office of the Alabama Medicaid Agency. A copy of the draft Demonstration proposal, the full public notice, locations (with addresses) to view documents, and additional information can be found on Medicaid's website at the following link: https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx .

Written comments concerning these changes should be submitted on or before April 7, 2020, to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Two opportunities for public comment will be held at the following locations:

March 25, 2020 at 2:00 p.m.	**March 26, 2020 at 11:00 a.m.**
Department of Mental Health –	Hoover Public Library
Region IV Office	Fitzgerald & Shakespeare Rooms
400 Interstate Park, Suite 419	200 Municipal Drive
Montgomery, AL 36109	Hoover, AL 35216

Medicaid will provide teleconference access during the March 25, 2020, meeting at Montgomery, Alabama. To listen in to the meeting by phone, call toll free **1-415-655-0001** and enter the access code **806 395 760#**.
Mont. Adv. 03/08/2020
4096066

The Tuscaloosa News

P.O. Box 20587, Tuscaloosa, Alabama 35402
205-722-0155

ADVERTISING AFFIDAVIT
STATE OF ALABAMA
TUSCALOOSA COUNTY

Before me, Carla Gillespie, a Notary Public in and for said State, personally appeared Maria Wince, known to me, who being by me first duly sworn, deposes and says that said person is the Legal Clerk of The Tuscaloosa News, a daily newspaper published and printed at Tuscaloosa, Tuscaloosa County, Alabama, and that the attached legal notice was published in said newspaper on:

June 2, 2020

Maria Wince
Legal Clerk

Subscribed and sworn to before me on the

23rd day of July, 2020.

[redacted]
Notary Public

[redacted]

LEGAL NOTICE
PUBLIC NOTICE

SUBJECT: NOTICE OF INTENT TO SUBMIT SECTION 1115 DEMONSTRATION PROPOSAL TO OPERATE CONCURRENT WITH A NEW 1915(c) WAIVER

Pursuant to 42 C.F.R. § 431.408, the Alabama Medicaid Agency (Medicaid) notifies the public that it intends to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently to the Centers for Medicare and Medicaid Services (CMS). Medicaid is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to individuals with intellectual disabilities (ID) not currently enrolled in a waiver program.

The Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

As required by federal regulation, Medicaid has opened a formal comment period. Written comments concerning the 1115 Demonstration proposal will be accepted starting March 6, 2020, and are due **July 2, 2020**. A copy of the draft Demonstration proposal will also be available upon request for public review at each county office of the Department of Human Resources, the State Office of the Department of Mental Health, and the State Office of the Alabama Medicaid Agency. A copy of the draft Demonstration proposal, the full public notice, locations (with addresses) to view documents, and additional information can be found on Medicaid's website at the following link:
https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

Send comments regarding the Demonstration to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Medicaid had scheduled two opportunities for public comment; however, those scheduled meetings were canceled due to the COVID-19 national health emergency. Medicaid is now rescheduling these opportunities for public comment. In order to adhere to the Governor's orders regarding social distancing and based on guidance from CMS, these meetings will be conducted via teleconference.

The rescheduled opportunities for public comment will be held:

June 9, 2020 1:00 p.m.
Join online: https://algov.webex.com/algov/j.php?MTID=m23fb93ca22504fb963792cb763085aea
Meeting number (access code): 286 627 576 Meeting password: Medicaid1
Join by phone: +1-415-655-0001 US Toll
Meeting number (access code): 286 627 576# Attendee number: enter #

June 10, 2020 10:00 a.m.
Join online: https://algov.webex.com/algov/j.php?MTID=m4ed802e0a4c05e3e72dde0aee8fec915
Meeting number (access code): 284 463 191 Meeting password: Medicaid1
Join by phone: +1-415-655-0001 US Toll
Meeting number (access code): 284 463 191 Attendee number: enter #

THE TUSCALOOSA NEWS
June 2, 2020

Hartin, James

From: Hartin, James
Sent: Friday, March 6, 2020 3:34 PM
To: 'sbryan@pci-nsn.gov'
Cc: Jackson, Edie; [redacted]v'
Subject: Tribal Consultation on 1115 Demonstration and 1915(c) Waiver Applications
Attachments: Tribal Consultation Letter from Alabama Medicaid Agency (Community Waiver Program 03-06-2020).pdf; Public Notice for the Alabama Community Waiver Program.pdf; Alabama Community Waiver Program - 1115 Demonstration Application.pdf; 1915c Application AL ID HCBS Community Waiver Program 3.6.20.pdf; 2020.03.06 1915(c) Appendix J-2.pdf

Ms. Bryan,

The Alabama Medicaid Agency, working closely with the Alabama Department of Mental Health and its Division of Developmental Disabilities, is preparing to submit an 1115 Demonstration and a 1915(c) waiver application to CMS to create a new program called the "Community Waiver" program. This program will enable the State to provide home and community-based services to individuals with intellectual disabilities not currently enrolled in a waiver program. Please see attached electronic copies of Alabama Medicaid's tribal consultation letter, the public notice, the 1115 Demonstration application, and the 1915(c) waiver application. Hard copies of each document is being sent via certified mail.

If you have any questions, please do not hesitate to ask.

Thanks,

James Hartin
Assistant Attorney General
ALABAMA MEDICAID AGENCY
Office of General Counsel
Post Office Box 5624
501 Dexter Avenue
Montgomery, Alabama 36103
(334) 353-3494
(334) 353-3907 (Fax)

March 6, 2020

Ms. Stephanie A. Bryan
Tribal Chair and CEO
Poarch Band of Creek Indians
5811 Jack Springs Road
Atmore, AL 36502

Re: Tribal Consultation for Proposed Section 1115 Demonstration and 1915(c) Waiver

Dear Ms. Bryan,

As directed by the Tribal Consultation Section 1902(a)(73) of the Social Security Act and Federal Regulation, this notice to the Tribal Government is hereby given to notify the tribe of the Alabama Medicaid Agency's (Alabama Medicaid) intent to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently, to the Centers for Medicare and Medicaid Services (CMS). Alabama Medicaid, working closely with the Alabama Department of Mental Health (ADMH) and its Division of Developmental Disabilities, is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to individuals with intellectual disabilities (ID) not currently enrolled in a waiver program.

The Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

A copy of the public notice, the 1115 Demonstration application, and the 1915(c) waiver application have been included for your reference. Digital copies of these and addition documents can be found on Medicaid's website at the following link: https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

Written comments concerning the Demonstration proposal will be accepted starting March 6, 2020, and are due **April 7th, 2020**. Send comments to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Two opportunities for public comment will be held at the following locations:

March 25, 2020 at 2:00 p.m.	**March 26, 2020 at 11:00 a.m.**
Department of Mental Health – Region IV Office	Hoover Public Library Fitzgerald & Shakespeare Rooms
400 Interstate Park, Suite 419	200 Municipal Drive
Montgomery, AL 36109	Hoover, AL 35216

Medicaid will provide teleconference access during the March 25, 2020, meeting at Montgomery, Alabama. To listen in to the meeting by phone, call toll free **1-415-655-0001** and enter the access code **806 395 760#**.

If you have any questions, please do not hesitate to ask.

Sincerely,

James Hartin
Assistant General Counsel

Cc: Edie Jackson (via [redacted])
Cristi Malone (via [redacted])

Hartin, James

To: Pezent, Terry
Subject: RE: Alabama Medicaid Agency seeks Public Comment on Proposed Community Waiver Program (Deadline - April 7, 2020)

From: Hicks, Shirley (DMH)
Sent: Monday, March 9, 2020 8:28 AM
Subject: Alabama Medicaid Agency seeks Public Comment on Proposed Community Waiver Program (Deadline - April 7, 2020)

The Alabama Medicaid Agency is seeking public comment on its proposal for a new Community Waiver program.

A copy of the proposed Community Waiver program can be found on the Alabama Medicaid Agency website at https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

The comment period is open until April 7, 2020. Written comments regarding the proposed waiver are welcome and should be sent by mail to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Ave, P.O. Box 5624, Montgomery, Alabama 36103-5624 or via e-mail to PublicComment@medicaid.alabama.gov.

To sign up to receive Long Term Care-related email updates, go to: http://www.medicaid.alabama.gov/Subscribe.aspx. Click here to forward this e-mail to a friend

March 6, 2020

TO: **All Providers**

RE: **Notice of Intent to Submit Section 1115 Demonstration Proposal to Operate Concurrent with a New 1915(i) and 1915(c)**

Pursuant to 42 C.F.R. § 431.408, the Alabama Medicaid Agency (Medicaid) is required to give public notice of its intent to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently, to the Centers for Medicare and Medicaid Services (CMS). Medicaid is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to individuals with intellectual disabilities (ID) not currently enrolled in a waiver program.

The Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions, and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

As required by federal regulation, Medicaid is now opening a formal thirty (30) day comment period. A copy of the draft Demonstration proposal will also be available upon request for public review at each county office of the Department of Human Resources, the State Office of the Department of Mental Health, and the State Office of the Alabama Medicaid Agency. A copy of the draft Demonstration proposal, the full public notice, locations (with addresses) to view documents, and additional information can be found on Medicaid's website https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

Written comments concerning the 1115 Demonstration proposal will be accepted starting March 6, 2020, and are due April 7th, 2020. Send comments to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed hardcopy to:

Administrative Secretary
Alabama Medicaid Agency
501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

All written comments will be available for review by the public during normal business hours at the above address.

Two opportunities for public comment will be held at the following locations:

March 25, 2020 at 2:00 p.m.	**March 26, 2020 at 11:00 a.m.**
Department of Mental Health Region IV Office	Hoover Public Library Fitzgerald & Shakespeare Rooms
400 Interstate Park, Suite 419	200 Municipal Drive
Montgomery, AL 36109	Hoover, AL 35216

Medicaid will provide teleconference access during the March 25, 2020, meeting at Montgomery, Alabama. To listen in to the meeting by phone, call toll free **1-415-655-0001** and enter the access code **806 395 760#**.

May 29, 2020

TO: All Providers

RE: Notice of Intent to Submit Section 1115 Demonstration Proposal to Operate Concurrent with a New 1915(c) Waiver and 1915(i) State Plan Amendment

Pursuant to 42 C.F.R. § 431.408, the Alabama Medicaid Agency (Medicaid) notifies the public that it intends to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently, to the Centers for Medicare and Medicaid Services (CMS). Medicaid is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the state to provide home and community-based services (HCBS) to individuals with intellectual disabilities (ID) not currently enrolled in a waiver program.

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As required by federal regulation, Medicaid opened a formal comment period. Written comments concerning the 1115 Demonstration proposal will be accepted starting March 6, 2020 and are due **June 24, 2020**. A copy of the draft Demonstration proposal is available upon request for public review at each county office of the Department of Human Resources, the state office of the Department of Mental Health, and the state office of the Alabama Medicaid Agency. A copy of the draft Demonstration proposal, the full public notice, locations (with addresses) to view documents, and additional information can be found on Medicaid's website at the following link: https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

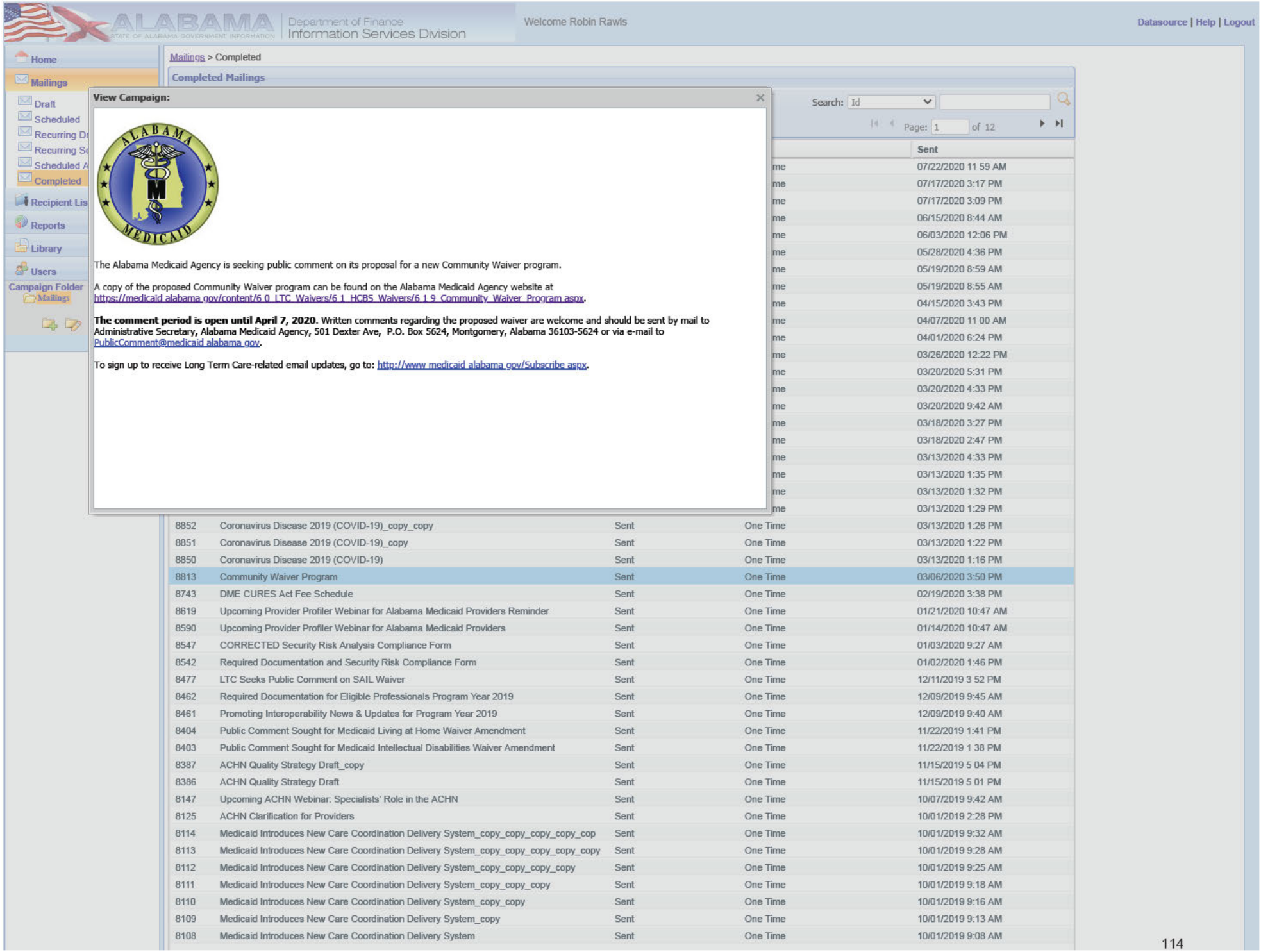
Send comments regarding the Demonstration to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the preceding address.

Medicaid previously scheduled two opportunities for public comment; however, those meetings were canceled due to the Coronavirus Disease (COVID-19) national health emergency. Medicaid has now rescheduled these meetings. In order to adhere to the governor's orders regarding social distancing and based on guidance from CMS, these meetings will be conducted via teleconference.

Two opportunities for public comment will be held on the following dates:

June 9, 2020 1:00 p.m.
Join online: https://algov.webex.com/algov/j.php?MTID=m23fb93ca22504fb963792cb763085aea
Meeting number (access code): 286 627 576; Meeting password: Medicaid1
Join by phone: +1-415-655-0001 US Toll
Meeting number (access code): 286 627 576#; Attendee number: enter #

June 10, 2020 10:00 a.m.
Join online: https://algov.webex.com/algov/j.php?MTID=m4ed802e0a4c05e3e72dde0aee8fec915
Meeting number (access code): 284 463 191; Meeting password: Medicaid1
Join by phone: +1-415-655-0001 US Toll
Meeting number (access code): 284 463 191; Attendee number: enter #


ALABAMA
STATE OF ALABAMA GOVERNMENT INFORMATION
Department of Finance
Information Services Division
Welcome Robin Rawls
Datasource | Help | Logout
Home
Mailings
Draft
Scheduled
Recurring Dr
Recurring Sc
Scheduled A
Completed
Recipient Lis
Reports
Library
Users
Campaign Folder
Mailings
Mailings > Completed
Completed Mailings
Search: Id
Page: 1 of 12
View Campaign:
ALABAMA MEDICAID
The Alabama Medicaid Agency is seeking public comment on its proposal for a new Community Waiver program.
A copy of the proposed Community Waiver program can be found on the Alabama Medicaid Agency website at https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.
The comment period is open until April 7, 2020. Written comments regarding the proposed waiver are welcome and should be sent by mail to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Ave, P.O. Box 5624, Montgomery, Alabama 36103-5624 or via e-mail to PublicComment@medicaid.alabama.gov.
To sign up to receive Long Term Care-related email updates, go to: http://www.medicaid.alabama.gov/Subscribe.aspx.
Sent
8852 Coronavirus Disease 2019 (COVID-19)_copy_copy Sent One Time 03/13/2020 1:26 PM
8851 Coronavirus Disease 2019 (COVID-19)_copy Sent One Time 03/13/2020 1:22 PM
8850 Coronavirus Disease 2019 (COVID-19) Sent One Time 03/13/2020 1:16 PM
8813 Community Waiver Program Sent One Time 03/06/2020 3:50 PM
8743 DME CURES Act Fee Schedule Sent One Time 02/19/2020 3:38 PM
8619 Upcoming Provider Profiler Webinar for Alabama Medicaid Providers Reminder Sent One Time 01/21/2020 10:47 AM
8590 Upcoming Provider Profiler Webinar for Alabama Medicaid Providers Sent One Time 01/14/2020 10:47 AM
8547 CORRECTED Security Risk Analysis Compliance Form Sent One Time 01/03/2020 9:27 AM
8542 Required Documentation and Security Risk Compliance Form Sent One Time 01/02/2020 1:46 PM
8477 LTC Seeks Public Comment on SAIL Waiver Sent One Time 12/11/2019 3 52 PM
8462 Required Documentation for Eligible Professionals Program Year 2019 Sent One Time 12/09/2019 9:45 AM
8461 Promoting Interoperability News & Updates for Program Year 2019 Sent One Time 12/09/2019 9:40 AM
8404 Public Comment Sought for Medicaid Living at Home Waiver Amendment Sent One Time 11/22/2019 1:41 PM
8403 Public Comment Sought for Medicaid Intellectual Disabilities Waiver Amendment Sent One Time 11/22/2019 1 38 PM
8387 ACHN Quality Strategy Draft_copy Sent One Time 11/15/2019 5 04 PM
8386 ACHN Quality Strategy Draft Sent One Time 11/15/2019 5 01 PM
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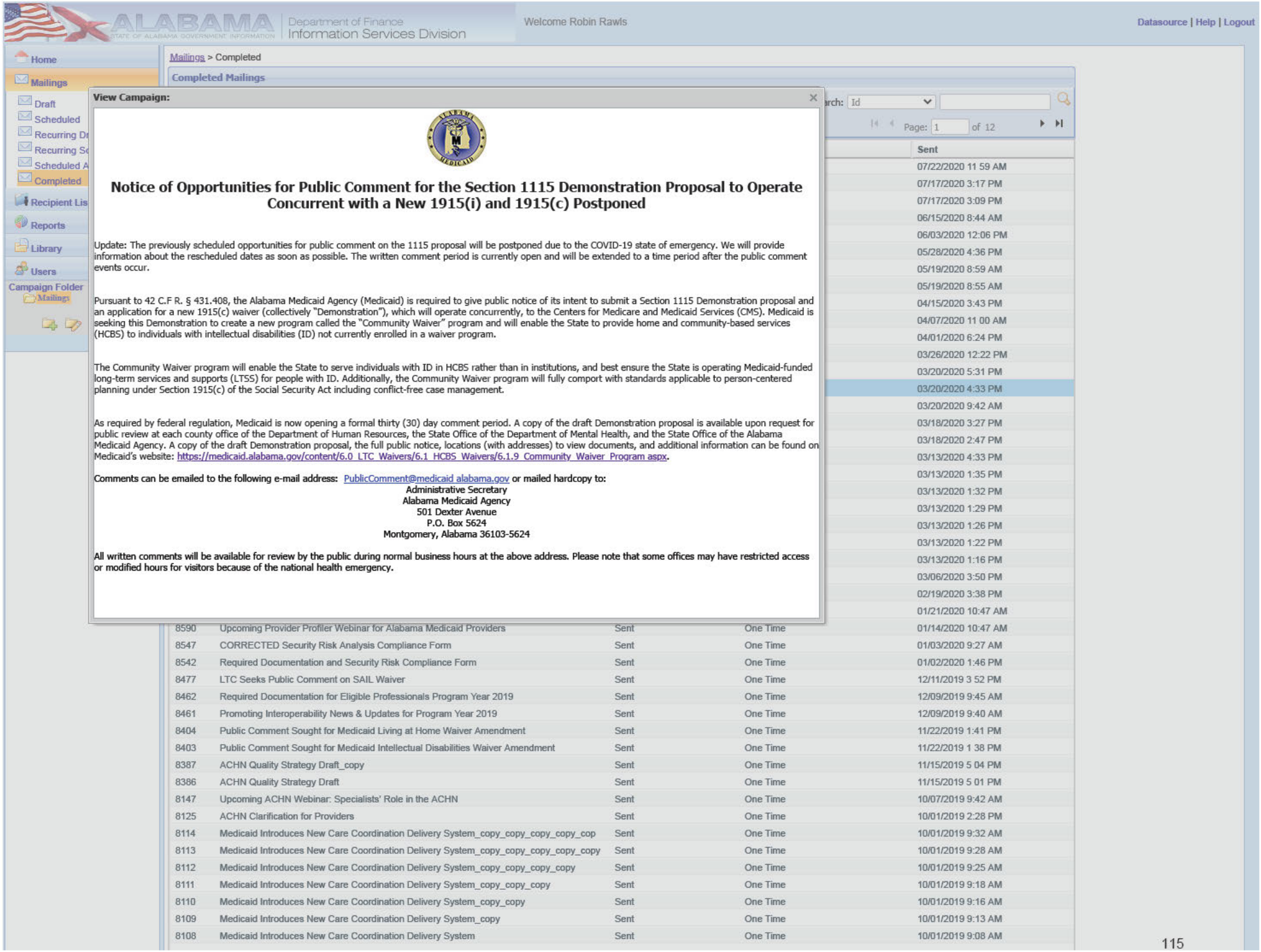

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Notice of Opportunities for Public Comment for the Section 1115 Demonstration Proposal to Operate Concurrent with a New 1915(i) and 1915(c) Postponed

Update: The previously scheduled opportunities for public comment on the 1115 proposal will be postponed due to the COVID-19 state of emergency. We will provide information about the rescheduled dates as soon as possible. The written comment period is currently open and will be extended to a time period after the public comment events occur.

Pursuant to 42 C.F R. § 431.408, the Alabama Medicaid Agency (Medicaid) is required to give public notice of its intent to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently, to the Centers for Medicare and Medicaid Services (CMS). Medicaid is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to individuals with intellectual disabilities (ID) not currently enrolled in a waiver program.

The Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions, and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

As required by federal regulation, Medicaid is now opening a formal thirty (30) day comment period. A copy of the draft Demonstration proposal is available upon request for public review at each county office of the Department of Human Resources, the State Office of the Department of Mental Health, and the State Office of the Alabama Medicaid Agency. A copy of the draft Demonstration proposal, the full public notice, locations (with addresses) to view documents, and additional information can be found on Medicaid's website: https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

Comments can be emailed to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed hardcopy to:

Administrative Secretary
Alabama Medicaid Agency
501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

All written comments will be available for review by the public during normal business hours at the above address. Please note that some offices may have restricted access or modified hours for visitors because of the national health emergency.

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8590	Upcoming Provider Profiler Webinar for Alabama Medicaid Providers	Sent	One Time	01/14/2020 10:47 AM
8547	CORRECTED Security Risk Analysis Compliance Form	Sent	One Time	01/03/2020 9:27 AM
8542	Required Documentation and Security Risk Compliance Form	Sent	One Time	01/02/2020 1:46 PM
8477	LTC Seeks Public Comment on SAIL Waiver	Sent	One Time	12/11/2019 3 52 PM
8462	Required Documentation for Eligible Professionals Program Year 2019	Sent	One Time	12/09/2019 9:45 AM
8461	Promoting Interoperability News & Updates for Program Year 2019	Sent	One Time	12/09/2019 9:40 AM
8404	Public Comment Sought for Medicaid Living at Home Waiver Amendment	Sent	One Time	11/22/2019 1:41 PM
8403	Public Comment Sought for Medicaid Intellectual Disabilities Waiver Amendment	Sent	One Time	11/22/2019 1 38 PM
8387	ACHN Quality Strategy Draft_copy	Sent	One Time	11/15/2019 5 04 PM
8386	ACHN Quality Strategy Draft	Sent	One Time	11/15/2019 5 01 PM
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Campaign Name: Community Waiver Program Proposal

Medicaid LTC Updates

The Alabama Medicaid Agency is seeking public comment on its proposal for a new Community Waiver program via teleconference on June 9 and June 10.

- Public Hearing - Tuesday, June 9, 2020 1:00 pm - To join online, visit https://algov.webex.com/algov/j.php?MTID=m23fb93ca22504fb963792cb763085aea
- Public Hearing - Wednesday, June 10, 2020 10:00 am - To join online, visit https://algov.webex.com/algov/j.php?MTID=m4ed802e0a4c05e3e72dde0aee8fec915

A copy of the proposed Community Waiver program can be found on the Alabama Medicaid Agency website at https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

The comment period is open until June 24, 2020. Written comments regarding the proposed waiver are welcome and should be sent by mail to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Ave., P.O. Box 5624, Montgomery, Alabama 36103-5624 or via e-mail to PublicComment@medicaid.alabama.gov.

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Campaign Name: Community Waiver Program Proposal

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Campaign Settings

Campaign Name:	Community Waiver Program Proposal	
Campaign Type:	One Time	
Subject:	Alabama Medicaid Agency seeks public comment on new Community Waiver program proposal via teleconferences	
Campaign Size:	7 KB	
Status:	05/28/2020 04:36 PM - Sent	
Campaign Start Time:	05/28/2020 04:36:48 PM	
Campaign End Time:	05/28/2020 04:36:51 PM	
Minutes to complete :	0 minutes	
From:	Alabama Medicaid Communications	webwork@medicaid.alabama.gov
Reply :	Alabama Medicaid Communications	webwork@medicaid.alabama.gov
Sending Group:	System	

Alabama Medicaid Agency

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Governor

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334-242-5000 1-800-362-1504

STEPHANIE MCGEE AZAR
Commissioner

PUBLIC NOTICE

SUBJECT: NOTICE OF INTENT TO SUBMIT SECTION 1115 DEMONSTRATION PROPOSAL TO OPERATE CONCURRENT WITH A NEW 1915(c) WAIVER

Pursuant to 42 C.F.R. § 431.408, the Alabama Medicaid Agency (Medicaid) notifies the public that it intends to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently, to the Centers for Medicare and Medicaid Services (CMS). Medicaid is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to individuals with intellectual disabilities (ID) not currently enrolled in a waiver program.

The Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

As required by federal regulation, Medicaid has opened a formal comment period. Written comments concerning the 1115 Demonstration proposal will be accepted starting March 6, 2020, and are due **June 24, 2020**. A copy of the draft Demonstration proposal will also be available upon request for public review at each county office of the Department of Human Resources, the State Office of the Department of Mental Health, and the State Office of the Alabama Medicaid Agency. A copy of the draft Demonstration proposal, the full public notice, locations (with addresses) to view documents, and additional information can be found on Medicaid's website at the following link:
https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

Send comments regarding the Demonstration to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Medicaid had scheduled two opportunities for public comment; however, those scheduled meetings were canceled due to the COVID-19 national health emergency. Medicaid is now rescheduling these opportunities for public comment. In order to adhere to the Governor's orders regarding social distancing and based on guidance from CMS, these meetings will be conducted via teleconference.

The rescheduled opportunities for public comment will be held:

June 9, 2020 1:00 p.m.

Join online:
https://algov.webex.com/algov/j.php?MTID=m23fb93ca22504fb963792cb763085aea
Meeting number (access code): 286 627 576
Meeting password: Medicaid1

Join by phone:
+1-415-655-0001 US Toll
Meeting number (access code): 286 627 576#
Attendee number: enter #

June 10, 2020 10:00 a.m.

Join online:
https://algov.webex.com/algov/j.php?MTID=m4ed802e0a4c05e3e72dde0aee8fec915
Meeting number (access code): 284 463 191
Meeting password: Medicaid1

Join by phone:
+1-415-655-0001 US Toll
Meeting number (access code): 284 463 191
Attendee number: enter #

[redacted]

Stephanie McGee Azar
Commissioner

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

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Commissioner

PUBLIC NOTICE

SUBJECT: NOTICE OF INTENT TO SUBMIT SECTION 1115 DEMONSTRATION PROPOSAL TO OPERATE CONCURRENT WITH NEW 1915(c) WAIVER AND 1915(i) STATE PLAN AMENDMENT

Pursuant to 42 C.F.R. § 431.408, the Alabama Medicaid Agency (Alabama Medicaid) notifies the public that it intends to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently, to the Centers for Medicare and Medicaid Services (CMS). Medicaid is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to individuals with intellectual disabilities (ID) not currently enrolled in a waiver program. A copy of the Demonstration proposal will be available upon request for public review at each county office of the Department of Human Resources, the State Office of the Alabama Department of Mental Health, and the State Office of the Alabama Medicaid Agency. A copy of the draft Demonstration proposal, locations (with addresses) to view documents, and additional information can be found on Alabama Medicaid's website at the following link: https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

Written comments concerning the 1115 Demonstration proposal will be accepted starting March 6, 2020 and are due **June 24, 2020**. Send comments to the following e-mail address: PublicComment@medicaid.alabama.gov or by mail to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624.

Medicaid had scheduled two opportunities for public comment; however, those scheduled meetings were canceled due to the COVID-19 national health emergency. Medicaid is now rescheduling these opportunities for public comment. In order to adhere to the Governor's orders regarding social distancing and based on guidance from CMS, these meetings will be conducted via teleconference. Information regarding these teleconferences can be found in the "Comments and Public Input Process" section below.

DEMONSTRATION DESCRIPTION, GOALS, AND OBJECTIVES

Alabama Medicaid, working closely with the Alabama Department of Mental Health (ADMH) and its Division of Developmental Disabilities (DDD) proposes to create a new home and community-based services (HCBS) program serving individuals with intellectual disabilities (ID) in a way that is specifically geared toward maximizing the capabilities of Alabamians with ID, supporting their full participation in their communities including opportunities for integrated employment, and ensuring supports for preserving their natural and existing living arrangements to the fullest extent possible. This new HCBS program will be created through the concurrent operation of this section 1115 demonstration application, a new waiver application under Section 1915(c) of the Social Security Act, and a new State Plan Amendment application under Section 1915(i) of the Social Security Act.

The new program will be called the "Community Waiver" program and will initially enable the state to provide HCBS to 500 individuals. This aligns with a core objective of the Medicaid program to provide healthcare access and coverage to low-income Alabamians. Further, the Community Waiver program is specifically designed to enable the State to maximize the financial resources available in order to reduce the waiting list over time, more rapidly than would be possible without this new program.

The creation of the Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions, and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID in full compliance with the Medicaid HCBS Settings Rule promulgated by CMS in March 2014. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

The Section 1115 Demonstration proposal, and the applications for the new 1915(c) waiver and the 1915(i) state plan amendment are, together, the culmination of eighteen (18) months of intense planning, including three rounds of stakeholder engagement where individuals with ID, their families, groups who advocate on their behalf and providers of HCBS for individuals with ID participated.

The State recognizes the opportunity to undertake systems change to address the above issues, prioritizing an approach to the delivery of HCBS that aligns with the priorities communicated by stakeholders:

- Reduce and eventually eliminate the waiting list, thereby expanding and improving access to Medicaid;
- Focus on keeping families together and supporting independent living;
- Adopt a strategy for delivering HCBS that aims to prevent crisis and prevent escalation of needs for individuals who do not currently require an institutional level of care;
- Support the capacities that individuals with ID have to contribute to their community through participation in integrated community employment, while also better ensuring their financial stability in continuing to live in the community;
- Bring services to people with ID and their families, rather than providing services in a way that requires people with ID come to those services;
- Provide increased opportunities for self-direction;
- Expand the provision of HCBS in a careful and thoughtful way that is designed to ensure provider success and quality service delivery;
- Maintain provider capacity to meet need and manage capacity to ensure providers can be successful over time.

Achieving these critically important goals and objectives requires a multi-faceted approach to designing the new Community Waiver program, including the use of three federal Medicaid authorities for providing HCBS.

Target Population and Eligibility Criteria

Currently, to be eligible to receive Medicaid HCBS in Alabama, an individual must be determined to have an intellectual disability and otherwise require an institutional level of care if not for the fact that HCBS is an available alternative. The specific eligibility criteria are:

(a) Have a documented intellectual disability evidenced by an IQ score under seventy (70) that manifests before eighteen (18) years of age;

(b) Have substantial functional limitations in three (3) or more of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work as measured by an Inventory for Client and Agency Planning (ICAP) assessment score of 85 or lower; and

(c) Meet the same financial eligibility requirements applying to income and assets as are currently in place for the existing ID and Living at Home (LAH) waivers.

Intellectual Disability	Substantial Functional Limitations	Asset Limit	Income Limit
Under 70; Documented before age 18	3 or more areas out of 10 total areas evaluated	$2,000	300% of Federal Poverty Level

Currently, there is a waiting list for HCBS services for those individuals with ID for whom these eligibility criteria have been verified at the time of placement on the waiting list. In creating the new Community Waiver program, the state intends to expand access to HCBS for individuals who have an ID and are at risk of progressing to an institutional level of care, in terms of their number of substantial functional limitations, absent targeted HCBS.

To preserve the independence and stability within the community of individuals with ID who do not yet require an institutional level of care, the State proposes the concurrent operation of the 1115 demonstration proposed herein with the program of HCBS described in the State's new 1915(i) State Plan Amendment application. If approved, the 1915(i) will operate concurrently with this 1115 demonstration, and will serve individuals who:

(a) Have a documented intellectual disability evidenced by an IQ score under seventy (70) that manifests before eighteen (18) years of age;

(b) Have substantial functional limitations in one (1) or two (2) of the following adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work as measured by an ICAP assessment that results in at least one domain score of 480 or lower;

(c) Are age twenty-two (22) or older, and thus no longer able to access public school services, including Special Education services, and Pre-Employment Transition Services available through the Alabama Division of Rehabilitation Services; and

(d) Meet the existing Medicaid financial eligibility requirements applying to income and assets, or qualify through a new "working disabled" financial eligibility pathway established for this 1915(i) HCBS program that allows an individual working in competitive integrated employment to have income between 150% and 250% of Federal Poverty Level (FPL) to be disregarded.

Intellectual Disability	Substantial Functional Limitations	Asset Limit	Income Limit
Under 70; Documented before age 18	1 or two areas out of 10 total areas evaluated	$2,000	150% of FPL [See (d) above regarding earned income disregard]

To ensure a thoughtful roll-out of the program, with adequate support of individuals, families and providers, necessary to ensure success, both the new proposed 1915(c) waiver and 1915(i) State Plan Amendment will initially operate in pilot areas, with at least one pilot program in each of the five ADMH regions (ADMH region map can be located at https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx) Pilot areas must have willing and qualified providers.

PILOT AREAS

The specific counties identified for each pilot area within the regions were finalized following the completion of an ADMH Request for Proposals (RFP) process designed to identify where willing and qualified providers exist for the Community Waiver Program. Approximately 57.5% of those currently on the Waiting List reside within the pilot areas, which optimizes access to the Community Waiver Program, given the need for, and benefits of, utilizing pilot areas for roll-out.

Region 1 Counties	**% of Statewide Waiting List**	**% of Region 1 Waiting List**
Madison, Morgan, Limestone	10%	44%
Region 2 Counties	**% of Statewide Waiting List**	**% of Region 2 Waiting List**
Tuscaloosa, Walker	5.5%	64%
Region 3 Counties	**% of Statewide Waiting List**	**% of Region 3 Waiting List**
Mobile, Baldwin	11.5%	80%
Region 4 Counties	**% of Statewide Waiting List**	**% of Region 4 Waiting List**
Montgomery, Elmore, Houston	8.5%	53%
Region 5 Counties	**% of Statewide Waiting List**	**% of Region 5 Waiting List**
Jefferson	21.5%	58%

COST SHARING

Alabama Medicaid is not proposing any changes to the current Medicaid State Plan cost sharing requirements through this Demonstration.

ANNUAL ENROLLMENT AND ANNUAL EXPENDITURES

With approval of this 1115 demonstration application and the concurrent 1915(c) and 1915(i) applications, the state proposes to limit enrollment in the 1915(c) waiver and 1915(i) HCBS program to align with available resources, initially establishing a total of 500 slots across both programs. These slots will initially be allocated as follows:

Year 1	1915(c) Group 1	1915(c) Group 2	1915(c) Group 3	1915(c) Group 4	1915(i)	Total
Total	30	70	300	74	26	500

Waiver Proposal Estimated Enrollment and Expenditures

	Demonstration Year[1] (DY)				
	DY1 July 1, 2020 to June 30, 2021	**DY2 July 1, 2021 to June 30, 2022**	**DY3 July 1, 2022 to June 30, 2023**	**DY4 July 1, 2023 to June 30, 2024**	**DY5 July 1, 2024 to June 30, 2025**
Total Member Months	5,750	8,694	11,638	16,894	19,655
Unduplicated Participants	500	759	1,012	1,469	1,710
Aggregate Expenditures *(Total Computable)*	$21,303,755	$31,410,278	$42,803,831	$63,634,862	$75,405,525

1 - Expenditures include state plan services (acute and mental health / substance abuse) and home and community-based services.

HYPOTHESES AND EVALUATION PARAMETERS

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Effectively address the need to expand coverage and reduce, and eventually eliminate, the waiting list.	The Community Waiver program design will result in increased pace at which eligible individuals will be removed from the waiting list.	The average annual number of eligible individuals with ID enrolled from the waiting list during the ten-year period before the Community Waiver program compared to the average number annually thereafter, less those enrolled in either period as a result of new appropriations.	Enrollment data; program funding source data.	Compare historical annual enrollment from waiting list to annual enrollment from waiting list beginning on date of Community Waiver program opening.
Increase percentage of HCBS recipients able to sustain family and natural support living arrangements.	The Community Waiver program design will result in higher percentage of individuals served living with family or natural supports than in residential placements.	The percentage of enrollees in the Community Waiver program living with family or natural supports and living in residential placements compared to the same measures for the legacy waiver program.	Person-Centered Plans; service utilization and claims data.	Compare percentage of enrollees living with natural supports or living residential placements for Community Waiver program and Legacy Waiver program.
Increase percentage of HCBS recipients able to achieve/sustain independent living or supported living in settings that are not provider owned or controlled.	The Community Waiver program design will result in higher percentage of individuals living in independent or supported living settings not owned or controlled by providers than in the ID and LAH waivers.	The percentage of enrollees in the Community Waiver program receiving a type of residential supports and living in settings that are not provider owned or controlled as compared to the same percentage for the legacy waiver program.	Person-Centered Plans; service utilization and claims data; Individual Experience Assessments.	Compare percentage of enrollees in the Community Waiver program receiving a type of residential supports and living in settings that are not provider owned or controlled as compared to the same percentage for the legacy waiver program.

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Reduce incidence of crisis among individuals with ID known to ADMH/DDD.	Where the Community Waiver program operates, the annual number of crises among individuals with ID know to ADMH/DDD will be lower than in areas where the Community Waiver program does not operate.	Number of individuals enrolled in the Community Waiver program, or on waiting list and living in area where, the Community Waiver program operates, who experience a documented crisis in each waiver year as compared to same for legacy waiver program.	Criticality Assessments; Reserve Capacity Enrollments; Support Coordination and Case Manger Documentation	Compare annual number as percentage of total known to ADMH/DDD for Community Waiver and for legacy waiver program.
Prevent escalation of needs for individuals who do not currently require an institutional level of care.	At least 75% of Individuals who do not meet institutional level of care who are enrolled in the Community Waiver program will not progress to meeting institutional level of care.	Number of 1915(i) State Plan HCBS program enrollees who transition to the 1915(c) Community Waiver in each year, as a percentage of the total number enrolled in the 1915(i) State Plan HCBS program.	Disenrollment Data; Enrollment Data; Transitions Data.	Measure percentage of 1915(i) State Plan HCBS program enrollees who do not transition to the 1915(c) Community Waiver in each program year. Threshold for meeting goal is at least 75%, after excluding disenrollments for other reasons.
Increase the percentage of HCBS recipients who contribute to their community through participation in integrated competitive employment.	The Community Waiver program design will result in a higher percentage of working-age individuals (22-64) enrolled working in integrated competitive employment.	Number of enrollees in Community Waiver program and legacy waiver program, aged 22 to 64, who worked in integrated, competitive employment during at least one month of the waiver year.	Employment Outcome Data; Person-Centered Plans.	Compare number of enrollees in Community Waiver program and legacy waiver program, aged 22 to 64, who worked in integrated, competitive employment during at least one month of the waiver year.
Increase use of self-direction	The Community Waiver program design will result in higher utilization of self-direction by participants than in the ID and LAH waivers.	Percentage of enrollees in Community Waiver program and legacy waiver program who: (1) have services in their Plan of Care that can be self-directed; and (2) are utilizing self-direction for one or more services.	Plans of Care; FMS Enrollment Data	Compare percentage of enrollees in Community Waiver program and legacy waiver program who: (1) have services in their Plan of Care that can be self-directed; and (2) are utilizing self-direction for one or more services.

Program Goal	Hypothesis	Anticipated Measure	Data Source(s)	Evaluation Approach
Use of self-direction will result in higher wages and lower turnover among direct support providers.	The Community Waiver program design will result in self-direction workers with higher average wages and lower average turnover rates than direct support workers employed by provider agencies.	Average hourly wage and turnover rate for self-direction workers in the Community Waiver program in each program year with the average hourly wage and turnover rate for agency-employed direct support professionals providing the same service type during the same time period.	NCI Staff Stability Survey (with supplement); FMS Data	Comparison of average hourly wage and turnover rate for self-direction workers in the Community Waiver program with the average hourly wage and turnover rate for agency-employed direct support professionals providing the same service type.
Increase provider agency stability through incremental statewide roll out of program.	The Community Waiver program design will result in participating provider agencies reporting greater stability than prior to program implementation.	Self-reported rating by provider agency leadership on a standardized set of indicators of organizational stability.	Provider Survey	Pre-survey to establish baseline for providers participating in the Community Waiver program and annually re-administer survey to measure change over time in provider self-reported organizational stability.
Increase quality service delivery by limiting provider network.	The Community Waiver program design will result in higher performance by providers on service delivery quality measures as compared to providers operating only in the legacy waiver program.	Provider certification quality measures for like services that are provided in both the Community Waiver program and the legacy waiver program.	Certification Surveys	Comparison of providers only operating in legacy waiver program to providers who are operating in the Community Waiver program exclusively or in both programs. Comparison of provider certification quality measures for like services that are provided in both the Community Waiver program and the legacy waiver program.

WAIVER AUTHORITY SOUGHT

The following section describes the waiver authorities this application seeks as essential elements for implementation of the overall program design for the Demonstration proposal.

Waivers Requested

For operation of 1915(c) HCBS Waiver Program

Statewideness. **Section 1902(a)(1)**

To enable the state to restrict the geographic area where the program will provide HCBS services to eligible persons with intellectual disabilities.

Comparability of Services. **Section 1902(a)(10)(B)**

To enable the state to offer a different package of services and/or same services with different amount, duration and/or scope than is available to persons with ID through the existing ID and LAH 1915(c) waivers.

To enable the state to establish an expenditure cap applying to service plans for individuals with intellectual disabilities enrolled in the program.

Freedom of Choice. **Section 1902(a)(23)**

To enable the state to restrict freedom of choice of provider for Support Coordination services to staff employed by the State Department of Mental Health, Division of Developmental Disabilities.

To enable the state to restrict freedom of choice of provider for other available services to provide a sufficient but not unlimited supply of contracted providers to meet beneficiaries' needs and provide beneficiaries with choice.

For operation of 1915(i) State Plan HCBS Program

Statewideness. **Section 1902(a)(1)**

To enable the state to restrict the geographic area where the program will provide HCBS services to eligible persons with intellectual disabilities.

Comparability of Services. **Section 1902(a)(10)(B)**

To enable the state to offer a different package of services and/or same services with different amount, duration and/or scope than is available to persons with intellectual disabilities through the existing ID and LAH 1915(c) waivers.

To enable the state to establish an expenditure cap applying to service plans for individuals with intellectual disabilities enrolled in the program.

Reasonable Promptness. **Section 1902(a)(8)**
To enable the state to limit enrollment based on available appropriations.

Any Willing and Qualified Provider. **Section 1902(a)(23)**
To enable the state to utilize selective contracting for Support Coordination services to staff employed by the State Department of Mental Health, Division of Developmental Disabilities.

To enable the state to utilize selective contracting and limiting the number of providers for other available services in order to ensure an appropriate supply of contracted providers to meet beneficiaries' needs.

COMMENTS AND PUBLIC INPUT PROCESS

As required by federal regulation, Alabama Medicaid opened a comment period on March 6, 2020, and interested parties are directed to https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx. A copy of the draft Demonstration proposal will also be available upon request for public review at each county office of the Department of Human Resources, the State Office of the Alabama Department of Mental Health, and the State Office of the Alabama Medicaid Agency.

Written comments concerning the Demonstration proposal will be accepted starting March 6, 2020 and are due **June 24, 2020**. Send comments to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

In order to adhere to the Governor's orders regarding social distancing and based on guidance from CMS, public meetings to provide feedback regarding the Demonstration proposal will be conducted via teleconference. The rescheduled opportunities for public comment will be held:

June 9, 2020 1:00 p.m.

Join online:
https://algov.webex.com/algov/j.php?MTID=m23fb93ca22504fb963792cb763085aea
Meeting number (access code): 286 627 576
Meeting password: Medicaid1

Join by phone:
+1-415-655-0001 US Toll
Meeting number (access code): 286 627 576#
Attendee number: enter #

June 10, 2020 10:00 a.m.

Join online:
https://algov.webex.com/algov/j.php?MTID=m4ed802e0a4c05e3e72dde0aee8fec915
Meeting number (access code): 284 463 191
Meeting password: Medicaid1

Join by phone:
+1-415-655-0001 US Toll
Meeting number (access code): 284 463 191
Attendee number: enter #

[redacted]

Stephanie McGee Azar
Commissioner

Hartin, James

From: Hartin, James
Sent: Wednesday, May 20, 2020 3:44 PM
To: sbryan@pci-nsn.gov
Cc: [redacted]; Jackson, Edie
Subject: Re: Tribal Consultation on 1115 Demonstration and 1915(c) Waiver Applications
Attachments: Alabama Community Waiver Program - 1115 Demonstration Application.pdf; 1915c Application AL ID HCBS Community Waiver Program 3.6.20.pdf; 2020.03.06 1915(c) Appendix J-2.pdf; Revised Public Notice for the Alabama Community Waiver Program.pdf; Revised Tribal Consultation Letter from Alabama Medicaid Agency (05-20-2020).pdf

Ms. Bryan,

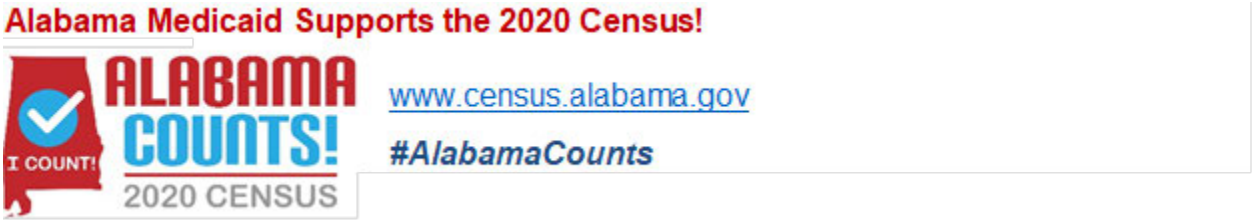
The Alabama Medicaid Agency had scheduled two opportunities for public comment to discuss the Community Waiver Program discussed below; however, those scheduled meetings were canceled due to the COVID-19 national health emergency. Medicaid is now rescheduling these opportunities for public comment. In order to adhere to the Governor's orders regarding social distancing and based on guidance from CMS, these meetings will be conducted via teleconference on June 9th and June 10th. Further, the deadline for comments to be submitted to the agency has been extended to June 24, 2020.

Along with the revised public notice, I have included with this email copies of the 1115 Demonstration application and the 1915(c) waiver application.

If you have any questions, please do not hesitate to ask.

Thanks,

James Hartin
Assistant Attorney General
ALABAMA MEDICAID AGENCY
Office of General Counsel
Post Office Box 5624
501 Dexter Avenue
Montgomery, Alabama 36103
(334) 353-3494
(334) 353-3907 (Fax)



Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

www.medicaid.alabama.gov
e-mail: almedicaid@medicaid.alabama.gov

KAY IVEY
Governor

Telecommunica ion for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504

STEPHANIE MCGEE AZAR
Commissioner

May 20, 2020

Ms. Stephanie A. Bryan
Tribal Chair and CEO
Poarch Band of Creek Indians
5811 Jack Springs Road
Atmore, AL 36502

Re: Tribal Consultation for Proposed Section 1115 Demonstration and 1915(c) Waiver

Dear Ms. Bryan,

As directed by the Tribal Consultation Section 1902(a)(73) of the Social Security Act and Federal Regulation, this notice to the Tribal Government is hereby given to notify the tribe of the Alabama Medicaid Agency's (Alabama Medicaid) intent to submit a Section 1115 Demonstration proposal and an application for a new 1915(c) waiver (collectively "Demonstration"), which will operate concurrently, to the Centers for Medicare and Medicaid Services (CMS). Alabama Medicaid, working closely with the Alabama Department of Mental Health (ADMH) and its Division of Developmental Disabilities, is seeking this Demonstration to create a new program called the "Community Waiver" program and will enable the State to provide home and community-based services (HCBS) to individuals with intellectual disabilities (ID) not currently enrolled in a waiver program.

The Community Waiver program will enable the State to serve individuals with ID in HCBS rather than in institutions and best ensure the State is operating Medicaid-funded long-term services and supports (LTSS) for people with ID. Additionally, the Community Waiver program will fully comport with standards applicable to person-centered planning under Section 1915(c) of the Social Security Act including conflict-free case management.

A copy of the revised public notice has been included for your reference. Copies of the 1115 Demonstration application and the 1915(c) waiver application were sent previously to your attention. Digital copies of these and addition documents can be found on Medicaid's website at the following link:
https://medicaid.alabama.gov/content/6.0_LTC_Waivers/6.1_HCBS_Waivers/6.1.9_Community_Waiver_Program.aspx.

Written comments concerning the Demonstration proposal will be accepted starting March 6, 2020, and are due **June 24, 2020**. Send comments to the following e-mail address: PublicComment@medicaid.alabama.gov or mailed hardcopy to: Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Medicaid had scheduled two opportunities for public comment; however, those scheduled meetings were canceled due to the COVID-19 national health emergency. Medicaid is now

rescheduling these opportunities for public comment. In order to adhere to the Governor's orders regarding social distancing and based on guidance from CMS, these meetings will be conducted via teleconference.

The rescheduled opportunities for public comment will be held:

June 9, 2020 1:00 p.m.

Join online:
https://algov.webex.com/algov/j.php?MTID=m23fb93ca22504fb963792cb763085aea
Meeting number (access code): 286 627 576
Meeting password: Medicaid1

Join by phone:
+1-415-655-0001 US Toll
Meeting number (access code): 286 627 576#
Attendee number: enter #

June 10, 2020 10:00 a.m.

Join online:
https://algov.webex.com/algov/j.php?MTID=m4ed802e0a4c05e3e72dde0aee8fec915
Meeting number (access code): 284 463 191
Meeting password: Medicaid1

Join by phone:
+1-415-655-0001 US Toll
Meeting number (access code): 284 463 191
Attendee number: enter #

If you have any questions, please do not hesitate to ask.

Sincerely,

James Hartin
Assistant General Counsel

Cc: Edie Jackson (via [redacted]
Cristi Malone (via [redacted]